MAXIMUS Federal Services

Case Number:	CM15-0060243		
Date Assigned:	04/06/2015	Date of Injury:	09/25/2006
Decision Date:	05/11/2015	UR Denial Date:	03/04/2015
Priority:	Standard	Application Received:	03/30/2015

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, Arizona, Maryland
Certification(s)/Specialty: Psychiatry

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 64 year old male patient who sustained an industrial injury on 09/25/2006. A primary treating office visit dated 02/09/2015 reported the patient with subjective complaint of back pain. He reports current medication regimen to include Gralise at HS which offers a 50% reduction in pain. He also uses Voltaren 75mg BID with report of it helping in 40 minutes after the administration. He also uses Lidoderm patches. He reports having difficulty sleeping and is with constipation. In addition he has some gastric complaint that is controlled/alleviated with Protonix. He did previously undergo a right shoulder repair. Today he is reporting a 20% overall improvement. Treatment is to include psychiatric treatment, home exercise and stretching. He does receive Effexor ER from another provider. Failed oral medications are: Lyrica, generic Gabapentin, Colace, and Protonix. Current medications consist of: Effexor ER, Lunesta, Ibuprofen, Dulcolax, and Prilosec. The following diagnoses are applied: tear of medial cartilage or meniscus of knee (non-industrial); myofascial pain syndrome lumbar; lumbar spondylosis and lumbar radiculopathy. The impression noted with right L5 radiculopathy, lumbar spondylosis; status post right shoulder impingement surgery on 08/19/2011; lumbar facet pain status post medial branch neurotomy, right on 04/12/2012; lumbar myofascial pain; psychological factors, and medial meniscus tear grade 3, per magnetic resonance imaging. The plan of care involved continuing with current medications prescribed Ibuprofen, Colcace, Prilosec, Voltaren, Gralise, and Lidoderm patches. He is to continue with home activity program and follow up in one month.

IMR ISSUES, DECISIONS AND RATIONALES

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

Venlafaxine ER 75mg #30 x 12 months: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 388.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Stress & Mental Illness Topic: Antidepressants for treatment of MDD (major depressive disorder).

Decision rationale: ODG states: "MDD (major depressive disorder) treatment, severe presentations-The American Psychiatric Association strongly recommends anti-depressant medications for severe presentations of MDD, unless electroconvulsive therapy (ECT) is being planned. (American Psychiatric Association, 2006) Many treatment plans start with a category of medication called selective serotonin reuptake inhibitors (SSRIs), because of demonstrated effectiveness and less severe side effects." The documentation submitted for review supports the use of this medication for the injured worker's depressive symptoms; however, the request for a year supply is excessive and is not medically necessary. Observation and monitoring of the medications is needed at short intervals to assess the response to the medication, the dose etc. Thus, the request for Venlafaxine ER 75mg #30 x 12 months is excessive and not medically necessary.

Venlafaxine ER 150mg #30 x 12 months: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 388.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Stress & Mental Illness Topic: Antidepressants for treatment of MDD (major depressive disorder).

Decision rationale: ODG states: "MDD (major depressive disorder) treatment, severe presentations-The American Psychiatric Association strongly recommends anti-depressant medications for severe presentations of MDD, unless electroconvulsive therapy (ECT) is being planned. (American Psychiatric Association, 2006) Many treatment plans start with a category of medication called selective serotonin reuptake inhibitors (SSRIs), because of demonstrated effectiveness and less severe side effects." The documentation submitted for review supports the use of this medication for the injured worker's depressive symptoms; however, the request for a year supply is excessive and is not medically necessary. Observation and monitoring of the medications is needed at short intervals to assess the response to the medication, the dose etc. Thus, the request for Venlafaxine ER 150 mg #30 x 12 months is excessive and not medically necessary.

Eszopiclone 3mg #30 x 12 months: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental Illness 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) Chapter: Chronic Pain Topic: Insomnia Treatment.

Decision rationale: ODG states Non-Benzodiazepine sedative-hypnotics (Benzodiazepine-receptor agonists) are First-line medications for insomnia. This class of medications includes zolpidem (Ambien and Ambien CR), zaleplon (Sonata), and eszopicolone (Lunesta). Benzodiazepine-receptor agonists work by selectively binding to type-1 benzodiazepine receptors in the CNS. All of the benzodiazepine-receptor agonists are schedule IV controlled substances, which mean they have potential for abuse and dependency. Eszopicolone (Lunesta) has demonstrated reduced sleep latency and sleep maintenance. (Morin, 2007) The only benzodiazepine-receptor agonist FDA approved for use longer than 35 days. A randomized, double blind, controlled clinical trial with 830 primary insomnia patients reported significant improvement in the treatment group when compared to the control group for sleep latency, wake after sleep onset, and total sleep time over a 6-month period. (Walsh, 2007) Side effects: dry mouth, unpleasant taste, drowsiness, dizziness. Sleep-related activities such as driving, eating, cooking and phone calling have occurred. Withdrawal may occur with abrupt discontinuation. Dosing: 1-2 mg for difficulty falling asleep; 2-3 mg for sleep maintenance. The drug has a rapid onset of action. (Ramakrishnan, 2007) It also states adding a prescription sleeping pill to cognitive behavioral therapy (CBT) appeared to be the optimal initial treatment approach in patients with persistent insomnia, but after 6 weeks, tapering the medication and continuing with CBT alone produced the best long-term outcome. These results suggest that there is a modest short-term added value to starting therapy with CBT plus a medication, especially with respect to total sleep gained, but that this added value does not persist. In terms of first-line therapy, for acute insomnia lasting less than 6 months, medication is probably the best treatment approach, but for chronic insomnia, a combined approach might give the best of both worlds; however, after a few weeks, the recommendation is to discontinue the medication and continue with CBT. Prescribing medication indefinitely will not work. The authors said that the conclusion that patients do better in the long term if medication is stopped after 6 weeks and only CBT is continued during an additional 6-month period is an important new finding. (Morin, 2009) According to the guidelines stated above, medications are not recommended for long term treatment of insomnia. Sleep medications including Eszopiclone/Lunesta have potential for abuse, dependency, withdrawal and tolerance. The request the Eszopiclone 3mg #30 x 12 months is excessive and not medically necessary.