

Case Number:	CM15-0177661		
Date Assigned:	09/18/2015	Date of Injury:	06/10/2002
Decision Date:	10/26/2015	UR Denial Date:	09/04/2015
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: California

Certification(s)/Specialty: Emergency 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 48-year-old male, who sustained an industrial-work injury on 6-10-02. A review of the medical records indicates that the injured worker is undergoing treatment for lumbago, lumbar degenerative disc disease (DDD), lumbar facet arthrosis, bilateral lower leg pain, insomnia, and anxiety and lower extremity neuropathic pain. Medical records dated (5-29-15 to 8-26-15) indicate that the injured worker complains of chronic low back pain and increased pain with activity. The pain radiates to the left buttocks and left lower extremity (LLE). The pain is rated 6-8 out of 10 on pain scale. The medical record dated 8-26-15 the physician indicates the injured worker had significant relief with epidural steroid injection (ESI) on 8-12-15. He also complains of issues with insomnia. The low back pain was rated 8 out of 10 on pain scale and decreased to 2 out of 10 after lumbar epidural steroid injection (ESI) that he paid out of pocket for. He also complains of increased anxiety due to consistent denials in treatment of his chronic pain. The physician indicates in the medical record dated 8-26-15 that a low dose of Xanax was added for his worsening anxiety and stress. The medical records also indicate worsening of the activities of daily living due to pain increase with activity. He states continued benefit of chronic pain with use of Cymbalta. The physical exam dated from reveals that he has symptoms of muscle weakness, difficulty walking, and difficulty falling asleep and staying asleep. He has antalgic gait, left leg strength is noted to be weaker than the right 4 out of 5, he has difficulty with transfers, there is decreased range of motion of the lumbar spine, positive tenderness to palpation of the lumbar spine, and there is positive radiation of pain into thoracic spine and left buttock. The right knee has tenderness and swelling noted. Treatment to date has included pain medication, Xanax since at least 8-26-15, Cymbalta since at least 2012,

history of lumbar fusion, diagnostics, physical therapy, acupuncture, aqua therapy, lumbar epidural steroid injection (ESI) 7-27-15, 10-13-14 with 100 percent relief of sciatica pain and over 50 percent relief of low back pain, trigger point injections 6-11-14 with over 50 percent relief of low back pain, stretching, activities as tolerated and home exercise program (HEP). The treating physician indicates that the urine drug test result dated 2-26-13 and 3-19-14 was inconsistent with the medication prescribed. The request for authorization date was 8-27-15 and requested services included One (1) prescription of Xanax 0.25mg #60 and One (1) prescription of Cymbalta 30mg #30 with 2 refills. The original Utilization review dated 9-4-15 non-certified the request for included One (1) prescription of Xanax 0.25mg #60 as the guidelines do not support long-term use of benzodiazepine medication and the medication is not clinically appropriate for the injured worker. The request for One (1) prescription of Cymbalta 30mg #30 with 2 refills was modified to up to One (1) prescription of Cymbalta 30mg #30 with no refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) prescription of Xanax 0.25mg #60: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, benzodiazepines.

Decision rationale: The request is for Xanax, or alprazolam, which is a benzodiazepine, a class of medications used for the treatment of short-term management of a variety of conditions, including anxiety, panic attacks, depression, insomnia and seizures. Benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is risk of significant side effects and dependence. Tolerance develops quickly. Long-term use may actually increase anxiety. A more appropriate long-term treatment for anxiety is an antidepressant. The Official Disability Guidelines do not recommend long-term use of benzodiazepines (greater than 2 weeks), because long-term efficacy is unproven and is outweighed by the risk of psychological and physical dependence, as well as addiction. Most guidelines limit use to 4 weeks. Furthermore, the risk of adverse effects is significantly higher with the concomitant use of opioids. In regards to the injured worker, there is no clear documentation to support a deviation from the guidelines. Therefore, the request as submitted is not medically necessary.

One (1) prescription of Cymbalta 30mg #30 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), Antidepressants for chronic pain.

Decision rationale: The request is for cymbalta, or duloxetine, which is a Selective serotonin and norepinephrine reuptake inhibitor. It is FDA-approved for anxiety, depression, diabetic neuropathy, and fibromyalgia. Used off-label for neuropathic pain and radiculopathy. Duloxetine is recommended as a first-line option for diabetic neuropathy. There is no high quality evidence reported to support the use of duloxetine for lumbar radiculopathy. The most frequent side effects include nausea, dizziness and fatigue. GI symptoms are more common early in treatment. The FDA notes that although duloxetine was effective for reducing pain in patients with and without major depressive disorder, the degree of pain relief may have been greater in those with comorbid depression. In regards to the injured worker, Cymbalta has been documented to have helped with chronic pain. Furthermore, the selective serotonin and norepinephrine reuptake inhibitors are considered a first-line treatment for anxiety, which is also a diagnosis of the injured worker. However, a 3-month prescription without reassessment and clear documentation to warrant ongoing therapy does not appear to be supported, especially in light of the worker exhibiting worsening pain and anxiety. A shorter course with reassessment may be considered. Therefore, the request as submitted is not medically necessary.