

Case Number:	CM14-0140063		
Date Assigned:	09/08/2014	Date of Injury:	11/27/1996
Decision Date:	10/14/2014	UR Denial Date:	08/12/2014
Priority:	Standard	Application Received:	08/29/2014

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 Occupational Medicine 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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain, shoulder pain, and neck pain with derivative complaints of anxiety, depression, insomnia, and erectile dysfunction reportedly associated with an industrial injury of November 27, 1996. Thus far, the applicant has been treated with the following: Analgesic medications, attorney representation; earlier lumbar spine surgery; a CPAP device; a cane; unspecified amounts of physical therapy; unspecified amounts of aquatic therapy; psychotropic medications; and sleep aids. In a Utilization Review Report dated August 12, 2014, the claims administrator denied a request for Effexor, Ambien, Zanaflex, and Cymbalta. The applicant's attorney subsequently appealed. In a February 27, 2014 progress note, the applicant reported persistent multifocal bilateral leg, bilateral shoulder, low back, and bilateral knee pain, exacerbated by lifting, sitting, bending, physical therapy activity, standing, twisting, and whether changes. The applicant reported highly variable 4-8/10 pain. The applicant was using a cane and was anxious, angry, and frustrated, it was further stated. The applicant's medication list included Duragesic, Norco, Voltaren, Ambien, Cymbalta, Zanaflex, Zonegran, terazosin, Benadryl, lidocaine, Cialis, Levoxyl, and AndroGel, it was stated. The applicant exhibited poor dentition and a slow, antalgic gait. Multiple medications were renewed. On July 18, 2014, the applicant again presented reporting multifocal arm, leg, neck, shoulder, low back, and bilateral knee pain. Highly variable 4-10/10 pain was reported. The applicant was using a cane and was resting or reclined 50% to 75% of the day, it was stated. The applicant remained angry, anxious, and frustrated, it was stated in one section of the report. In another section of the report, it was stated that the applicant's satisfaction with therapy was good. The applicant was overweight, it was suggested. The applicant had issues with chronic insomnia, it was stated, and depression, it was further noted, superimposed on chronic pain issues. The note contained very little in the way of

discussion of medication efficacy. In an earlier progress note of June 18, 2014, the applicant again received multiple refills. There was no explicit discussion of medication efficacy, although it was suggested that the applicant was using medications as prescribed and was reportedly satisfied, it was stated in one section of the report. In another section of the report, it was stated that the applicant was resting 50% to 75% of the day, was using a cane to move about, and reported highly variable pain ranging from 4-10/10. The applicant was using a cane to move about in the clinic setting.

IMR ISSUES, DECISIONS AND RATIONALES

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

90 TABLETS OF EFFEXOR EXTENDED RELEASE 75 MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 123.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402.

Decision rationale: While the MTUS Guideline in ACOEM Chapter 15, page 402 does acknowledge that it often takes "weeks" for antidepressants such as Effexor to exert their maximal effect. In this case, however, the applicant has been using Effexor, an atypical antidepressant, for a span of several months. There has been no explicit discussion of medication efficacy. The attending provider continues to report on multiple office visits, referenced above that the applicant is angry, depressed, frustrated, etc. The applicant does not appear to have returned to work. The attending provider has not outlined any material improvements in mood or function achieved as a result of ongoing Effexor usage. Therefore, the request is not medically necessary.

30 TABLETS OF AMBIEN EXTENDED RELEASE 12.5 MG: 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 Page(s): 7-8. Decision based on Non-MTUS Citation Food and Drug Administration (FDA), Ambien Medication Guide.

Decision rationale: While the MTUS does not specifically address the topic of Ambien usage, pages 7 and 8 of the MTUS Chronic Pain Medical Treatment Guidelines do stipulate that an attending provider using a drug for non-FDA labeled purposes has the responsibility to be well informed regarding usage of the same and should, furthermore, furnish compelling evidence to support such usage. In this case, the applicant has been using Ambien for what appears to be a span of several months to several years. This is not an FDA-endorsed role for Ambien. The attending provider has failed to furnish any compelling applicant-specific rationale or medical

evidence which would offset the unfavorable FDA position on long-term usage of Ambien. Therefore, the request is not medically necessary.

60 CAPSULES OF ZANAFLEX 6 MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tizanidine/Zanaflex Page(s): 66, 7.

Decision rationale: While page 66 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that tizanidine or Zanaflex is FDA approved in the management of spasticity and can be employed off labeled for low back pain, as is present here, this recommendation is qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. In this case, the applicant continues to report complaints as high as 7-10/10, despite ongoing Zanaflex usage. The applicant has seemingly failed to return to work. Ongoing usage of Zanaflex has failed to curtail the applicant's dependence on other forms of medical treatment, including opioid agents such as Norco and Duragesic. All of the above, taken together suggest a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing usage of the same. Therefore, the request is not medically necessary.

60 CAPSULES OF CYMBALTA 60 MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 15.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402.

Decision rationale: While the MTUS Guideline in ACOEM Chapter 15, page 402 does acknowledge that it often takes "weeks" for antidepressants to exert their maximal effect, in this case, however, the applicant has been using Cymbalta, an SNRI antidepressant, for what appears to be a span of several months, with no compelling evidence of medication efficacy. The applicant is consistently described as remaining angry, depressed, frustrated, etc., on several progress notes referenced above. The applicant has seemingly failed to return to work. The attending provider has not outlined any tangible improvements in function or mood achieved as a result of ongoing Cymbalta usage. Therefore, the request is not medically necessary.