MAXIMUS Federal Services

Case Number:	CM15-0035925		
Date Assigned:	03/04/2015	Date of Injury:	02/06/1998
Decision Date:	05/11/2015	UR Denial Date:	02/16/2015
Priority:	Standard	Application Received:	02/26/2015

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: 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:

The injured worker is a 58-year-old male who reported an injury on 02/06/1996. The mechanism of injury was not provided. His diagnoses include major depressive disorder, calcific tendinitis of the left shoulder, status post ulnar nerve transposition, left lateral epicondylitis, status post bilateral carpal tunnel releases and possible recurrent bilateral carpal tunnel syndrome. His past treatments have included medications. On 11/20/2014, the injured worker was seen for follow-up of his major depressive disorder and anxiety. His symptoms were noted to include feeling hopeless, frightened, dependent, abandoned, betrayed and agitated. It was noted that he made no eye contact during examination. The treatment plan included continued use of Neurontin, Lyrica, Cymbalta, Valium, Ambien CR, Abilify and Inderal. A 01/17/2015 correspondence from the treating provider specified that Neurontin had been started by the injured worker on 07/08/2002 for the off label treatment of his anxiety associated with severe or persistent pain. It was noted that he previously been receiving Valium, which had not been fully effective for this purpose and he had failed buspirone. Gabapentin was chosen because of its affinity for GABA receptors in the brain and to avoid exacerbating the injured worker's elevated liver enzymes. It was noted that he found it to be remarkably effective for pain and anxiety and had made him less jittery. It had been continued until 04/20/2011, when it was felt that it could be discontinued; however, it was noted that it was inadvertently restarted as a refill on 10/24/2011 with continued benefit. Lyrica was noted to have been added on 04/09/2007 due to pain exacerbated persistent anxiety and on 06/20/2007 his primary treating physician recommended that the dose be increased. Ambien CR was noted to have been started in 2011 at 5 mg and then transitioned to

the extended release version. It was noted that it was effective and continued to provide some sleep for the injured worker, despite his severe chronic pain symptoms. He had failed Sonata, Sinequan, Elavil and Rozerem, which had not provided benefit. Abilify was noted to have been added on 08/14/2010 as an adjunct to his antidepressant Cymbalta. It was noted that due to the injured worker's level of depression, it was hard to evaluate Abilify's role in alleviating his symptoms and due to his history of diabetes, the provider agreed that the discontinuation of Abilify could be justified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lyrica: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy Page(s): 19-20.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 16-17.

Decision rationale: According to the California MTUS Guidelines, antiepilepsy drugs are recommended for neuropathic pain. The guidelines also state that after initiation of antiepilepsy drugs, there should be documentation of significant symptom relief and improved function to warrant continued use. The injured worker was noted to have been taking Lyrica since 2007 for pain exacerbated persistent anxiety. However, the documentation did not adequately address current efficacy of this medication in terms of symptomatic improvement and objective functional gains. The documentation also did not outline whether he had experienced adverse side effects. Moreover, the guidelines do not support the off label use for anxiety at this time, as this medication is only recommended for the treatment of neuropathic pain. Furthermore, the request as submitted did not indicate a dose, frequency or quantity. As such, the request is not medically necessary.

Gabapentin: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 16-17.

Decision rationale: According to the California MTUS Guidelines, antiepilepsy drugs are recommended for neuropathic pain. The guidelines also state that after initiation of antiepilepsy drugs, there should be documentation of significant symptom relief and improved function to warrant continued use. According the submitted documentation, the injured worker has been utilizing gabapentin since at least 2002. It was noted to be recommended for the off label treatment of the injured worker's anxiety associated with his pain due to orthopedic injuries. It was noted that he initially found this medication effective. However, the documentation did not

adequately outline continued effectiveness after 2011 with evidence of significant symptom relief and improved function with use. In addition, the guidelines do not support the off label use of this medication for anxiety, as it is noted to be recommended by the evidence based guidelines only for neuropathic pain at this time. Furthermore, the request failed to indicate a dose, frequency and quantity. As such, the request is not medically necessary.

Ambien CR: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ambien.

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

Decision rationale: According to the Official Disability Guidelines, Ambien is recommended for the short term treatment of insomnia. However, the guidelines state use is not recommended over 7 to 10 days due to significant risk of impaired function and memory, concern that they may be habit forming and increase pain and depression over the long term and studies have shown they only offer short term benefit. In addition, the guidelines state that Ambien CR offers no significant clinical advantage over regular release zolpidem. In addition, the guidelines specify that Ambien CR is approved for chronic use, but chronic use of hypnotics in general is discouraged. The clinical information submitted for review indicated that the injured worker has been prescribed Ambien since 2000. However, it is unclear when he was switched to the extended release version. It was noted that it was effective and that it continued to provide some sleep for the injured worker. However, the documentation does not adequately outline whether the injured worker has experienced any significant side effects, as the guidelines have specifically outlined the significant risk of adverse effects. In addition, details regarding the injured worker's insomnia were not adequately outline to include what classification his insomnia falls under and whether this medication helps with his sleep on set or sleep maintenance. Moreover, the request as submitted did not include a dose, frequency or quantity. As such, the request is not medically necessary.

Abilify: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Ill and Stress.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness & Stress, Aripiprazole (Abilify).

Decision rationale: According to the Official Disability Guidelines, Abilify is not recommended as a first line treatment. It is also indicated that this medication is an antipsychotic medication, which is the first line psychiatric treatment for schizophrenia. However, it is

specifically stated that there is insufficient evidence to recommend atypical antipsychotics for conditions covered in the Official Disability Guidelines. The clinical information submitted for review indicated the injured worker has been taking Abilify since at least 2010. However, the treating provider agreed that the effectiveness of this medication could not be determined and the discontinuation could be justified. Furthermore, the request as submitted did not indicate a dose, frequency or quantity. For the reasons noted above, the request is not medically necessary.