

Case Number:	CM15-0093366		
Date Assigned:	06/15/2015	Date of Injury:	01/28/2000
Decision Date:	09/24/2015	UR Denial Date:	04/30/2015
Priority:	Standard	Application Received:	05/15/2015

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: 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:

The injured worker is a(n) 63 year old male, who sustained an industrial injury on 1/28/00. He reported pain in the bilateral shoulders. The injured worker was diagnosed as having depression, status post right shoulder surgery and decreased testosterone due to chronic opiate use. Treatment to date has included psychiatric treatments, shoulder surgery and oral medications. Current medications include Paxil, Ambien, Wellbutrin and Trazodone (since at least 9/3/14) and Voltaren ER. On 12/17/14, the treating physician noted ongoing tenderness to the bilateral shoulder. As of the PR2 dated 3/11/15, the injured worker reports persistent 7/10 bilateral shoulder pain. He indicates he has been sober for the past six months. He also reported that without Ambien he is unable to sleep due to pain. The treating physician requested Paxil 20mg #180 x 1 refill, Ambien 10mg #50, Wellbutrin 150mg #180 x 2 refills, Voltaren 1% #30 and Trazodone 100mg #100.

IMR ISSUES, DECISIONS AND RATIONALES

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

Paxil 20 mg #180 1 refill: 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 Antidepressant for Chronic Pain, 13-16.

Decision rationale: Review indicates the patient continues to treat for chronic ongoing symptoms with refill of medications without documented functional benefit for this 2000 injury. Previous utilization review had modified the medications for 2 refills of Paxil, #60 of Wellbutrin, #10 of Ambien, #20 of Trazodone with denial for Voltaren gel on 3/26/15 for weaning purposed. Current same medications are again being requested. MTUS Medical Treatment Guidelines do not recommend Paxil, a Selective Serotonin and Norepinephrine ReUptake Inhibitor (SSRI/SNRIs) without evidence of failed treatment with first-line tricyclics (TCAs) not evident here. Tolerance may develop and rebound insomnia has been found as for this patient who has sleeping complaints. An SSRI/SNRI may be an option in patients with coexisting diagnosis of major depression that is not the case for this chronic January 2000 injury without remarkable acute change or red-flag conditions. Submitted reports from the provider have not adequately documented any failed trial with first-line TCAs nor is there any diagnosis of major depression. The patient has been prescribed the medication without any functional improvement derived from treatment already rendered. The Paxil 20 mg #180 1 refill is not medically necessary and appropriate.

Ambien 10 mg #50: 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), pain (chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic): Zolpidem (Ambien®), pages 877-878.

Decision rationale: Review indicates the patient continues to treat for chronic ongoing symptoms with refill of medications without documented functional benefit for this 2000 injury. Previous utilization review had modified the medications for 2 refills of Paxil, #60 of Wellbutrin, #10 of Ambien, #20 of Trazodone with denial for Voltaren gel on 3/26/15 for weaning purposed. Current same medications are again being requested. Per the ODG, this non-benzodiazepines CNS depressant should not be used for prolonged periods of time and is the treatment of choice in very few conditions. The tolerance to hypnotic effects develops rapidly with anxiolytic effects occurring within months; limiting its use to 4 weeks as long-term use may actually increase anxiety. 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. Submitted reports have not identified any clinical findings or specific sleep issues such as number of hours of sleep, difficulty getting to sleep or staying asleep or how the use of this sedative/hypnotic has provided any functional improvement if any from treatment rendered. The reports have not demonstrated any clinical findings or confirmed diagnoses of sleep

disorders to support its use for this chronic 2000 injury. There is no failed trial of behavioral interventions or conservative sleep hygiene approach towards functional restoration. The Ambien 10 mg #50 is not medically necessary and appropriate.

Wellbutrin 150 mg #180 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressant for Chronic Pain, 13-16, Selective serotonin and norepinephrine reuptake inhibitors (SNRIs): Bupropion (Wellbutrin), a second-generation non-tricyclic antidepressant (a noradrenaline and dopamine reuptake inhibitor).

Decision rationale: Review indicates the patient continues to treat for chronic ongoing symptoms with refill of medications without documented functional benefit for this 2000 injury. Previous utilization review had modified the medications for 2 refills of Paxil, #60 of Wellbutrin, #10 of Ambien, #20 of Trazodone with denial for Voltaren gel on 3/26/15 for weaning purposed. Current same medications are again being requested. Although Wellbutrin (Bupropion), a second generation non-tricyclic antidepressant has been shown to be effective in the treatment of neuropathy, there was no evidence of efficacy in patients with non-neuropathic chronic spinal pain. Submitted reports have not adequately demonstrated any specific objective findings of neuropathic pain on clinical examination. There is also no documented failed first-line treatment with tricyclics to support for this second-generation non-tricyclic antidepressant, Wellbutrin that has been modified previously for tapering. Reports have not shown any functional benefit from previous treatment rendered for this chronic injury. The Wellbutrin 150 mg #180 2 refills is not medically necessary and appropriate.

Voltaren 1% #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs), Page 22.

Decision rationale: Review indicates the patient continues to treat for chronic ongoing symptoms with refill of medications without documented functional benefit for this 2000 injury. Previous utilization review had modified the medications for 2 refills of Paxil, #60 of Wellbutrin, #10 of Ambien, #20 of Trazodone with denial for Voltaren gel on 3/26/15 for weaning purposed. Current same medications are again being requested. Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. Monitoring of NSAIDs functional benefit is advised as per Guidelines, long-term use of NSAIDs beyond a few weeks may actually retard muscle and connective tissue healing and increase the risk for heart attack and stroke in patients with or without heart disease, as well as potential for hip fractures even within the first weeks of

treatment, increasing with longer use and higher doses of the NSAID. Available reports submitted have not adequately addressed the indication to continue a NSAID for a chronic injury nor have they demonstrated any functional efficacy derived from treatment already rendered. Intolerance to oral medications is not documented. Additionally, there are evidence-based published articles noting that topical treatment with NSAIDs and other medications can result in blood concentrations and systemic effects comparable to those from oral treatment. It was advised that topical non-steroidal anti-inflammatory drugs should be used with the same precautions as other forms of the drugs in high risk patients, especially those with reduced drug metabolism as in renal failure. The Voltaren 1% #30 is not medically necessary and appropriate.

Trazodone 100 mg #100: 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), pain (chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressant for Chronic Pain, 13-16, Anti-depressants for Treatment of Chronic Persistent Pain; Insomnia Treatment, pages 535-536.

Decision rationale: Review indicates the patient continues to treat for chronic ongoing symptoms with refill of medications without documented functional benefit for this 2000 injury. Previous utilization review had modified the medications for 2 refills of Paxil, #60 of Wellbutrin, #10 of Ambien, #20 of Trazodone with denial for Voltaren gel on 3/26/15 for weaning purposed. Current same medications are again being requested. Trazodone hydrochloride (Desyrel) is an antidepressant chemically unrelated to tricyclic, tetracyclic, or other known antidepressant agents and is indicated for the treatment of major depression. MTUS Medical Treatment Guidelines specifically do not recommend for Trazodone. Tolerance may develop and rebound insomnia has been found even after discontinuation, but may be an option in patients with coexisting diagnosis of major depression that has not been established here. Submitted reports have not demonstrated functional benefit derived from the previous treatment rendered for this chronic 2000 injury. The Trazodone 100 mg #100 is not medically necessary and appropriate.