

Case Number:	CM14-0212643		
Date Assigned:	12/30/2014	Date of Injury:	04/14/2010
Decision Date:	02/28/2015	UR Denial Date:	12/17/2014
Priority:	Standard	Application Received:	12/18/2014

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. 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: Texas, Ohio, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 and left hand pain reportedly associated with an industrial injury of April 14, 2010. In a Utilization Review Report dated December 17, 2014, the claims administrator failed to approve request for Botox injections, Abilify, Remeron, and Cymbalta. The claims administrator referenced various progress notes, including those dated November 10, 2014 and October 29, 2014 in its determination, along with a variety of historical Utilization Review Reports. The applicant's attorney subsequently appealed. On December 24, 2014, the attending provider suggested that the applicant continue Percocet, Lidoderm, and Butrans. It was not acknowledged that the applicant was not working. The attending provider stated that he was appealing a variety of previously denied medications, including Butrans, Percocet, baclofen, Lidoderm, Abilify, Cymbalta, and mirtazapine. In a December 29, 2014 progress note, the applicant reported persistent complaints of shoulder and elbow pain status post elbow collateral ligament reconstruction surgery. The applicant stated that her elbow was very stable and that she was happy with the outcome of the procedure. The applicant was asked to continue physical therapy and exercises for the elbow. In a psychology note dated November 13, 2014, the applicant reported issues with depression, anxiety, knee pain, foot pain, and elbow pain. The applicant was using CellCept, Feldene, Plaquenil, Neurontin, Protonix, mirtazapine, Ambien, Percocet, and Butrans. The applicant was placed off of work, on total temporary disability. Additional Biofeedback and psychotherapy were endorsed for further improving the applicant's depressive symptoms. The applicant was described as having severe depression and minimal

anxiety on this date. It was stated that Abilify was augmenting the applicant's mood and improving her overall motivation levels, somewhat incongruously. There was no mention of Cymbalta's being employed on this date. In another section of the note, the applicant stated that she did not wish to pursue further psychological treatment on the grounds that she wished to be less dependent on physician appointments. The applicant stated that she was unable to drive by herself and was being driven by friends and her husband to various appointments. On September 11, 2014, the applicant was again placed off of work, on total temporary disability, owing to various issues with depression. Additional Biofeedback and psychotherapy were sought. The note was highly templated and difficult to follow. The applicant's medication list, at this point, included CellCept, Feldene, Plaquenil, Neurontin, Protonix, Remeron, Salagen, Cymbalta, Percocet, and Butrans. The applicant was having continuous symptoms of depression and anxiety as well as issues with weight gain, it was acknowledged. On July 10, 2014, the applicant's primary treating provider stated that he was employing Cymbalta at a heightened dosage for better control of depression. The attending provider suggested (but did not clearly state) that the applicant was using Abilify for mood augmentation purposes. The attending provider stated that the applicant's medications list included baclofen, Butrans, Cardizem, Neurontin, Plaquenil, lidocaine, Remeron, mycophenolate, Protonix, pilocarpine, Desyrel, Voltaren gel, Ambien, Abilify, and Deplin. The applicant received a trigger point injection. One of the diagnoses the applicant was given was that of hamstring tear. It was stated that the applicant was pending epidural steroid injection therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Botox injections left hamstring 100 units.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG-TWC)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Botulinum toxin (Botox; Myobloc) Page(s): 26.

Decision rationale: As noted on page 26 of the MTUS Chronic Pain Medical Treatment Guidelines, Botox injections are not recommended for use in conjunction with trigger point injections and/or for myofascial pain syndrome complaints. Here, the applicant has been given various diagnoses involving the hamstring, including partial-thickness hamstring tear, palpable tender points about the hamstring, etc. The applicant has received prior corticosteroid injections to the hamstring region, presumably for the stated diagnosis of hamstring tear and has also received trigger point injections to the same region, presumably for myofascial pain. Thus, the multifocal nature of the applicant's pain complaints and the fact that previous corticosteroid injections have been performed in this region implies that the applicant carries diagnosis of myofascial pain syndrome for which Botox injections are not, per page 26 of the MTUS Chronic Pain Medical Treatment Guidelines, explicitly recommended. Therefore, the request is not medically necessary.

Amblify 5mg, Qty: 90: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG-TWC)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402. Decision based on Non-MTUS Citation Food and Drug Administration (FDA), Abilify Medication Guide.

Decision rationale: As noted in the MTUS Guidelines in ACOEM Chapter 15, page 402, continuing with an established course of antipsychotic is important. The Food and Drug Administration (FDA) further notes that Abilify is recommended as an adjunctive treatment for major depressive disorder. Here, unlike the applicant's numerous other psychotropic medications, the attending provider did seemingly establish on a progress of November 13, 2014 that ongoing usage of Abilify was stabilizing the applicant's mood and resulting in increased motivation. Continuing the same, on balance, was indicated. Therefore, the request was medically necessary.

Mirtazapine 45mg, Qty: 90: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment, Chapter 15 Stress Related Conditions Page(s): 47, 402, Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management Page(s): 7.

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 mirtazapine (Remeron) for a minimum of several months. It has not been clearly established whether the applicant was using mirtazapine for depression or whether the applicant was using mirtazapine for issues with insomnia. A progress note of November 13, 2014 suggested (but did not clearly state) that the applicant was using mirtazapine and Ambien for sedative effect. Similarly, a June 20, 2014 pain management note did not clearly state for what purpose mirtazapine (Remeron) was being employed. Multiple other progress notes, throughout the file, also did not explicitly state for what purpose mirtazapine (Remeron) was being employed and/or whether it was effective for its stated purpose. A progress note of July 10, 2014, seemingly suggested (but did not clearly state) that the applicant was using three separate sedative agents, mirtazapine, trazodone, and Ambien. The MTUS Guideline in ACOEM Chapter 3, page 47, stipulates that an attending provider should discuss the efficacy of the medication for the particular condition for which it is being employed. Here, neither the applicant's psychologist nor the applicant's primary treating provider nor the applicant's pain management physician clearly stated for what purpose mirtazapine (Remeron) was being employed and whether or not it was effective for its stated purpose. None of the applicant's treating providers clearly reconcile usage of mirtazapine, a sedating antidepressant,

with concomitant usage of trazodone, another sedating antidepressant, and with concomitant usage of Ambien, a sleep aid. As noted on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines, an attending provider should incorporate some discussion of applicant-specific variables such as "other medications" into his choice of pharmacotherapy. Here, such discussion was, quite clearly, absent. Therefore, the request was not medically necessary.

Cymbalta 60mg, Qty: 90: Upheld

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

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 Cymbalta to exert their maximal effect, in this case, however, the applicant has been using Cymbalta for a minimum of several months. As with several of the applicant's other psychotropic medications, the applicant's treating providers did not clearly establish evidence of material benefit achieved as a result of ongoing Cymbalta usage. On a November 13, 2014 progress note, the applicant's psychologist only discussed medication efficacy insofar as Abilify was concerned. There was no mention of whether or not ongoing usage of Cymbalta was or was not effective. Furthermore, the applicant's psychologist did not make any mention of the applicant's using Cymbalta on the November 13, 2013 progress note, referenced above. It was not clearly established whether the applicant was using Cymbalta on that date. An earlier note of September 11, 2014 did suggest that the applicant was using Cymbalta at that point, as with multiple other progress notes interspersed throughout 2014. However, the applicant's continued complaints of pain, depression, anxiety, and sleep disturbance, coupled with the fact that the applicant remained off of work, on total temporary disability, suggested a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing Cymbalta usage. Neither the applicant's primary treating physician nor the applicant's pain management physician nor the applicant's psychologist, in short, established that ongoing use of Cymbalta was generating some material improvements in mood and/or function. Therefore, the request was not medically necessary.