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| Case Number: | CM15-0112195 | | |
| Date Assigned: | 06/18/2015 | Date of Injury: | 01/03/2006 |
| Decision Date: | 08/24/2015 | UR Denial Date: | 05/04/2015 |
| Priority: | Standard | Application Received: | 06/10/2015 |

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, Texas

Certification(s)/Specialty: Internal 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 injured worker is a 52-year-old male who reported an industrial injury on 1/3/2006. His diagnoses, and/or impressions, are noted to include: dysthymia; lumbar annular bulging; clinical lumbar spine radiculopathy; and personality disorder. No current imaging studies are notes. His treatments have included a back brace; medication management with toxicology screenings; and rest from work before being returned to modified work duties. The progress notes of 3/20/2015 noted a follow-up visit for treatment under future medical recommendations, with complaints of constant, moderate lumbar spine pain. Objective findings were noted to include no acute distress, and decreased range-of-motion in the lumbar spine. The physician's requests for treatments were noted to include the continuation of Colace, Trazadone, Zanaflex, Lyrica and Abilify.

IMR ISSUES, DECISIONS AND RATIONALES

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

Caloce 100mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-.26 Page(s): 77.

Decision rationale: According to the MTUS when initiating the use of opioid analgesic medications for the use of chronic pain prophylactic treatment of constipation should be initiated. However, in this case the documentation does not support that the patient is taking opioid analgesic medications or having any complaints of constipation. The continued use of Docusate Sodium is not medically necessary.

Zanaflex 4mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-.26 Page(s): 64-66.

Decision rationale: According to the MTUS section on chronic pain muscle relaxants (such as Zanaflex) are recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain (LBP). Muscle relaxants may be effective in reducing pain and muscle tension and increasing mobility. In most cases of LBP, they show no benefit beyond NSAIDS in pain and overall improvement and offer multiple side effects including sedation and somnolence. In this case, the patient has used Zanaflex for longer than the recommended amount of time. The continued use of Zanaflex is not medically necessary.

Lyrica 150mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-.26 Page(s): 99.

Decision rationale: Pregabalin has been documented to be effective in treatment of diabetic neuropathy and post herpetic neuralgia, has FDA approval for both indications, and is considered first-line treatment for both. Pregabalin was also approved to treat fibromyalgia. There is no established trial period, but the onset of action is thought to be less than 1 week. In this case, the patient does not have an appropriate diagnosis for the use of this medication. There is no diagnosis of neuropathy. The continued use of Lyrica is not medically necessary.

Abilify 5mg #30: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Abilify (aripiprazole).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Uptodate.com. Drug information.

Decision rationale: According to UptoDate.com, major depressive disorder (unipolar major depression) and persistent depressive disorder (dysthymia) represent depressive syndromes that are distinguished by the type and number of symptoms that occur as well as their duration. Depressive symptoms can include depressed mood, loss of interest or pleasure in most or all activities, insomnia or hypersomnia, change in appetite or weight, psychomotor retardation or agitation, low energy, poor concentration, thoughts of worthlessness or guilt, and recurrent thoughts about death or suicide. Ability is FDA approved for the use in depression (adjunctive with antidepressants): Oral: Initial: 2 to 5 mg/day (range: 2 to 15 mg/day); dose adjustments of up to 5 mg/day may be made in intervals of 1 week, up to a maximum of 15 mg/day. Note: Dosing based on patients already receiving antidepressant therapy. In this case, the patient has a diagnosis of dysthymia and is being treated with an antidepressant medication. Abilify is being used in conjunction with the antidepressant medication to treat his symptoms and the continued use is medically necessary.