MAXIMUS Federal Services

Case Number:	CM14-0165739		
Date Assigned:	10/10/2014	Date of Injury:	01/30/2007
Decision Date:	11/04/2014	UR Denial Date:	09/19/2014
Priority:	Standard	Application Received:	10/08/2014

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 Internal 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 injured worker is a 41 year-old man. The date of injury is January 30, 2007. A heavy beam was being installed and fell down on his right shoulder. He was standing on a ladder at the time, and both feet were significantly injured. He also has pain in his knees and lower back. He has been treated with medications and physical therapy. He had surgery in 2008. Since the time of his work related injury, the injured worker has developed both anxiety and a depressed mood. He has worked with a psychologist who provided helpful therapy. He continues at this time to have poor sleep, fatigue, decreased social contact, fear of pain, decreased libido, and motivation. Cognitive behavioral intervention is recommended. In the most recent progress report, subjective findings included constant low back pain and burning bilateral lower extremity pain. He reported psychotropic medications were helpful and that the medication provided at least 50% pain relief and 50% functional improvement. Objective finding included normal blood pressure and pulse. Bilateral knee exam revealed full active range of motion in all planes. McMurray sign was negative and patellar compression was painful bilaterally. There were bilateral peri-patellar edema, negative apprehension sign and crepitus on passive range in flexion and extension. Diagnoses included: bilateral knee pain with severe underlying chondromalacia patella and patellar tendinopathies of both knees (MRI revealing small intra-articulate ganglion cyst right knee); bilateral foot pain with chronic plantar fasciitis. Pain psychology report dated November 20, 2012 indicated the following diagnoses; pain disorder associated with psychological factors and general medical condition, major depressive disorder, single episode, moderate. Progress note dated October 8, 2014 indicated the injured worker anxiety and depression due to his industrial onset is stable with psychotropic medications. He is under a narcotic contract, and urine drug screens have been appropriate.

IMR ISSUES, DECISIONS AND RATIONALES

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

Abilify 5mg #30: 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), Mental Illness & Stress

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Mental Illness and Stress Chapter

Decision rationale: Pursuant to the Official Disability Guidelines, Abilify 5 mg #30 is not medically necessary.The Official Disability Guidelines state Abilify is an antipsychotic medication with a serious adverse effect profile. Long-term effectiveness data regarding Abilify is lacking. Abilify is approved for schizophrenia and acute mania, and as an adjunct second line therapy for bipolar maintenance and major depressive disorder. It is not approved or shown to be effective for personality disorder, substance abuse, or insomnia. In this case, the injured worker was diagnosed with dysthymic disorder, which is less severe than major depression and chronic insomnia. Because of the Abilify's indications and side effect profile (schizophrenia and acute mania), it is not approved or shown to be effective for personality disorder, substance abuse or insomnia. Based on clinical information medical record and the peer review, evidence-based guidelines Abilify 5mg #30 is not medically necessary.

Cymbalta 60mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cymbalta Section Page(s): 42.

Decision rationale: Pursuant to the California MTUS, Chronic Pain Medical Treatment Guidelines Cymbalta 60 mg #60 is not medically necessary. The guidelines state Cymbalta is an antidepressant, first-line treatment, and also for neuropathic pain. It has FDA approval for the treatment of depression. The starting dose is 20 - 60 mg per day and no advantage has been found to increasing the dose to twice a day, except in fibromyalgia. In this case, the request for Cymbalta 60 mg #60 (implies to be taken twice per day) this injured worker has diagnoses of depression and chronic neuropathic pain. Because the dose of Cymbalta 60 mg twice per day is recommended only for fibromyalgia and has no benefit in depression and neuropathic pain, Cymbalta is not medically necessary. Based on the clinical information in the medical record and peer-reviewed, evidence-based guidelines, Cymbalta 60 mg #60 is not medically necessary.

Ambien 10mg #30: 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), Mental Illness & Stress

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Mental Illness and Stress Chapter

Decision rationale: Pursuant to the Official Disability Guidelines, Ambien 30mg #30 is not recommended for long-term use and is not medically necessary. According to the official disability guidelines Ambien (Zolpidem) is not recommended for long-term use. It is however recommended for short-term use (usually 2 to 6 weeks). Ambien (Zolpidem) can be habit forming and may impair function and memory with opiate pain medications. There is also concern that these medications increase pain and depression over the long-term. In this case, the injured worker has been taking Ambien since 2012 for insomnia. This is well over the recommended guidelines 2 to 6 weeks. The guidelines do not recommend Ambien's use for greater than six weeks because it can be habit forming, impair function and increased depression and pain over time. Consequently, Ambien 10 mg #30 is not medically necessary. Based on the clinical information in the medical record in the peer-reviewed, evidence-based guidelines Ambien 30mg. #30 is not medically necessary.

Clonidine 0.1mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Clonidine Page(s): 34. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain section

Decision rationale: Pursuant to the California MTUS, Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines Clonidine 0.1 mg. # 60 is not medically necessary. The guidelines recommend Clonidine be used only after a short-term trial whereby there is pain relief in patient's refractory to monotherapy opiates or opiates with local anesthetic. There is little evidence this medication provides long-term pain relief (when used in combination with opiates approximately 80% of patients had less than 24 months of pain relief) and no studies have investigated the neuromuscular, vascular or cardiovascular physiologic changes that can occur with long-term use. In this case, the injured worker had pain relief with prescribed medication. The guidelines noted above indicate Clonidine is recommended for patients that are refractory to opiate use. The injured worker had a greater than 50% increase in pain relief with other prescription medications. Consequently, Clonidine is not medically necessary. Based on the clinical information in the medical record in the peer-reviewed, evidence-based guidelines Clonidine 0.1 mg #60 is not medically necessary.