

Case Number:	CM15-0173054		
Date Assigned:	09/15/2015	Date of Injury:	12/06/2007
Decision Date:	11/03/2015	UR Denial Date:	08/28/2015
Priority:	Standard	Application Received:	09/02/2015

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: Preventive Medicine, Occupational 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 46 year old female who sustained an industrial injury on 12-06-2007. Current diagnoses include lumbago and anxiety. Report dated 08-20-2015 noted that the injured worker presented for follow up for medication refills and reports no new changes. Objective findings from 08-20-2015 included affect seems to be very well as long as she has her medications, as for the cervical and thoracic spine she chronically has multiple points of discomfort with spasticity, intermittent guarding, some restricted motion in the cervical and thoracic musculature, multiple trigger points of discomfort, chronic myofascial pain in the cervicothoracic area with impingement findings in the cervical spine and multiple trigger points of discomfort and pain, restricted motion of the cervical and upper thoracic junction at the cervical spine, hyper tenacity associated with the muscles of the trapezius bilaterally and sensory abnormalities with dysesthesia with trigger points. Previous diagnostic studies included a urine drug screening. Previous treatments included medications and psychiatric evaluation and treatment. The treatment plan included refilling medications. The injured worker has been prescribed Klonopin and Norco since at least 02-06-2015, and Cymbalta and Viibryd since at least 04-09-2015. The injured worker has seen for monthly appointments since at least 02-06-2015. Request for authorization dated 08-21-2015, included requests for Norco, Fiorinal, Klonopin, Lyrica, Cymbalta, and Viibryd. The utilization review dated 08-28-2015, modified the request for Cymbalta, Klonopin, Norco, and Viibryd.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cymbalta 60mg #60, 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: Evidence based guidelines necessitate documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services as a result of Cymbalta use to date. Documentation of efficacy with evaluation of function and changes in use of other analgesic medication has not been objectively documented. Ongoing use of antidepressants is not recommended in the absence of objective gains in function and decreased pain levels. A previous utilization review decision provided the patient with sufficient quantity of medication to be weaned slowly. Cymbalta 60mg #60, 2 refills is not medically necessary.

Viibryd 40mg #30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental Illness & Stress.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antidepressants for chronic pain.

Decision rationale: According to the Official Disability Guidelines SSRIs are not recommended as a treatment for chronic pain, but SSRIs 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. This patient does see a psychologist regularly and carries a diagnosis of anxiety and depression. I am reversing the previous utilization review decision. Viibryd 40mg #30 is medically necessary.

Norco 10/325mg #100: 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 for chronic pain.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. Despite the long-term use of Norco, the patient has reported very little, if any, functional improvement or pain relief over the course of the last 6 months. A previous utilization review decision provided the patient with sufficient quantity of medication to be weaned slowly off narcotic. Norco 10/325mg #100 is not medically necessary.

Klonopin 1mg #90: 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 MTUS states 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 previous utilization review decision provided the patient with sufficient quantity of medication to be weaned slowly. Klonopin 1mg #90 is not medically necessary.