

Case Number:	CM15-0126103		
Date Assigned:	07/10/2015	Date of Injury:	10/15/2002
Decision Date:	09/10/2015	UR Denial Date:	06/17/2015
Priority:	Standard	Application Received:	06/30/2015

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: Pediatrics, 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 49 year old male, who sustained an industrial injury on 10-15-2002. The mechanism of injury is unclear. The injured worker was diagnosed as having anterolisthesis, multiple herniated nucleus pulposus of the cervical spine, lumbar herniated nucleus pulposus, facet arthropathy of the lumbar spine, right elbow arthralgia, right shoulder arthralgia, right hand carpal tunnel symptoms, persistent gastrointestinal complaints, cardiac issues, and right hip arthralgia (not claimed). Treatment to date has included medications, x-rays, CT scan, gastrointestinal consultation, and psychotherapy. The request is for Lorazepam, Tramadol, Temazepam, Wellbutrin XL, Carisoprodol, and Seroquel. On 4-16-2015, he continued to be agitated and irritable, depressed and anxious. Mental status examination revealed a depressed mood, and affect that was depressed, angry and agitated. He was continued on Wellbutrin XL, Ativan, Temazepam, Seroquel, and Tramadol. On 4-20-2015, he complained of neck and low back pain, and increased left shoulder pain. He reported going to the emergency room 2-3 weeks prior, where x-rays were obtained and he was given an injection. He indicated having a significant increase in low back pain. He reported radiating pain from the neck into the bilateral shoulders and left upper extremity, difficulty sleeping due to pain, and frequent headaches. He indicated he gets 4-5 hours of interrupted sleep. He also reported radiating pain down to the right hand, and low back pain radiating into the bilateral lower extremities. He rated his back pain 5 out of 10. He indicated he had abdominal pain which he rated 5 out of 10, and is having heart burn and nausea, and medications are not helping. The treatment plan included: CT scan of the abdomen and pelvis, gastroenterology follow up, continued psychiatric care, orthopedic

consultation. The provider noted regarding medications that he had many gastrointestinal complaints and cannot take oral medications. On 5-14-2015, he is reported to continue with anxiety, agitation, and irritability. He complained of having a lot of headaches. He is reported to have had brain surgery in 2013. He also complained of continued back pain. His mood and affect are found to be depressed on mental status examination. The treatment plan included: Wellbutrin XL, Seroquel, Temazepam, Ativan, Tramadol, Prilosec, Soma, and psychiatric treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Temazepam 30mg at night #30 monthly: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines; Functional improvement definition; functional restoration approach to chronic pain management Page(s): 24, 1, 8-9. Decision based on Non-MTUS Citation Drugs.com.

Decision rationale: Per Drugs.com Temazepam is a benzodiazepine that is used to treat insomnia symptoms, such as trouble falling or staying asleep. The CA MTUS guidelines state 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, anti-convulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions, as tolerance to hypnotic effects develops rapidly. The tolerance to the anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an anti-depressant. The tolerance to anti-convulsant and muscle relaxant effects occurs within weeks. According to the CA MTUS, all therapies must be focused on the goal of functional restoration rather than just the elimination of pain and assessment of treatment efficacy is accomplished by reporting functional improvement. Functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management visit,; and a reduction in the dependency on continued medical treatment. In this case, the records do not indicate he complained of continued issues with sleep. In addition, he has been utilizing Temazepam since at least December 2014, possibly longer. The records do not indicate the efficacy of Temazepam, reduction in work restrictions, or significant improvement in activities of daily living. Based on these findings functional improvement has not been established. Therefore, the request for Temazepam 30 mg at night #30 monthly is not medically necessary.

Tramadol 50mg TID #90 monthly: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram); Opioids Page(s): 113, 74-95.

Decision rationale: Per the CA MTUS, Tramadol (Ultram) is a synthetic opioid affecting the central nervous system that is not recommended as a first line oral analgesic. The CA MTUS indicates the 4 A's for ongoing monitoring should be documented for analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors. The CA MTUS indicates opioids for neuropathic pain are not recommended as a first line therapy. Opioid analgesics and Tramadol have been suggested as a second line treatment (alone or in combination with first line drugs). The MTUS recommends prescribing according to function, with specific functional goals, return to work, random drug testing, and opioid contract. In this case, the records do not indicate specific functional goals with the use of Tramadol. The injured worker is noted to have last worked in 2003. The records do not indicate random urine drug testing or an opioid contract. In addition, the records do not indicate analgesia from the use of Tramadol. The injured workers activities of daily living with the use of Tramadol are not indicated. The records do not indicate any known side effects with the use of Tramadol, or any aberrant drug taking behaviors. Therefore, the request for Tramadol 50mg three times daily #90 monthly is not medically necessary.

Lorazepam 1mg monthly #90: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines; Functional improvement definition; functional restoration approach to chronic pain management Page(s): 24, 1, 8-9. Decision based on Non-MTUS Citation Drugs.com.

Decision rationale: Per Drugs.com, Lorazepam is a benzodiazepine used to treat anxiety disorders. The CA MTUS guidelines state 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, anti-convulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions, as tolerance to hypnotic effects develops rapidly. The tolerance to the anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an anti-depressant. The tolerance to anti-convulsant and muscle relaxant effects occurs within weeks. According to the CA MTUS, all therapies must be focused on the goal of functional restoration rather than just the elimination of pain and assessment of treatment efficacy is accomplished by reporting functional improvement. Functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management visit,; and a reduction in the dependency on continued medical treatment. In this case, the records indicate he continued to have issues with anxiety despite the use of Lorazepam. He is also utilizing another benzodiazepine, Temazepam. The records do not indicate improvement in his activities of daily living with the use of Lorazepam. He is noted to have not worked since 2003. The records do not

indicate there is a reduction in the dependency on continued medical treatment. Therefore, the request for Lorazepam 1 mg monthly #90 is not medically necessary.

Seroquel 50mg at night #30 monthly: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, Atypical anti-psychotics, Seroquel.

Decision rationale: The CA MTUS does not specifically address Seroquel. The ODG guidelines state that Seroquel (Quetiapine) is not recommended as a first line treatment. There is insufficient evidence to recommend atypical antipsychotics (e.g., quetiapine, risperidone) for conditions covered in ODG. The ODG goes on to state that adding an atypical antipsychotic to an antidepressant provides limited improvement in depressive symptoms in adults, new research suggests. The meta-analysis also shows that the benefits of antipsychotics in terms of quality of life and improved functioning are small to nonexistent, and there is abundant evidence of potential treatment-related harm. The authors said that it is not certain that these drugs have a favorable benefit-to-risk profile. Clinicians should be very careful in using these medications. According to the CA MTUS, all therapies must be focused on the goal of functional restoration rather than just the elimination of pain and assessment of treatment efficacy is accomplished by reporting functional improvement. Functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management visit.; and a reduction in the dependency on continued medical treatment. In this case, he is noted to have continued anxiety, agitation, and irritability despite the use of Seroquel. He has not worked since 2003. The records do not indicate improvement in his activities of daily living with the use of Seroquel. Based on these findings functional improvement has not been established. Therefore, the request for Seroquel 50 mg at night #30 monthly is not medically necessary.

Carisoprodol 350mg #90 monthly: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma) Page(s): 29.

Decision rationale: The CA MTUS guidelines state that Carisoprodol (Soma) is not recommended. This medication is not indicated for long-term use. Carisoprodol is a commonly prescribed, centrally acting skeletal muscle relaxant whose primary active metabolite is meprobamate (a schedule-IV controlled substance). Carisoprodol is now scheduled in several states but not on a federal level. It has been suggested that the main effect is due to generalized

sedation and treatment of anxiety. Abuse has been noted for sedative and relaxant effects. In regular abusers the main concern is the accumulation of meprobamate. Carisoprodol abuse has also been noted in order to augment or alter effects of other drugs, including increasing sedation of benzodiazepines or alcohol, and in use with Tramadol to produce relaxation and euphoria. In this case, he is utilizing Tramadol, and 2 benzodiazepines (Lorazepam and Temazepam) concurrently with Carisoprodol. The records indicate he has been utilizing Soma since at least December 2014, possibly longer. Based on these findings, the request for Carisoprodol 350 mg #90 monthly is not medically necessary.

Wellbutrin XL 150mg BID #60 monthly: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-depressants for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain, Wellbutrin (Bupropion) Page(s): 13-16, 27, 125.

Decision rationale: The CA MTUS guidelines state that Wellbutrin (Bupropion) is an atypical antidepressant that acts as a norepinephrine and dopamine reuptake inhibitor. Bupropion is recommended as an option after other agents. While bupropion has shown some efficacy in neuropathic pain there is no evidence of efficacy in patients with non-neuropathic chronic low back pain. Furthermore, bupropion is generally a third-line medication for diabetic neuropathy and may be considered when patients have not had a response to a tricyclic or SNRI (serotonin norepinephrine reuptake inhibitor). According to the CA MTUS, all therapies must be focused on the goal of functional restoration rather than just the elimination of pain and assessment of treatment efficacy is accomplished by reporting functional improvement. Functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management visit; and a reduction in the dependency on continued medical treatment. In this case, the records do not indicate trial or failure of tricyclic or SNRI antidepressants. The injured worker has been utilizing Wellbutrin since at least December 2014. The records indicate he has continued to have a depressed mood and affect despite the use of Wellbutrin. The records do not indicate improvement in activities of daily living or a reduction in his dependency on medical treatment with the use of Wellbutrin. In addition, he has not worked since 2003. Based on these findings functional improvement has not been established. Therefore, the request for Wellbutrin XL 150mg twice daily #60 monthly is not medically necessary.