

Case Number:	CM15-0116608		
Date Assigned:	06/25/2015	Date of Injury:	07/16/1991
Decision Date:	08/31/2015	UR Denial Date:	06/03/2015
Priority:	Standard	Application Received:	06/17/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 66 year old female who sustained an industrial injury on July 16, 1991. She has reported cervical pain and has been diagnosed with post laminectomy syndrome, cervical and degenerative disc disease, cervical. Treatment has included medications, surgery, and psychiatric care. The cervical spine had improved 85 degrees; right rotation 70 degrees left rotation, full extension and flexion. There was vertebral spine tenderness and an anterior scar from previous cervical fusion surgery and continued midline tenderness. There was restricted cervical extension and bilateral twisting with pain. MRI of the lumbar spine revealed degenerative disc disease, L5-S1 associated with approximate 3 mm central focal disc bulge protrusion. Cervical MRI revealed anterior fusion involving the C6-C7 levels with straightening of cervical lordosis. No recurrent protrusion or central stenosis. Degenerative changes with symmetric right foraminal narrowing involving the proximal cervical spine. The treatment request included Alprazolam.

IMR ISSUES, DECISIONS AND RATIONALES

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

Abilify 5mg (unknown quantity): Upheld

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

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 & Stress Chapter.

Decision rationale: This patient presents with chronic neck, shoulder and low back pain. The current request is for Abilify 5mg (unknown quantity). The RFA is dated 06/03/15. Treatment has included medications, surgery, and psychiatric care. The patient is not working. ODG-TWC, Mental Illness & Stress Chapter, Aripiprazole (Abilify) Section states: "Not recommended as a first-line treatment. Abilify (Aripiprazole) is an antipsychotic medication. Antipsychotics are the first-line psychiatric treatment for schizophrenia. There is insufficient evidence to recommend atypical antipsychotics for conditions covered in ODG." According to progress report 05/12/15, the patient reported shoulder pain, difficulty sleeping, and poor mood secondary to pain and lack of sleep. Examination revealed the cervical spine had improved 85 degrees; right rotation 70 degrees left rotation, full extension and flexion. There was vertebral spine tenderness and an anterior scar from previous cervical fusion surgery and continued midline tenderness. Restricted cervical extension and bilateral twisting with pain was noted. The treater has recommended that the patient continue Abilify. This patient has been prescribed this medication since at least 10/07/14. The patient suffers from chronic neck, shoulder and low back pain. She also has diagnoses of bipolar disorder, pain associated with psych, and dysthymic disorder. In this case, ODG guidelines do not recommend Abilify as a first-line treatment, since "there is insufficient evidence to recommend atypical antipsychotics for conditions covered in ODG." Antipsychotics are the first-line psychiatric treatment for schizophrenia and there is no indication that the patient suffers from schizophrenia. Furthermore, this request is for "unknown quantity" and guidelines do not support open-ended requests. Therefore, the request is not medically necessary.

Alprazolam 0.5mg (unknown quantity): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines; Weaning of Medications. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic): Benzodiazepines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines benzodiazepines Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress Chapter under Benzodiazepine.

Decision rationale: This patient presents with chronic neck, shoulder and low back pain. The current request is for Alprazolam 0.5mg (unknown quantity). The RFA is dated 06/03/15. Treatment has included medications, surgery, and psychiatric care. The patient is not working. MTUS guidelines state on page 24 that benzodiazepines are "Not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic

effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks". ODG-TWC, Mental Illness & Stress Chapter under Benzodiazepine states: "Not recommended for long-term use because long-term efficacy is unproven and there is a risk of psychological and physical dependence or frank addiction.... " According to progress report 05/12/15, the patient reported shoulder pain, difficulty sleeping, and poor mood secondary to pain and lack of sleep. Examination revealed the cervical spine had improved 85 degrees; right rotation 70 degrees left rotation, full extension and flexion. There was vertebral spine tenderness and an anterior scar from previous cervical fusion surgery and continued midline tenderness. Restricted cervical extension and bilateral twisting with pain was noted. The treater has recommended that the patient continue Alprazolam. This patient has been prescribed Alprazolam since at least 01/31/15. Only short-term use of this medication is recommended. In this case, the patient has already exceeded the 4-week limit provided by MTUS Guidelines. Therefore, the requested Alprazolam is not medically necessary.

Cymbalta 60mg (unknown quantity): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cymbalta (duloxetine); Duloxetine (Cymbalta) Page(s): 42, 43-44.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines Duloxetine (Cymbalta) Page(s): 16-17.

Decision rationale: This patient presents with chronic neck, shoulder and low back pain. The current request is for Cymbalta 60mg (unknown quantity). The RFA is dated 06/03/15. Treatment has included medications, surgery, and psychiatric care. The patient is not working. Regarding Cymbalta, the MTUS Chronic Pain Medical Treatment guidelines page 16-17 states, "Duloxetine (Cymbalta) is FDA-approved for anxiety, depression, diabetic neuropathy, and fibromyalgia. Used off-label for neuropathic pain and radiculopathy. Duloxetine is recommended as a first-line option for diabetic neuropathy... Trial period: Some relief may occur in first two weeks; full benefit may not occur until six weeks." According to progress report 05/12/15, the patient reported shoulder pain, difficulty sleeping, and poor mood secondary to pain and lack of sleep. Examination revealed the cervical spine had improved 85 degrees; right rotation 70 degrees left rotation, full extension and flexion. There was vertebral spine tenderness and an anterior scar from previous cervical fusion surgery and continued midline tenderness. Restricted cervical extension and bilateral twisting with pain was noted. The treater has recommended that the patient continue Cymbalta. This patient has been prescribed this medication since at least 01/22/13. Per report 01/22/13, "the patient remains unable to do her housework and she continues to be sedentary. She has no real relief." Report 03/24/15 noted "she cannot do housework without causing severe pain." On 04/28/15, the treater states "[REDACTED] needs housekeeping help." Progress note dated 05/21/15 reported "mood suffers when her pain is out of control" without the medication regimen she has been on this pt would be far worse". MTUS page 60 states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. There is no specific discussion regarding the medication Cymbalta. There is no documentation of decrease in pain level and specific functional improvement with taking Cymbalta. Furthermore, this request is for "unknown quantity" and

guidelines do not support open-ended requests. Therefore, the request is not medically necessary.

Trazodone 100mg (unknown quantity): 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: Trazodone (Desyrel).

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines Antidepressants Page(s): 13-15. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Insomnia.

Decision rationale: This patient presents with chronic neck, shoulder and low back pain. The current request is for Trazodone 100mg (unknown quantity). The RFA is dated 06/03/15. Treatment has included medications, surgery, and psychiatric care. The patient is not working. Regarding anti-depressants, MTUS Guidelines, page 13-15, Chronic Pain Medical Treatment Guidelines: Antidepressants for chronic pain states: "Recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. (Feuerstein, 1997) (Perrot, 2006) Tricyclics are generally considered a first-line agent unless they are ineffective, poorly tolerated, or contraindicated. Analgesia generally occurs within a few days to a week, whereas antidepressant effect takes longer to occur". ODG guidelines Pain Chapter; under Insomnia has the following regarding Amitriptyline: "Sedating antidepressants -e.g., amitriptyline, trazodone, mirtazapine have also been used to treat insomnia; however, there is less evidence to support their use for insomnia, but they may be an option in patients with coexisting depression." According to progress report 05/12/15, the patient reported shoulder pain, difficulty sleeping, and poor mood secondary to pain and lack of sleep. Examination revealed the cervical spine had improved 85 degrees; right rotation 70 degrees left rotation, full extension and flexion. There was vertebral spine tenderness and an anterior scar from previous cervical fusion surgery and continued midline tenderness. Restricted cervical extension and bilateral twisting with pain was noted. The treater has recommended that the patient continue Trazodone. This patient has been prescribed this medication since at least 01/22/13. Per report 01/22/13, the patient "remains unable to do her housework and she continues to be sedentary. She has no real relief". Report 03/24/15 noted "she cannot do housework without causing severe pain". On 04/28/15, the treater states "██████ needs housekeeping help". Progress note dated 05/21/15 reported "mood suffers when her pain is out of control without the medication regimen she has been on this pt would be far". Given the patient has sleep issues and chronic pain, Trazodone has been prescribed in accordance to ODG guidelines; however, MTUS page 60 states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. There is no discussion of specific decrease in pain or functional improvement with taking Trazodone. Furthermore, this request is for "unknown quantity" and guidelines do not support open-ended requests. Therefore, the request is not medically necessary.