

Case Number:	CM15-0177284		
Date Assigned:	09/18/2015	Date of Injury:	04/20/1995
Decision Date:	12/10/2015	UR Denial Date:	08/27/2015
Priority:	Standard	Application Received:	09/09/2015

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, California
 Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 68 years old female patient, who sustained an industrial injury on 4-20-95. The mechanism of injury was not specified in the records provided. The diagnoses have included depression, major recurring. Per the progress note dated 8/18/15, she has complaints of having less sleep in her home. The objective findings include appropriate affect, depressed mood and slightly antalgic gait. The medications list includes cymbalta; trazodone and alprazolam. Other therapy done for this injury was not specified in the records provided. The original utilization review (8-27-15) non-certified the request for cymbalta 30mg #90 with 3 refills; trazodone 100mg #90 with 3 refills and alprazolam 0.25mg #30 with 3 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cymbalta 30mg #90 with 3 refills: Overturned

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): Antidepressants for chronic pain, Duloxetine (Cymbalta).

Decision rationale: Cymbalta 30mg #90 with 3 refills Cymbalta contains duloxetine which is Selective serotonin and norepinephrine reuptake inhibitors (SNRIs). Per the Chronic Pain Medical Treatment Guidelines MTUS, duloxetine is FDA-approved for anxiety, depression, diabetic neuropathy, and fibromyalgia, used off-label for neuropathic pain and radiculopathy. Per the records provided the patient has depression. SNRIs like cymbalta are a first line option for patients with depression. The request for Cymbalta 30mg #90 with 3 refills is medically necessary.

Trazodone 100mg #90 with 3 refills: Overturned

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): Antidepressants for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Pain (updated 12/02/15), Insomnia treatment, Selective serotonin reuptake inhibitors (SSRIs), Sedating antidepressants (e.g., amitriptyline, trazodone, mirtazapine).

Decision rationale: Trazodone 100mg #90 with 3 refills Trazodone is tetra cyclic antidepressant. According to the CA MTUS chronic pain guidelines, antidepressants are recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. (Feuerstein, 1997) (Perrot, 2006) Tricyclics are generally considered a first-line agent unless they are ineffective, poorly tolerated, or contraindicated.). In addition, per the cited guidelines Trazodone is one of the most commonly prescribed agents for insomnia. Per the records provided, the patient had complaints of sleeping difficulty and depression. Trazodone is a first line agent in this clinical situation. The request of Trazodone 100mg #90 with 3 refills is medically necessary.

Alprazolam 0.25mg #30 with 3 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): Benzodiazepines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Mental Illness & Stress (updated 11/24/15)Benzodiazepine.

Decision rationale: Alprazolam 0.25mg #30 with 3 refills Alprazolam is a benzodiazepine, an anti-anxiety drug. According to MTUS guidelines 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 long-term use may actually increase anxiety. In addition per the cited guidelines "Recent research: Use of benzodiazepines to treat insomnia or anxiety may increase the risk for Alzheimer's disease (AD). Benzodiazepines are little better than placebo when used for the treatment of chronic insomnia and anxiety, the main indications for their

use." Prolonged use of an anxiolytic may lead to dependence and does not alter stressors or the individual's coping mechanisms and is therefore not recommended. The response to other measures for insomnia/anxiety is not specified in the records provided. The medical necessity of Alprazolam 0.25mg #30 with 3 refills is not fully established for this patient given the medical records submitted and the guidelines referenced. If it is decided to discontinue this medication, then it should be tapered according to the discretion of the treating provider, to prevent withdrawal symptoms. The request is not medically necessary.