

Case Number:	CM15-0076860		
Date Assigned:	04/28/2015	Date of Injury:	04/14/2006
Decision Date:	06/29/2015	UR Denial Date:	03/23/2015
Priority:	Standard	Application Received:	04/22/2015

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: Texas, 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 sustained an industrial injury on 04/14/2006. The initial complaints and diagnoses were not mentioned in the clinical notes. Treatment to date has included conservative care, medications, x-rays, MRIs, conservative therapies, injections and spine surgeries (T7-T8 fusion, lumbar laminectomy and discectomy, and lumbar decompression and fusion, hardware removal and cervical fusion). Currently, the injured worker complains of ongoing neck pain with radiation into the left upper extremity, mid and lower back pain radiating around to the rib cage, new right hip pain, and severe headaches. Physical examination of the cervical spine revealed tenderness on palpation, and limited range of motion. The diagnoses include cervical degenerative disc disease, disc protrusion in the cervical spine, status post cervical discectomy and fusion, upper extremity radiculitis, degenerative disc disease of the thoracic spine, thoracic spondylosis, thoracic disc herniation, status post thoracic XLIF with associated increased kyphosis and possible pseudoarthrosis, moderate to severe facet spondylosis of the lumbar spine, mild disc bulges in the lumbar spine, lumbar central canal stenosis with possible discogenic disease, lumbar degenerative disc disease, lumbar spondylosis, status post lumbar anterior and posterior decompression and fusion with loss of anticipated lordosis as well as bilateral lower extremity radiculitis, and mild to moderate exogenous obesity associated with hyper tension and osteoporosis due to calcium malabsorption. The request for authorization consisted of the following denied medications: Abilify, Klonopin, Synthroid and Cymbalta. The patient has had history of depression and anxiety and mood disorder. Per the doctor's note, dated 2/23/15 patient had feeling of tired, low energy, poor memory, poor motivation and confusion. The patient had received ESI and acupuncture injection for this injury. Patient has received an unspecified number of PT visits for this injury. The medication list include Abilify, Klonopin, Synthroid, Nucynta , Savella, Gabapentin, Elavil, Lisinopril and Cymbalta. The patient has had psychiatric evaluation on 11/4/14 that revealed patient was feeling despair, helpless and hopeless

no evidence of thought disorder, delusion and no manic symptoms.

IMR ISSUES, DECISIONS AND RATIONALES

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

Abilify 5mg/tab 1 tab daily in AM #30: 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, Aripiprazole.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Mental Illness & Stress (updated 03/25/15) Aripiprazole (Abilify).

Decision rationale: Abilify 5mg/tab 1 tab daily in AM #30 Abilify contains aripiprazole, which are antipsychotics. Per the cited guidelines, abilify is "Not recommended as a first-line treatment. Abilify (aripiprazole) is an antipsychotic medication. Antipsychotics are the first-line psychiatric treatment for schizophrenia. There is insufficient evidence to recommend atypical antipsychotics for conditions covered in ODG." "According to a recent Cochrane systematic review, aripiprazole is an antipsychotic drug with a serious adverse effect profile and long-term effectiveness data are lacking. (Khanna, 2014) Aripiprazole is approved for schizophrenia and acute mania, and as an adjunct second-line therapy for bipolar maintenance and major depressive disorder. It is not approved or shown to be effective for personality disorder, substance abuse, or insomnia. (FDA, 2014)" Evidence of schizophrenia and acute mania is not specified in the records provided. The cited guidelines do not recommend Abilify for this diagnosis. The medical necessity of Abilify 5mg/tab 1 tab daily in AM #30 is not medically necessary for this patient.

Klonopin 0.5mg/tab, 1 tab BID #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Klonopin 0.5mg/tab, 1 tab BID #60: Klonopin is a benzodiazepine drug. According to MTUS guidelines, Benzodiazepines are "Not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Their range of actions includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety." A detailed history of anxiety or insomnia is not specified in the records provided. Any trial of other measures for treatment of insomnia is not specified in the records provided. A detailed evaluation by a psychiatrist for stress related conditions is not specified in the records provided. As mentioned above, prolonged use of anxiolytic may lead to dependence and does not alter stressors or the individual's coping mechanisms. The cited guideline recommends that if anti-anxiety medication is needed for a longer time, appropriate referral needs to be considered. The medical necessity of the request for Klonopin 0.5mg/tab, 1 tab BID #60 is not medically necessary in this patient.

Synthroid 50mcg/tab, 1 tab QD in AM #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.drugs.com.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Thompson Micromedex-FDA Labeled indications; Drug- levothyroxine.

Decision rationale: Synthroid 50mcg/tab, 1 tab QD in AM #30 Synthroid (levothyroxine) is a replacement for a hormone normally produced by the thyroid gland to regulate the body's energy and metabolism. Thompson Micromedex-FDA Labeled indications; Drug-levothyroxine include Hypothyroidism, Myxedema coma, Thyroid stimulating hormone suppression, Pituitary. Any of these indications of Synthroid (levothyroxine) was not specified in the records provided. Rationale for use of Synthroid (levothyroxine) was not specified in the records provided. A recent detailed physical examination of the thyroid gland was not specified in the records provided. Lab reports documenting abnormal thyroid function tests were not specified in the records provided. The medical necessity of the request for Synthroid 50mcg/tab, 1 tab QD in AM #30 is not medically necessary for this patient.

Cymbalta 30mg/tab, 1 tab BID #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Duloxetine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Selective serotonin and norepinephrine reuptake inhibitors (SNRIs): Duloxetine (Cymbalta): FDA- approved for anxiety, depression, diabetic neuropathy, and fibromyalgia. Decision based on Non-MTUS Citation Thompson Micromedex FDA labeled indication for Cymbalta.

Decision rationale: Cymbalta 30mg/tab, 1 tab BID #60: Cymbalta contains Duloxetine Hydrochloride As per cited guideline "Duloxetine (Cymbalta): FDA-approved for anxiety, depression, diabetic neuropathy, and fibromyalgia. Used off-label for neuropathic pain and radiculopathy." According to the Thompson Micromedex FDA labeled indication for Cymbalta includes: -Diabetic peripheral neuropathy - Pain-Fibromyalgia-Generalized anxiety disorder-Major depressive disorder-Musculoskeletal pain, Chronic Treatment to date has included conservative care, medications, x-rays, MRIs, conservative therapies, injections and spine surgeries (T7-T8 fusion, lumbar laminectomy and discectomy, and lumbar decompression and fusion, hardware removal and cervical fusion). Currently, the injured worker complains of ongoing neck pain with radiation into the left upper extremity, mid and lower back pain radiating around to the rib cage, new right hip pain, and severe headaches. Physical examination of the cervical spine revealed tenderness on palpation, and limited range of motion. The diagnoses include cervical degenerative disc disease, disc protrusion in the cervical spine, status post cervical discectomy and fusion, upper extremity radiculitis, degenerative disc disease of the thoracic spine, thoracic spondylosis, thoracic disc herniation, status post thoracic XLIF with associated increased kyphosis and possible pseudoarthrosis, moderate to severe facet spondylosis of the lumbar spine, mild disc bulges in the lumbar spine, lumbar central canal stenosis with possible discogenic disease, lumbar degenerative disc disease, lumbar spondylosis, status post lumbar anterior and posterior decompression and fusion with loss of anticipated lordosis as well as bilateral lower extremity radiculitis. The patient has had history

of depression and anxiety and mood disorder. Per the doctor's note dated 2/23/15 patient had feeling of being tired, having low energy, poor memory, poor motivation and confusion. The patient has had psychiatric evaluation on 11/4/14 that revealed patient was feeling despair, helpless and hopeless, no evidence of thought disorder, delusion and no manic symptoms. The patient has documented objective evidence of chronic myofascial pain along with evidence of a nerve related / neuropathic component of pain. In addition, he has depression and anxiety. Cymbalta is deemed medically appropriate and necessary in such a patient. Therefore, the Cymbalta 30mg/tab, 1 tab BID #60 is medically necessary for this patient at this time.