

Case Number:	CM15-0163746		
Date Assigned:	09/01/2015	Date of Injury:	10/01/2005
Decision Date:	12/08/2015	UR Denial Date:	08/03/2015
Priority:	Standard	Application Received:	08/20/2015

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, Texas

Certification(s)/Specialty: Psychiatry, Geriatric Psychiatry, Addiction Psychiatry

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 59 year old male who sustained an industrial injury on 10/01/2005. Diagnoses and previous treatments are not provided on the narrative report and request for authorization dated 07/17/2015. There are no other recent medical records related to this request. The physician states that the injured worker presented to the office for persistent symptoms of depression, anxiety and stress-related complaints, with almost each symptom from these clusters being checked off. He stated the patient has shown improvement in symptoms and functions from medication and counseling, and to refer to the narrative report, but these improvements were not elaborated upon in said report. Nowhere is it shown that the patient has received any benefit from any of the medications. It is also noted that there have not been any significant side effects. The plan of care includes Temazepam 15 mg #60 with 2 refills, Tramadol 50 mg #120 2 refills, Xanax 1 mg #30 with 2 refills, and Cymbalta 30 mg #30 with 2 refills. UR of 08/03/2015 Cymbalta was denied for lack of documentation regarding improvement of mood and pain relief, and modifications were made to the other medications for purposes of weaning. In that UR it was noted that the patient's diagnoses are major depressive disorder, generalized anxiety disorder, and psychologic factors affecting medical condition.

IMR ISSUES, DECISIONS AND RATIONALES

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

Temazepam 15mg #60 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic), Temazepam.

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

Decision rationale: Temazepam is an intermediate acting benzodiazepam. These medications are only recommended for short-term use due to risk of tolerance, dependence, and adverse events (daytime drowsiness, anterograde amnesia, next-day sedation, impaired cognition, impaired psychomotor function, and rebound insomnia). Guidelines limit use to 4 weeks. The provider has clearly exceeded guidelines in length of use. There is no documentation of improvement in quality of sleep, or duration of sleep. There is no documentation at all that addresses the efficacy of this medication or the individualized rationale for continuing to prescribe it. The provider has a standardized rationale that he uses in his narratives regarding medications working together and removing one could "tip the scale." However, this rationale has not been modified to reflect the clinical status of the individual patient at that particular point in time. This request was previously modified for weaning on 08/03/2015. It is therefore not medically necessary.

Tramadol 50mg #120 with 2 refills: 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): Opioids, specific drug list.

Decision rationale: Tramadol is a synthetic opioid affecting the central nervous system. It is not classified as a controlled substance by the DEA. It is indicated for moderate to severe pain. The provider made no notation in his progress record of the rationale for prescribing Tramadol. There was no pain rating. The provider's standardized rationale was applied about medications working together and removing one could "tip the scale." However, this rationale has not been modified to reflect the clinical status of the individual patient at that particular point in time. There was no mention of efficacy of this agent. There was no mention of other agents tried. UR of 08/03/15 modified the request for Tramadol for weaning. This request is not medically necessary.

Xanax 1mg #30 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

Decision rationale: Benzodiazepines are only recommended for short-term use due to risk of tolerance, dependence, and adverse events (daytime drowsiness, anterograde amnesia, next-day sedation, impaired cognition, impaired psychomotor function, and rebound insomnia). Guidelines limit use to 4 weeks. They are not the treatment of choice in anxiety disorders, antidepressants are the treatment of choice here. Benzodiazepines are generally used in the acute phase while the antidepressant is being titrated. They are also not recommended long term as a sedative-hypnotic. The provider has clearly exceeded guidelines in length of use. There is no documentation of improvement in quality of sleep, or duration of sleep. There is no documentation of improvement in anxiety symptoms. There is no documentation at all that addresses the efficacy of this medication or the individualized rationale for continuing to prescribe it. The provider has a standardized rationale that he uses in his narratives regarding medications working together and removing one could "tip the scale." However, this rationale has not been modified to reflect the clinical status of the individual patient at that particular point in time. This request was previously modified for weaning on 08/03/2015. It is therefore not medically necessary.

Cymbalta 30mg #60 with 2 refills: 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): Duloxetine (Cymbalta).

Decision rationale: Cymbalta (Duloxetine) is FDA-approved for anxiety, depression, diabetic neuropathy, and fibromyalgia. It is also used off-label for neuropathic pain and radiculopathy. Although the patient has the diagnoses of major depression and generalized anxiety disorder, there is no indication that this medication has been effective as no records have been provided to show this. The most recent progress record is from 07/17/15 in which [REDACTED] refers the reviewer to the narrative report for details on the patient's improvement, however when one reads the report no improvements are noted. Given that almost every symptom in the symptom clusters was checked off, it does not appear that this medication has been effective. UR of 08/03/15 noncertified this request and no rationale has been provided to show that it should be continued. This request is not medically necessary.