

Case Number:	CM15-0174193		
Date Assigned:	09/16/2015	Date of Injury:	01/28/2010
Decision Date:	10/23/2015	UR Denial Date:	08/04/2015
Priority:	Standard	Application Received:	09/03/2015

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: Texas, New York, 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 applicant is a represented 50-year-old who has filed a claim for chronic neck, shoulder, and low back pain with derivative complaints of depression, anxiety, and insomnia reportedly associated with an industrial injury of January 26, 2010. In a Utilization Review report dated August 4, 2015, the claims administrator failed to approve a request for Ativan, Cymbalta, and Amitiza. The claims administrator referenced an RFA form dated July 6, 2015 in its determination. The applicant's attorney subsequently appealed. On July 6, 2015, the applicant reported ongoing complaints of neck, wrist, shoulder, and low back pain with derivative complaints of headaches, depression, and anxiety. Sitting, standing, and walking remain problematic. Lyrica, Norco, soma, Ativan, Cymbalta, Amitiza, Zestril, hydrochlorothiazide, vitamin B12, and Oxycodone were endorsed. A stellate ganglion block was sought. The applicant was placed off of work, on total temporary disability. It was suggested that the Ativan was seemingly being employed for anxiolytic effect. No seeming discussion of medication efficacy transpired. Confirmatory and quantitative testing was endorsed while the applicant was kept off of work.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ativan 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: No, the request for Ativan, a benzodiazepine anxiolytic, was not medically necessary, medically appropriate, or indicated here. As noted on page 24 of the MTUS Chronic Pain Medical Treatment Guidelines, benzodiazepines such as Ativan are not recommended for chronic, long-term use purposes, whether employed for anxiolytic effect, sedative effect, hypnotic effect, or antispasmodic effect with most guidelines limiting usage of same to four weeks. Here, thus, the renewal request for 90 tablets of Ativan, thus, was at odds with page 24 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.

Cymbalta 30mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Stress-Related Conditions 2004, Section(s): Treatment, and Chronic Pain Medical Treatment 2009, Section(s): Introduction, Antidepressants for chronic pain.

Decision rationale: Similarly, the request for Cymbalta, an atypical antidepressant, was likewise not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 15, page 402 does acknowledge that antidepressant such as Cymbalta may be helpful in alleviating symptoms of depression and while page 15 of the MTUS Chronic Pain Medical Treatment Guidelines acknowledges that Cymbalta can be employed off label for radiculopathy, as was also seemingly present here, both recommendations are, however, qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines and on page 47 of the ACOEM Practice Guidelines to the effect that an attending provider should incorporate some discussion of "efficacy of medication" into his choice of recommendations. Here, however, the applicant was off of work, on total temporary disability, it was reported on July 6, 2015. Severe lumbar radicular pain complaints were reported. Ongoing usage of Cymbalta failed to curtail the applicant's dependence on opioid agents such as Norco and benzodiazepine agents such as Ativan. The applicant's pain complaints were described as worsened. There was no mention of the applicant's mood and/or anxiety being augmented as a result of ongoing Cymbalta usage. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite ongoing usage of the same. Therefore, the request was not medically necessary.

Amitiza 24mcg #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: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Lubiprostone (Amitiza).

Decision rationale: Similarly, the request for Amitiza, a laxative agent, was not medically necessary, medically appropriate, or indicated here. While page 77 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that the prophylactic treatment of constipation should be initiated in applicants using opioids, as was the case here, in the form of the applicants using Norco as of the July 6, 2015 office visit at issue, this recommendation is, however, qualified by commentary made on page 47 of the ACOEM Practice Guidelines to the effect that an attending provider should incorporate some discussion of "efficacy of medication" into his choice of recommendations and by commentary made in the ODG's Lubiprostone topic to the effect that Amitiza is recommended only as a possible second-line treatment for opioid-induced constipation. Here, however, the attending provider's July 6, 2015 progress note made no mention of whether or not ongoing usage of Amitiza had or had not ameliorated issues with opioid-induced constipation. It was not stated whether or not ongoing usage of Amitiza had or had not proven beneficial. The attending provider made no mention of the applicant's having failed first-line laxative agents prior to introduction of Amitiza. The request, thus, as written, was at odds with both page 47 of the ACOEM Practice Guidelines and with ODG's Chronic Pain Chapter Lubiprostone topic. Therefore, the request was not medically necessary.