MAXIMUS Federal Services

Case Number:	CM14-0132375		
Date Assigned:	08/22/2014	Date of Injury:	11/07/2007
Decision Date:	10/17/2014	UR Denial Date:	07/23/2014
Priority:	Standard	Application Received:	08/19/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Management and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

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

This is a male patient with the date of injury of November 7, 2007. A Utilization Review was performed on July 23, 2014 and recommended modification of 1 prescription of Cymbalta 60 mg to Cymbalta 60 mg up to #30 between 7/10/2014 and 9/15/2014 and 1 prescription of Diazepam 10 mg to 1 prescription of Diazepam 10 mg, up to #24 between 7/10/2014 and 9/15/2014 and non-certification of 1 prescription of Buspirone 15 mg between 7/10/2014 and 9/15/2014 and unknown weeks of in-home caretaking between 7/10/2014 and 9/15/2014. A Progress Report dated July 10, 2014 identifies Subjective Complaints of pain that is so severe that she requires extraordinary assistance just to live her life. She has a very high anxiety due to her extreme pain. No objective findings are documented. Diagnoses identify pain disorder, sleep disorder, and sexual dysfunction. Treatment Plan identifies request authorization for Cymbalta 60 mg 2 daily, Diazepam 10 mg BID, buspirone 15 mg 1 BID, and 40 hours/week in-home caretaking.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cymbalta 60mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13-16.

Decision rationale: Regarding the request for Duloxetine (Cymbalta), guidelines state that antidepressants are recommended as a 1st line option for neuropathic pain and as a possibility for non-neuropathic pain. Guidelines go on to recommend a trial of at least 4 weeks. 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. Within the documentation available for review, there is no identification that the Cymbalta provides any specific analgesic effect (in terms of reduced numeric rating scale or percent reduction in pain), or provides any objective functional improvement, reduction in opiate medication use, or improvement in psychological well-being. Additionally, if the Cymbalta is being prescribed to treat depression, there is no documentation of depression, and no objective findings which would support such a diagnosis (such as a mini mental status exam, or even depressed mood). In the absence of clarity regarding those issues, the currently requested duloxetine (Cymbalta) is not medically necessary.

Diazepam 10mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24 of 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain Chapter, Benzodiazepines

Decision rationale: Regarding the request for Valium (diazepam), Chronic Pain Medical Treatment Guidelines state the benzodiazepines are "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. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant." Within the documentation available for review, there is no documentation identifying any objective functional improvement as a result of the use of the medication and no rationale provided for long-term use of the medication despite the CA MTUS recommendation against long-term use. Benzodiazepines should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In the absence of such documentation, the currently requested Valium (diazepam) is not medically necessary.

Buspirone 15mg: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 388.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Anxiety medications in chronic pain

Decision rationale: Regarding the request for Buspirone, California MTUS and ACOEM do not contain criteria for the use of Buspirone. ODG states many antidepressants, in particular the Selective Serotonin Reuptake Inhibitors (SSRIs) are considered first-line agents in the treatment of most forms of anxiety. Other drug classes used to treat anxiety are antihistamines (e.g. hydroxyzine), 5HT1 agonist (e.g. buspirone), and some anti-epilepsy drugs. Within the documentation available for review, there is no indication that the patient cannot be treated or has failed treatment with first-line agents such as antidepressants. In the absence of such documentation, the currently requested Buspirone is not medically necessary.

Unknown weeks of in home caretaking.: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medicare Benefits Manual (Rev 144, 05-06-11) chapter 7, home health services; section 50.2 (home health aide services).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Home health services Page(s): 51 o.

Decision rationale: Regarding the request for unknown weeks of in home caretaking, California MTUS states that home health services are recommended only for otherwise recommended medical treatment for patients who are homebound, and medical treatment does not include homemaker services like shopping, cleaning, and laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom when this is the only care needed. Within the documentation available for review, there is no documentation that the patient is homebound and in need of specialized home care (such as skilled nursing care, physical, occupational, or speech-language therapy) in addition to home health care. In the absence of such documentation, the currently requested unknown weeks of in home caretaking is not medically necessary.