

Case Number:	CM15-0143324		
Date Assigned:	08/31/2015	Date of Injury:	06/25/2008
Decision Date:	10/08/2015	UR Denial Date:	07/14/2015
Priority:	Standard	Application Received:	07/23/2015

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 41 year old individual who sustained an industrial injury on 06-25-2008. Initial injuries included the neck, both shoulders, back, both legs, both upper and lower extremities, and psyche. Previous treatments included medications, psychological evaluation and treatments, surgical intervention, selective nerve root block, cognitive behavioral therapy, and biofeed back. Previous diagnostic studies included urine toxicology screening. Report dated 05-28-2015 noted that the injured worker's complaints have worsened over the last year with residuals requiring further treatment in the areas of depression, anxiety, sleep disturbance and energy level, stress intensified headaches, and neck, shoulder, back muscle tension-pain. The Beck Depression Index score was 29, Beck Anxiety Inventory was 22, and Insomnia Severity Index was 14. Current diagnoses include major depressive disorder, single episode, generalized anxiety disorder, psychological factors affecting medical condition. The treatment plan included recommendation for cognitive behavioral therapy and biofeedback sessions, provisions of psychotropic medication and evaluation and management. Disputed treatments include venlafaxine, Prosom, Buspar, and alprazolam.

IMR ISSUES, DECISIONS AND RATIONALES

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

Venlafaxine XR 75mg #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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, under Effexor.

Decision rationale: The patient presents with severe neck pain radiating to the left shoulder blade and arm, low back pain with radiation to the buttock region and right lower extremity, abdominal pain and headaches. He reports symptoms of anxiety, depression, stress and insomnia. The request is for VENLAFAXINE XR 75MG #90. The request for authorization is not provided. Due to a reduction in depression, anxiety and panic resulting from the medications, there was increased interest in daily activities such as brushing his teeth, combing his hair, shaving, bathing and dressing appropriately. Despite this psychological improvement, he has remained symptomatic with residuals requiring further treatment in the areas of depression, anxiety, insomnia, panic and in areas of stress-intensified headache, neck/shoulder/back tension/pain, shortness of breath, palpitations and abdominal pain/cramping. Per progress report dated 04/21/15, the patient is temporarily totally disabled. ODG Guidelines, Pain Chapter, under Effexor Section states: Recommended as an option in first-line treatment of neuropathic pain. Venlafaxine, Effexor, is a member of the Selective serotonin and norepinephrine reuptake inhibitors "SNRIs- class of antidepressants. It has FDA approval for treatment of depression and anxiety disorders. It is off-label recommended for treatment of neuropathic pain, diabetic neuropathy, fibromyalgia, and headaches." Per progress report dated 03/05/15, treater's reason for the request is "Without the Effexor, [the patient] would be too depressed such that he would not go out as much and stay in his room or bed more." Patient has been prescribed Venlafaxine since at least 02/11/15. Patient reported that the medications relieved his symptoms. For instance, the Effexor was helpful for depression in improving his overall wellness and mood. In this case, the patient continues with severe pain, anxiety, depression, stress, and insomnia. Given the functional improvements including specific examples of ADLs with use of this medication, the request for Venlafaxine appears reasonable. Therefore, the request IS medically necessary.

Buspar 10gm #60: 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.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) Chapter under Anxiety medications in chronic pain.

Decision rationale: The patient presents with severe neck pain radiating to the left shoulder blade and arm, low back pain with radiation to the buttock region and right lower extremity, abdominal pain and headaches. He reports symptoms of anxiety, depression, stress and insomnia. The request is for BUSPAR 10GM #60. The request for authorization is not

provided. Due to a reduction in depression, anxiety and panic resulting from the medications, there was increased interest in daily activities such as brushing his teeth, combing his hair, shaving, bathing and dressing appropriately. Despite this psychological improvement, he has remained symptomatic with residuals requiring further treatment in the areas of depression, anxiety, insomnia, panic and in areas of stress-intensified headache, neck/shoulder/back tension/pain, shortness of breath, palpitations and abdominal pain/cramping. Per progress report dated 04/21/15, the patient is temporarily totally disabled. ODG Guidelines, Pain (Chronic) Chapter, Anxiety medications in chronic pain Section states, "(c) 5-HT1A Agonist: Buspirone, Buspar, generic available: also approved for short-term relief of anxiety symptoms. Efficacy is decreased in patients with recent prior benzodiazepine use. Chessick, 2006 Dosing information: 5-15 mg three times daily." In this case, none of the progress reports document the use of Buspar. As per progress report dated 12/10/14, the patient is anxious. However, there is no formal diagnosis of anxiety disorder noted in the report. Additionally, there is no documentation of efficacy. Hence, the request IS NOT medically necessary. Per progress report dated 03/05/15, treater's reason for the request is "Without the BuSpar, [the patient] would be unable to relax such that he would lose his temper and yell at people." In this case, the patient continues to suffer from anxiety and stress. ODG supports the use of Buspar for anxiety, but only for short-term relief. However, patient has been prescribed Buspar since at least 02/11/15. Furthermore, guidelines state efficacy is decreased in patients with recent benzodiazepine use. Although current request for benzodiazepine has not been authorized, the patient has had recent prior use of benzodiazepine. But treater does not discuss or explain why the patient is prescribed Buspar concurrently with a benzodiazepine. Given the request, for additional Buspar #60 does not indicate short-term use of this medication, along with lack of documentation, the request does not meet ODG guidelines indication. Therefore, the request IS NOT medically necessary.

Prosom 2mg tablets #15: 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.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines.

Decision rationale: The patient presents with severe neck pain radiating to the left shoulder blade and arm, low back pain with radiation to the buttock region and right lower extremity, abdominal pain and headaches. He reports symptoms of anxiety, depression, stress and insomnia. The request is for PROSOM 2MG TABLETS #15. The request for authorization is not provided. Due to a reduction in depression, anxiety and panic resulting from the medications, there was increased interest in daily activities such as brushing his teeth, combing his hair, shaving, bathing and dressing appropriately. Despite this psychological improvement, he has remained symptomatic with residuals requiring further treatment in the areas of depression, anxiety, insomnia, panic and in areas of stress-intensified headache, neck/shoulder/back tension/pain, shortness of breath, palpitations and abdominal pain/cramping. Per progress report dated 04/21/15, the patient is temporarily totally disabled. MTUS Guidelines, Benzodiazepines section, page 24 states: 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. Per progress report dated 03/05/15, treater's reason for the request is "Without the Prosom, [the patient] would be too restless and unable sleep at night, would wake up an hour or so, then stay up all night. He would be extremely tired and sleepy the next day." Patient has been prescribed Prosom since at least 02/11/15. In this case, the patient continues to suffer from insomnia. However, MTUS only recommends short-term use (no more than 4 weeks) for benzodiazepines. The request for additional Prosom #15 would exceed MTUS recommendation and does not indicate intended short-term use of this medication. Therefore, the request IS NOT medically necessary.

Alprazolam 0.5mg #40: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines.

Decision rationale: The patient presents with severe neck pain radiating to the left shoulder blade and arm, low back pain with radiation to the buttock region and right lower extremity, abdominal pain and headaches. He reports symptoms of anxiety, depression, stress and insomnia. The request is for ALPRAZOLAM 0.5MG #40. The request for authorization is not provided. Due to a reduction in depression, anxiety and panic resulting from the medications, there was increased interest in daily activities such as brushing his teeth, combing his hair, shaving, bathing and dressing appropriately. Despite this psychological improvement, he has remained symptomatic with residuals requiring further treatment in the areas of depression, anxiety, insomnia, panic and in areas of stress-intensified headache, neck/shoulder/back tension/pain, shortness of breath, palpitations and abdominal pain/cramping. Per progress report dated 04/21/15, the patient is temporarily totally disabled. MTUS Guidelines, Benzodiazepines section, page 24 states: 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. Per progress report dated 03/05/15, treater's reason for the request is "Without the Xanax, [the patient] would have insufficient control of emotions that would cause increased panic attacks." Patient has been prescribed Alprazolam since at least 02/11/15. In this case, the patient continues with anxiety. However, MTUS only recommends short-term use (no more than 4 weeks) for benzodiazepines. The request for additional Alprazolam #40 would exceed MTUS recommendation and does not indicate intended short-term use of this medication. Therefore, the request IS NOT medically necessary.