MAXIMUS Federal Services

Case Number:	CM15-0089717		
Date Assigned:	05/14/2015	Date of Injury:	07/31/1998
Decision Date:	06/15/2015	UR Denial Date:	04/08/2015
Priority:	Standard	Application Received:	05/11/2015

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: Arizona, California
Certification(s)/Specialty: Family Practice

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 57 year old female, who sustained an industrial injury on 7/31/98. She reported pain in her lower back and lower extremities. The injured worker was diagnosed as having sacroiliac joint dysfunction, major depression and generalized anxiety. Treatment to date has included an epidural injection, pain medications, psychiatric treatments and anti-depressant medications. As of the PR2 dated 1/29/15, the injured worker reports frustration about some medical issues like chronic dysphasia and chronic fibromyalgia. She indicated that Seroquel helps her sleep. The treating physician noted affect is appropriated to her mood and moderate frustration. The treating physician requested Cymbalta 60mg #60 x 2 refills, Seroquel 200mg #30 x 2 refills and Klonopin 0.5mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Cymbalta 60mg #60 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cymbalta (duloxetine); Duloxetine (Cymbalta).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG- Mental and Cymbalta pg 26.

Decision rationale: According to the guidelines, Cymbalta is recommended for treatment of depression and PTSD. Cymbalta is an SNRI antidepressant. Antidepressants are an option, but there are no specific medications that have been proven in high quality studies to be efficacious for treatment of lumbosacral radiculopathy. SSRIs have not been shown to be effective for low back pain (there was not a significant difference between SSRIs and placebo) and SNRIs have not been evaluated for this condition. The claimant had been on Cymbalta for over a year. The claimant had a history of depression and anxiety disorders. Routine documentation of regarding depression was noted. In addition, despite being on Cymbalta for over a year, the progress note on 4/16/15 indicated continued depression and anxiety. The continued us of Cymbalta is not substantiated and there is questionable benefit. Future response cannot be determined and the continued use is not medically necessary.

1 prescription of Seroquel 200mg #30 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. 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 ODG and pain chapter and insomnia- pg 64.

Decision rationale: According to the guidelines, other medications such as Benzodiazepine or Zolpidem (for which the claimant had been on) are used 1st line for insomnia, along with behavioral modifications. Seroquel is a medication used for Bipolar disorder. Although there is mention of major depressions, mania is not noted in the progress notes. The continued use of the medication for the claimant's diagnoses is not substantiated and not medically necessary.

1 prescription of Klonopin 0.5mg: 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): 23.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines , Benzodiazepines are not recommended for long-term use because it efficacy is unproven and there is a risk of addiction. Most guidelines limits its use of 4 weeks and its range of action include: sedation, anxiolytic, anticonvulsant and muscle relaxant. In this case, the claimant had been on Xanax for several months. Long-term use is not indicated. In addition, the claimant was on SSRIs, antypical antipsychotics and pain medications compounding risk of side effects. The continued use of Klonopin is not medically necessary.