MAXIMUS Federal Services

Case Number:	CM15-0084575		
Date Assigned:	05/06/2015	Date of Injury:	10/13/2000
Decision Date:	07/03/2015	UR Denial Date:	04/06/2015
Priority:	Standard	Application Received:	05/04/2015

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 55 year old female, who sustained an industrial injury on 10/13/2000. The injured worker is currently not working. The injured worker is currently diagnosed as having chronic pain, failed lumbar back surgery syndrome, lumbar radiculopathy, status post lumbar spine fusion, migraine headaches, and status post intrathecal pump implant. Treatment and diagnostics to date has included right knee brace, intrathecal pain pump, and medications. In a progress note dated 04/03/2015, the injured worker presented with complaints of insomnia and neck, low back, and right knee pain. Objective findings include back tenderness upon palpation with limited lumbar range of motion. The treating physician reported requesting authorization for Xanax, Celexa, Abilify, and Ritalin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Xanax 0.5mg #60 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines benzodiazepines Page(s): 24. Decision based on Non-MTUS Citation Official disability guidelines Pain (Chronic) Chapter, under Xanax (Alprazolam).

Decision rationale: Based on the 04/03/15 progress report provided by treating physician, the patient presents with low back pain that radiates to the bilateral lower extremities rated 9/10 with and 10/10 without medications. The patient is status post lumbar fusion, date unspecified, right knee meniscus repair 09/08/14, and right CTR 04/29/14. The request is for Xanax 0.5mg #60 with 2 refills. RFA not provided. Patient's diagnosis on 04/03/15 included chronic pain other, lumbar failed back surgery syndrome, lumbar radiculopathy, headaches, migraine, and status post intrathecal pump (ITP) implant. Physical examination to the lumbar spine on 04/03/15 revealed tenderness to palpation to bilateral paravertebral area of L4-S1. Moderately limited range of motion, painful on flexion and extension. Decreased strength of extensor muscles along the L4-S1 dermatome in the bilateral lower extremities. Treatment to date included diagnostics, right knee brace, intrathecal pain pump, UDS's and medications. Patient's medications per progress reports dated 12/18/14, 04/03/15 and 02/12/15 include infused Dilaudid, Ambien, Lyrica, Naprosyn, Percocet, Senokot, Tizanidine, Topirate, Atenolol and Sumavel dosepro. The patient is not working, per 04/03/15 report. Treatment reports were provided from 11/20/14 - 04/03/15.The MTUS Guidelines page 24 states, "benzodiazepines are not recommended for long-term use because long-term efficacies are unproven and there is a risk of dependence." ODG-TWC, Pain (Chronic) Chapter, under Xanax (Alprazolam) states: "Not recommended for long-term use. See Alprazolam; & Benzodiazepines. Alprazolam, also known under the trade name Xanax and available generically, is a short-acting drug of the benzodiazepine class used to treat moderate to severe anxiety disorders, panic attacks, and as an adjunctive treatment for anxiety associated with major depression." Progress report with the requested medication was not provided, nor medical rationale for the request. Per UR letter dated 04/06/15, Xanax, Celexa, Abilify and Ritalin were the continued medications, per 03/20/15 report. It is not known when Xanax was initiated. Guidelines do not recommend long term use of benzodiazepines due to risk of dependence. Furthermore, the request for quantity 60 with 2 refills does not indicate intended short term use of this medication. Therefore the request IS NOT medically necessary.

Celexa 40mg #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 (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Mental Illness and Stress chapter, Antidepressants for Treatment of MDD.

Decision rationale: Based on the 04/03/15 progress report provided by treating physician, the patient presents with low back pain that radiates to the bilateral lower extremities rated 9/10 with and 10/10 without medications. The patient is status post lumbar fusion, date unspecified, right knee meniscus repair 09/08/14, and right CTR 04/29/14. The request is for Celexa 40mg #30 with 2 refills. RFA not provided. Patient's diagnosis on 04/03/15 included chronic pain other,

lumbar failed back surgery syndrome, lumbar radiculopathy, headaches, migraine, and status post intrathecal pump (ITP) implant. Physical examination to the lumbar spine on 04/03/15 revealed tenderness to palpation to bilateral paravertebral area of L4-S1. Moderately limited range of motion, painful on flexion and extension. Decreased strength of extensor muscles along the L4-S1 dermatome in the bilateral lower extremities. Treatment to date included diagnostics, right knee brace, intrathecal pain pump, UDS's and medications. Patient's medications per progress reports dated 04/03/15 and 02/12/15 include Ambien, Lyrica, Naprosyn, Percocet, Senokot, Tizanidine, Topirate, Atenolol and Sumavel dosepro. The patient is not working, per 04/03/15 report. Treatment reports were provided from 11/20/14 - 04/03/15. MTUS Guidelines are silent on Celexa specifically. ODG Guidelines for Antidepressants for Treatment of MDD, chapter Mental Illness and Stress, state "many treatment plans start with a category of medication called selective serotonin reuptake inhibitors (SSRIs), because of demonstrated effectiveness and less severe side effects." Progress report with the requested medication was not provided, nor medical rationale for the request. Per UR letter dated 04/06/15, Xanax, Celexa, Abilify and Ritalin were the continued medications, per 03/20/15 report. It is not known when Celexa was initiated. None of the progress reports document the use of Celexa. In this case, there is no formal diagnosis of depression noted. Additionally, there is no documentation of efficacy. ODG guidelines support the use of this medication only with "demonstrated effectiveness." MTUS page 60 also requires documentation of improvement in pain and function when medications are used for chronic conditions. Therefore, the request IS NOT medically necessary.

Abilify 5mg #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 (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain Page(s): 60. Decision based on Non-MTUS Citation Official disability guidelines Mental Illness & Stress Chapter, Aripiprazole (Abilify).

Decision rationale: Based on the 04/03/15 progress report provided by treating physician, the patient presents with low back pain that radiates to the bilateral lower extremities rated 9/10 with and 10/10 without medications. The patient is status post lumbar fusion, date unspecified, right knee meniscus repair 09/08/14, and right CTR 04/29/14. The request is for Abilify 5mg #30 with 2 refills. RFA not provided. Patient's diagnosis on 04/03/15 included chronic pain other, lumbar failed back surgery syndrome, lumbar radiculopathy, headaches, migraine, and status post intrathecal pump (ITP) implant. Physical examination to the lumbar spine on 04/03/15 revealed tenderness to palpation to bilateral paravertebral area of L4-S1. Moderately limited range of motion, painful on flexion and extension. Decreased strength of extensor muscles along the L4-S1 dermatome in the bilateral lower extremities. Treatment to date included diagnostics, right knee brace, intrathecal pain pump, UDS's and medications. Patient's medications per progress reports dated 04/03/15 and 02/12/15 include Ambien, Lyrica, Naprosyn, Percocet, Senokot, Tizanidine, Topirate, Atenolol and Sumavel dosepro. The patient is not working, per 04/03/15 report. Treatment reports were provided from 11/20/14 - 04/03/15.ODG-TWC, Mental Illness & Stress Chapter, Aripiprazole (Abilify) Section states: "Not recommended as a first-line treatment. Abilify (aripiprazole) is an antipsychotic medication. Antipsychotics are the first-line

psychiatric treatment for schizophrenia. There is insufficient evidence to recommend atypical antipsychotics for conditions covered in ODG." Progress report with the requested medication was not provided, nor medical rationale for the request. Per UR letter dated 04/06/15, Xanax, Celexa, Abilify and Ritalin were the continued medications, per 03/20/15 report. It is not known when Abilify was initiated. Guidelines do not recommend Abilify as first-line treatment, since "there is insufficient evidence to recommend atypical antipsychotics for conditions covered in ODG." MTUS page 60 also requires documentation of improvement in pain and function when medications are used for chronic conditions. Therefore, the request IS NOT medically necessary.

Ritalin 10mg #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 (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain Page(s): 60. Decision based on Non-MTUS Citation Drugs.com.

Decision rationale: Based on the 04/03/15 progress report provided by treating physician, the patient presents with low back pain that radiates to the bilateral lower extremities rated 9/10 with and 10/10 without medications. The patient is status post lumbar fusion, date unspecified, right knee meniscus repair 09/08/14, and right CTR 04/29/14. The request is for Ritalin 10mg #30 with 2 refills. RFA not provided. Patient's diagnosis on 04/03/15 included chronic pain other, lumbar failed back surgery syndrome, lumbar radiculopathy, headaches, migraine, and status post intrathecal pump (ITP) implant. Physical examination to the lumbar spine on 04/03/15 revealed tenderness to palpation to bilateral paravertebral area of L4-S1. Moderately limited range of motion, painful on flexion and extension. Decreased strength of extensor muscles along the L4-S1 dermatome in the bilateral lower extremities. Treatment to date included diagnostics, right knee brace, intrathecal pain pump, UDS's and medications. Patient's medications per progress reports dated 04/03/15 and 02/12/15 include Ambien, Lyrica, Naprosyn, Percocet, Senokot, Tizanidine, Topirate, Atenolol and Sumavel dosepro. The patient is not working, per 04/03/15 report. Treatment reports were provided from 11/20/14 - 04/03/15. MTUS and ODG guidelines do not address Ritalin. Drugs.com states that "Ritalin (methylphenidate) is a central nervous system stimulant. It affects chemicals in the brain and nerves that contribute to hyperactivity and impulse control. Ritalin is used to treat attention deficit disorder (ADD) and attention deficit hyperactivity disorder (ADHD). It is also used in the treatment of a sleep disorder called narcolepsy (an uncontrollable desire to sleep)." Progress report with the requested medication was not provided, nor medical rationale for the request. Per UR letter dated 04/06/15, Xanax, Celexa, Abilify and Ritalin were the continued medications, per 03/20/15 report. It is not known when Ritalin was initiated. In this case, treater does not explain what condition this patient has that requires the use of this medication. There is no documentation of attention hyperactivity disorder or Narcolepsy to consider the use of Ritalin. There is no discussion as to how this medication has helped the patient, either. MTUS page 60 also requires documentation of improvement in pain and function when medications are used for chronic conditions. Therefore, the request IS NOT medically necessary.