

Case Number:	CM15-0115443		
Date Assigned:	06/23/2015	Date of Injury:	07/14/2011
Decision Date:	07/30/2015	UR Denial Date:	05/18/2015
Priority:	Standard	Application Received:	06/16/2015

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: New York

Certification(s)/Specialty: Anesthesiology

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 40 year old female injured worker suffered an industrial injury on 07/14/2011. The diagnoses included lumbago, cervical disc degeneration, facet arthropathy and cervicgia. The diagnostics included cervical magnetic resonance imaging. The injured worker had been treated with medications and nerve blocks. On 11/13/2013, the injured worker was on Zoloft for severe depression with history of hospitalization (date unknown). On 1/7/2015, the Celexa was started and continued. On 5/5/2015, the treating provider reported back pain and neck pain rated 5/10 with medications and 8/10 without medications radiating to the hip and buttock. On exam, the cervical spine was tender at the facet joint with crepitus and decreased range of motion. The sacroiliac joints were tender. The UR dated 1/10/2015 noted the injured worker had been on anti-depressants since 12/2013 and certified request for psychological consult but mentioned that depression may be treated by the primary physician. On 1/9/2014, Percocet was added to the pain regime, as the Norco was not providing adequate pain relief. The treatment plan included Celexa, Flexeril, Lorazepam, Oxycodone/Acetaminophen and Sonata. The UR denial on 5/18/2015 cited lack of specialized psychotherapeutic care as the basis for denial of Celexa. The UR denial for Flexeril cited this medication only be used for a short period for no longer than 2 to 3 weeks. The UR denial for Lorazepam (benzodiazepine) was not recommended for long term use limited to 4 weeks.. The UR denial for Oxycodone/Acetaminophen was premised on switching from Norco to Percocet based on lack of help from Norco. The record revealed minimal changes in pain relief with the change or any functional improvement. The UR denial

for Sonata was premised on the medication was used chronically that far exceeded the recommended time frame of 7 to 10 days, up to 5 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Celexa 20mg #30: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 388, 402.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions.

Decision rationale: Citalopram (Celexa) is a selective serotonin re-uptake inhibitor (SSRI). SSRI's are not recommended as a treatment for chronic pain, but may have a role in treating secondary depression. It has been suggested that the main role of SSRIs may be in addressing psychological symptoms associated with chronic pain, but more information is needed regarding the role of SSRIs and pain. In this case, there is documentation of depression. The guidelines recommended referral for psychiatry/psycho-therapeutic consultation but also provided for the primary care provider (PCP) to treat this patient's depression. The PCP has treated the chronic depression since 11/2013 prescribing Zoloft and later changed the anti-depressant to Celexa on 1/7/2015. The injured worker continued to be treated with Celexa without any documented relapse of acute depression. Medical necessity for the requested medication has been established. The requested medication is medically necessary.

Flexeril 10mg #90 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril), Muscle relaxants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 43.

Decision rationale: According to the reviewed literature, Cyclobenzaprine (Flexeril) is a skeletal muscle relaxant and a central nervous system (CNS) depressant. It is closely related to the tricyclic antidepressants. According to CA MTUS Guidelines, muscle relaxants are not considered any more effective than non-steroidal anti-inflammatory medications alone. The medication has its greatest effect in the first four days of treatment. It is not recommended for the long-term treatment of chronic pain. In this case, the patient has been treated with the medication since 2014 and there is no documentation of functional improvement from any previous use of this medication. Based on the currently available information, the medical necessity for this muscle relaxant medication has not been established. The requested treatment is not medically necessary.

Lorazepam 1mg #30 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness & Stress, Benzodiazepine.

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

Decision rationale: According to the CA MTUS guidelines, benzodiazepines are prescribed for anxiety. They are not recommended for long-term use for the treatment of chronic pain because long-term efficacy is unproven and there is a risk of dependency. Ativan (Lorazepam) is a long-acting benzodiazepine, having anxiolytic, sedative, muscle relaxant, anticonvulsant, and hypnotic properties. Most guidelines recommend the use of Ativan for the treatment of anxiety disorders, and as an adjunct treatment for anxiety associated with major depression. However, use of this medication is limited to four weeks. There are no guideline criteria that support the long-term use of benzodiazepines. Medical necessity for the requested medication with 2 refills has not been established. The requested medication is not medically necessary.

Oxycodone/Acetaminophen 10/325mg #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 91-97. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Opioids.

Decision rationale: According to the CA MTUS and the ODG, Percocet (Oxycodone/Acetaminophen) is a short-acting opioid analgesic indicated for moderate to severe pain, and is used to manage both acute and chronic pain. The treatment of chronic pain with any opioid analgesic requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. A pain assessment should include current pain, intensity of pain after taking the opiate, and the duration of pain relief. In this case, there is no documentation of the medication's pain relief effectiveness, functional status, or response to ongoing opioid analgesic therapy. Medical necessity of the requested medication has not been established. Of note, discontinuation of an opioid analgesic should include a taper, to avoid withdrawal symptoms. The requested treatment with Percocet (10/325 mg) is not medically necessary.

Sonata 10mg #30 with 2 refills: 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), Pain (Chronic), Insomnia treatment.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Sedative hypnotics, Insomnia treatment.

Decision rationale: Sonata (Zaleplon) is a prescription short-acting non-benzodiazepine hypnotic, which is approved for the short-term (usually three weeks) treatment of insomnia and is not recommended for long-term use. It can be habit-forming, and may impair function and memory and may increase pain and depression over the long-term. The treatment of insomnia should be based on the etiology and pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. The American Academy of Sleep Medicine (AASM, 2015) advises against use of hypnotics as primary therapy for chronic insomnia; instead offer cognitive-behavioral therapy, because CBT is generally as effective as, or more effective than hypnotics at improving sleep, and can be effective over an extended period of time without side-effects associated with hypnotics. In this case, the provider has been prescribing Sonata for chronic or long-term use. Sonata is not indicated for long-term use. There is no documentation of functional improvement with prior use of Sonata. Medical necessity of the requested medication with 2 refills has not been established. The requested medication is not medically necessary.