

Case Number:	CM15-0068609		
Date Assigned:	04/16/2015	Date of Injury:	10/06/2010
Decision Date:	05/15/2015	UR Denial Date:	03/16/2015
Priority:	Standard	Application Received:	04/10/2015

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: Arizona, 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 44 year old female injured worker suffered an industrial injury on 10/06/2010. The diagnoses included post-traumatic stress disorder, cervicgia and injury to the brachial plexus. The injured worker had been treated with medications. On 3/2/2015 the treating provider reported significant knee pain which became significantly worse 2 days prior. Her radiating pain has worsened and found it hard to sleep resulting in fatigue. On exam there was minimal tenderness over the hip with knee pain along with crepitus and effusion. There was positive straight leg raise and exquisite tenderness over the sacroiliac joint. The treatment plan included Xanax, Lyrica, and Cymbalta.

IMR ISSUES, DECISIONS AND RATIONALES

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

Xanax 0.25mg quantity 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepine Page(s): 16; 107; 24.

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

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, Benzodiazepines are not recommended for long-term use because its efficacy is unproven and there is a risk of addiction. Most guidelines limits its use of 4 weeks and its range of action include: sedation, anxiolytic, anti-convulsant and muscle relaxant. In this case, the claimant had been on Xanax for over 2 years for anxiety and PTSD. Other medications such as SSRI are considered 1st line for such conditions. Long term use of Xanax is not indicated and not medically necessary.

Lyrica 150mg quantity 90 with one refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16, 17.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lyrica Page(s): 19.

Decision rationale: According to the guidelines, Lyrica is effective and approved for diabetic neuropathy and post-herpetic neuralgia. In this case, the claimant has neither diagnosis. The claimant had been on Lyrica along with other analgesics. The claimant had been on Lyrica for over 2 years. There is no indication for continued use and the Lyrica is not medically necessary.

Cymbalta 30mg quantity 30 with one refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 107.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cymbalta Page(s): 13.

Decision rationale: Cymbalta is an SNRI antidepressant. According to the guidelines, SSRI may be used for major depressions and PTSD. In this case, the claimant had been on Cymbalta for over 2 years. The claimant has not seen behavioral health for several months. The reason that the physician was out of the country does not suffice since there would be a covering physician or alternative psychiatrist referral that can be made to help manage symptoms and medications. Specific behavioral information is not provided to support the need for continued use of Cymbalta and is not medically necessary at this time.