

Case Number:	CM15-0048186		
Date Assigned:	03/20/2015	Date of Injury:	12/16/2003
Decision Date:	05/01/2015	UR Denial Date:	02/06/2015
Priority:	Standard	Application Received:	03/13/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 34-year-old male who sustained a work related injury on December 16, 2003, incurring back injuries. Magnetic Resonance Imaging (MRI) revealed herniated discs. He was diagnosed with degenerative disc disease with radiculopathy. Treatment included therapy and medications. Currently, the injured worker complained of increased back pain and anxiety attacks secondary to the chronic pain. The treatment plan that was requested for authorization included Cymbalta, Lunesta, and Xanax.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Cymbalta 60mg #60 with 2 refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Duloxetine (Cymbalta) Page(s): 43-44.

Decision rationale: Per the PTP Progress Report by [REDACTED] of 02/09/15, the patient presents with lower back pain rated 5/10. The dorsal pain stimulator for back pain is no longer effective. The following impression is provided: Adjustment disorder with mixed anxiety and depressed mood; Pain disorder associated with both psychological features and general medical condition. The current request is for CYMBALTA 60mg #60 WITH 2 REFILLS per the 01/29/15 RFA. The 02/06/15 utilization review modified this request from #60 with 2 Refills to #60 with 0 Refills. This report states the patient is temporarily totally disabled from a psychiatric point of view. MTUS pp 43, 44 state that Duloxetine (Cymbalta) Recommended as an option in first-line treatment option in neuropathic pain. It has FDA approval for treatment of depression, generalized anxiety disorder, and for the treatment of pain related to diabetic neuropathy. Three medical treatment reports by [REDACTED] are provided from 08/04/14 to 02/09/15. The patient is noted to be following [REDACTED] for pain management; however, no reports by [REDACTED] are included for review. The currently requested medication is indicated for both neuropathic pain, anxiety and depressed mood that are documented for this patient. The reports provided do not discuss the intended use of the medication; however, presumably it is for treatment of anxiety and mood based on the content of [REDACTED]. The 12/29/15 report states the patient claims his mood is 'okay except for pain 'on his regimen of medications which includes Cymbalta. The treating physician notes affect is appropriate to his moderately depressed mood. The patient has been prescribed this medication since before 08/04/14. In this case, the 02/09/15 medical management plan for Cymbalta states, "120 mg q am." and "Return to clinic in two months." The requested 60 mg #60 with 2 refills is a 60 day supply and the treating physician has documented the effectiveness of this medication. The request IS medically necessary.

Lunesta 3mg #30 with 2 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Mental Illness & Stress Chapter, Insomnia.

Decision rationale: Per the PTP Progress Reports by [REDACTED] of 02/09/15, the patient presents with lower back pain rated 5/10. The dorsal pain stimulator for back pain is no longer effective. The following impression is provided: Adjustment disorder with mixed anxiety and depressed mood; Pain disorder associated with both psychological features and general medical condition. The current request is for LUNESTA 3mg #30 WITH 2 REFILLS per the 01/29/15 RFA. The 02/06/15 utilization review modified this request from #30 with 2 Refills to #30 with 1 Refill. This reports states the patient is temporarily totally disabled from a psychiatric point of view. ODG Mental Illness & Stress Chapter, Insomnia, guidelines state that this medication has demonstrated reduced sleep latency and sleep maintenance. (Morin, 2007). The only benzodiazepine-receptor agonist FDA approved for use longer than 35 days. ODG guidelines pain chapter and mental chapter state the medication is not recommended for long-term use. The reports provided for review do not discuss the intended use of this medication or sleep issues for this patient. The ODG guidelines state use is not recommended for long-term, and the patient has been prescribed this medication on a long-term basis since before 08/04/14. Furthermore, the

current request of #30 with 2 refills does not indicate short term use. In this case, the request IS NOT medically necessary.

Xanax 1mg #120 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: Per the PTP Progress Reports by [REDACTED] for 02/09/15 the patient presents with lower back pain rated 5/10. The dorsal pain stimulator for back pain is no longer effective. The following impression is provided: Adjustment disorder with mixed anxiety and depressed mood; Pain disorder associated with both psychological features and general medical condition. The current request is for XANAX 1mg #120 WITH 2 REFILLS per the 01/29/15 RFA. This reports states the patient is temporarily totally disabled from a psychiatric point of view. MTUS, Benzodiazepines, page 24 states, "Not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly."The reports provided for review do not discuss the intended use of this medication. The MTUS guidelines recommend short-term use limited to 4 weeks, and the patient has already been prescribed Xanax on a long-term basis since before 08/04/14. The treating physician does not discuss use outside guidelines. In this case, the request IS NOT medically necessary.