

<b>Case Number:</b>	CM15-0056225		
<b>Date Assigned:</b>	04/01/2015	<b>Date of Injury:</b>	09/17/2010
<b>Decision Date:</b>	05/18/2015	<b>UR Denial Date:</b>	03/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/25/2015

### 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: Illinois

Certification(s)/Specialty: Psychiatry

### 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 56-year-old female with a reported injury on 09/17/2010. The mechanism of injury was a slip and fall. Her diagnoses were noted to include history of lumbar fusion, lumbar pain, lumbar radiculopathy, chronic cervical pain with radiculopathy, history of attempted left ulnar nerve neurolysis, severe ulnar neuropathy on the left, cubital tunnel syndrome on the right, and a history of carpal tunnel release bilaterally with residuals. Her surgical history is as listed in her diagnoses. On 10/08/2014, the injured worker had electro diagnostic studies of the lower extremities, which reported a normal study with no electro diagnostic evidence of lumbar radiculopathy, lumbosacral plexopathy, or peripheral neuropathy. The injured worker had upper extremity electro diagnostic studies on 02/02/2015, which reported severe left ulnar neuropathy at the elbow, moderate right ulnar neuropathy at the elbow, mild bilateral median sensory conduction delays across the carpal tunnels, and no electrodiagnostic evidence of radial neuropathies at the forearms or elbows, bilaterally, or cervical radiculopathy, C5 to T1 nerve roots, bilaterally. She had an MRI of the left shoulder on 01/30/2015 which reported focal severe supraspinatus tendinosis with interstitial partial tearing affecting greater than 50% of the thickness of the tendon; no through and through tear was identified; mild capsulitis; and changes in the lesser tuberosity that were likely early degenerative subcortical cyst formation. In 12/2008, the injured worker had an endoscopy, which showed changes to the lower esophagus consistent with esophageal reflux and a small Barrettes' esophagus; she also had gastritis and was H. pylori positive. In 03/2009, the injured worker had a CT of the abdomen, which showed constipation and esophagitis. The injured worker was evaluated on 03/02/2015

for complaints of significant pain, weakness, numbness, and tingling in the bilateral upper extremities. The injured worker also reported pain in the neck and low back. She reported difficulty doing most activity with the upper extremities especially above shoulder level on the left side due to exacerbated left shoulder pain. The injured worker reported that she was benefitting from OxyContin 40 mg 3 times per day with oxycodone 30 mg 5 tablets per day for breakthrough pain. The injured worker had been provided with trazodone and venlafaxine but she had been seeing a psychiatrist. The injured worker reported side effects with Neurontin so she was only taking one at night. The injured worker denied nausea, vomiting, constipation, over sedation, epigastric pain, or any other issue with respect to this regimen of medication. The physical examination revealed no signs of sedation and the injured worker was alert and oriented. There was tenderness over the left shoulder with limited range of motion and positive impingement. There was significant tenderness over the left elbow and right elbow. There was a healed incision on the right medial elbow. The clinician indicated that neuropathic pain was present and would be best relieved with either gabapentin or Lyrica. As the injured worker had side effects with both medications, she was only able to tolerate gabapentin 300 mg at bedtime. The clinician reported that no psychiatric medications would be provided at that visit as she was seeing a psychiatric specialist. OxyContin 40 mg and oxycodone 30 mg were provided, as well as Neurontin 300 mg and Docuprene. The injured worker requested to proceed with detoxification and the clinician agreed. A psychological report dated 04/01/2015 and based on examination on 02/24/2015 reported that the injured worker reported symptoms of depression, anxiety, and stress intensified medical symptoms. The clinician indicated that the injured worker had insomnia resulting in excessive daytime sleepiness, morning headaches, trouble concentrating, and a change in personality. The injured worker's cognitive functioning had become impaired. Her diagnoses included major depressive disorder and generalized anxiety disorder. The clinician indicated that the injured worker may need continued supportive psychotherapy and that further substantial recovery or deterioration in the next year would not be anticipated.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Venlafaxine 75mg, #60 with 2 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 14-17.

**Decision rationale:** The request for Venlafaxine 75mg, #60 with 2 refills is not medically necessary. The injured worker continued to complain of pain. The California MTUS Chronic Pain Guidelines state that assessment of treatment efficacy should include not only pain outcomes, but also an evaluation of function, changes in use of other analgesic medication, sleep quality and duration, and psychological assessment. The provided documentation did not indicate decreased pain, increased function, changes in the use of other analgesic medications, or improved sleep quality or duration in relation to the use of venlafaxine. As such, continued use is not supported. Therefore, the request for Venlafaxine 75mg, #60 with 2 refills is not medically necessary.

**Lorazepam .5mg, #130 with 2 refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 25.

**Decision rationale:** The request for Lorazepam .5mg, #130 with 2 refills is not medically necessary. The injured worker continued to complain of pain and depression. The California MTUS Chronic Pain Guidelines state that benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit the use to 4 weeks. Based on previous reviews, a partial prescription had been certified for weaning purposes. As the injured worker had been noted to be taking Ativan since at least 09/12/2014 and benzodiazepines are not recommended for long-term use, the requested service is not supported. Therefore, the request for Lorazepam .5mg, #130 with 2 refills is not medically necessary.

**Trazodone 100mg, #60 with 2 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 14-17.

**Decision rationale:** The request for Trazodone 100mg, #60 with 2 refills is not medically necessary. The injured worker continued to complain of pain, depression, and insomnia. While the California MTUS Chronic Pain Guidelines do recommend antidepressants for chronic pain and trazodone is supported for insomnia, there was no assessment of treatment efficacy including pain outcomes, evaluation of function, changes in the use of other analgesic medications, sleep quality and duration, and psychological assessment in relation to the use of trazodone. As the injured worker has been taking trazodone since at least 09/12/2014 and the most recent documentation did not include the evaluation as listed above and recommended by the guidelines, continued use is not supported. Therefore, the request for Trazodone 100mg, #60 with 2 refills is not medically necessary.

**Ambien 5mg, #60 with 2 refills:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC Pain Procedure Summary last updated 01/19/15 Zolpidem.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Zolpidem (Ambien).

**Decision rationale:** The request for Ambien 5mg, #60 with 2 refills is not medically necessary. The injured worker continued to complain of pain, depression, and insomnia. The Official Disability Guidelines recommend Ambien for short term (7 to 10 days) treatment of insomnia. Proper sleep hygiene is critical to the individual with chronic pain and often is hard to obtain. The provided documentation did not indicate efficacy with the Ambien or documentation regarding the injured worker's sleep habits. Additionally, Ambien is only recommended for 7 to 10 day treatment, and the request is for #60 with 2 refills, which indicates long term use and is not supported. Therefore, the request for Ambien 5mg, #60 with 2 refills is not medically necessary.