

Case Number:	CM15-0061201		
Date Assigned:	04/07/2015	Date of Injury:	05/14/1998
Decision Date:	05/29/2015	UR Denial Date:	03/24/2015
Priority:	Standard	Application Received:	03/31/2015

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
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 53 year old male sustained an industrial injury to the low back on 5/14/98. Previous treatment included magnetic resonance imaging, lumbar fusion, psychiatric care, electroconvulsive therapy and medications. A lumbar MRI was performed on 12/17/2013, which revealed bilateral facet arthrosis was noted at the L5-S1. In a pain management reevaluation dated 3/11/15, the injured worker reported being in greater pain over the last month as his medications were not approved. The injured worker complained of severe low back pain and bilateral lower extremity pain associated with numbness, tingling and burning. The injured worker reported having nausea, dizzy spells, shortness of breath, chest pain and poor sleep quality. Current diagnoses included myalgia and myositis, muscle spasm, cervical spine post laminectomy syndrome, lumbago, lumbar spine radiculitis, lumbar spine post laminectomy syndrome, cervicocranial syndrome and cervicalgia. The treatment plan included continuing medications (Seroquil, Cymbalta, Ativan, Neurontin, Trazadone, Fentanyl patch, Methadone and Percocet), a trial of Lyrica, right epidural steroid injection at L5-S1 and S1-2, continuing home exercise and continuing psychiatric care.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Month Supply Of Cymbalta: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain, Cymbalta Page(s): 42.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13-16.

Decision rationale: According to the California MTUS Guidelines, patients on Antidepressants should have an assessment of treatment efficacy should include not only pain outcomes, but also an evaluation of function, changes in use of other analgesic medication, sleep quality and duration, and psychological assessment. Side effects, including excessive sedation (especially that which would affect work performance) should be assessed. The injured worker was noted to have been utilizing Cymbalta for an unspecified duration of time. However, there was lack of documentation indicating efficacy, to include changes in sleep duration and quality. There was also a lack of documentation changes in uses of other analgesic medication and side effects were being monitored. Furthermore, there was a lack of documentation of objective functional improvement from medication use. The request as submitted failed to specify a dosage and frequency. Based on the above, the request is not supported by the evidence based guidelines. As such, the request is not medically necessary or appropriate at this time.

1 Month Supply Of Ativan 2mg: 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 Illness and Stress.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: The CA MTUS Guidelines states benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. The guidelines also state this medication should be limited to 4 weeks of use. The injured worker was noted to have been using Ativan for an unspecified duration of time. However, there was lack of documentation in regard to the medical necessity for chronic use, as the guidelines do not support long term or chronic use, as there is unproven efficacy and a risk for dependence. Furthermore, there was lack of documentation to indicate the medical necessity for use beyond 4 weeks. The request as submitted failed to specify a frequency. Based on the above, the request is not supported by the evidence based guidelines. As such, the request is not medically necessary or appropriate at this time.

1 Month Supply Of Seroquel: 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 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) mental health and illness, atypical antipsychotics.

Decision rationale: The Official Disability Guidelines state that there is insufficient evidence to recommend atypical antipsychotics (Seroquel) for conditions covered in ODG. Adding an atypical antipsychotic to an antidepressant provides limited improvement in depressive symptoms in adults, new research suggests. The injured worker was noted to have been using Seroquel for an unspecified duration of time. However, there was a lack of documentation in regard to objective functional improvement and improvement with depression with the medication use. Furthermore, there was a lack of documentation in regard to a clear rationale to indicate the medical necessity for the use of any atypical antipsychotics. The request as submitted failed to specify a frequency and dosage. As such, the request is not medically necessary or appropriate at this time.

1 Month Supply Of Trazodone: 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 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) Mental health and illness, Trazadone.

Decision rationale: Not recommended for long-term use, but recommended for short-term use. See Insomnia treatment. See also the Pain Chapter. Recommend limiting use of hypnotics to three weeks maximum in the first two months of injury only, and discourage use in the chronic phase. While sleeping pills, so-called minor tranquilizers, and anti-anxiety agents are commonly prescribed in chronic pain, pain specialists rarely, if ever, recommend them for long-term use. They can be habit-forming, and they may impair function and memory more than opioid pain relievers. There is also concern that they may increase pain and depression over the long-term. Trazadone is recommended as an option for insomnia, only for patients with potentially coexisting mild psychiatric symptoms such as depression or anxiety. The injured worker was noted to be utilizing trazodone for an unspecified duration of time. However, there was a lack of documentation indicating the patient had extreme depression or anxiety. There was also a lack of documentation indicating the medical necessity for treatment of insomnia. Moreover, the request as submitted failed to specify a frequency or dosage. As such, the request is not supported by the evidence based guidelines and is not medically necessary or appropriate at this time.