

Case Number:	CM14-0149447		
Date Assigned:	09/18/2014	Date of Injury:	03/25/2001
Decision Date:	10/23/2014	UR Denial Date:	08/21/2014
Priority:	Standard	Application Received:	09/15/2014

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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 55-year-old male who reported an injury on 03/25/2001 due to lifting an object that weighed over 50 pounds. The injured worker has diagnoses of cervical spondylosis, lumbar disc displacement, chronic pain syndrome, and postsurgical status. Past medical treatment consists of physical therapy, ESIs, cognitive behavioral therapy, psychiatric therapy, pain psychology, and medication therapy. Medications include Menthoderm, Protonix, Norflex, Amitriptyline, Cymbalta, Lunesta, and Alprazolam. On 07/21/2014, the injured worker underwent a drug urinalysis that showed that he was compliant with his medication. On 04/21/2014, the injured worker complained of back pain and neck pain. Physical examination revealed that the pain was rated at 8/10 to 10/10. It was shown that he had normal reflex and sensory and power testing to the bilateral upper extremities and bilateral lower extremities. Straight leg raise was negative bilaterally. Bowstring was negative bilaterally. There was diffuse cervical and lumbar tenderness. Cervical spine and lumbar spine range of motion decreased about 20%. It was also noted that the injured worker had decreased range of motion to the right shoulder. Treatment plan is for the injured worker to continue with Amitriptyline, Cymbalta, Lunesta, and Alprazolam. The rationale was not submitted for review. The request for authorization form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Amitriptyline HCL 25 MG #60 with 2 Refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain/Mental Health and Stress Chapter

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

Decision rationale: The request for Amitriptyline is not medically necessary. The California MTUS recommends the use of Amitriptyline. Amitriptyline is a tricyclic antidepressant. Tricyclics are generally considered a first line agent unless they are ineffective, poorly tolerated, or contraindicated. The MTUS Guidelines also state that they are recommended as a first line option for neuropathic pain, as a possibility for non-neuropathic pain. Assessment of treatment efficacy should include not only pain outcomes, but also an evaluation of function, changes in the use of other analgesic medication, sleep quality and duration, and psychological assessment. It is recommended that the use outcome measurements should be initiated at 1 week of treatment with a recommended trial of at least 4 weeks. The optimal duration of treatment is not known because most double blind trials have been a short duration (6 to 12 weeks). Long term effectiveness of antidepressants has not been established. The effect of this class of medication in combination with other classes of drugs has not been well researched. The submitted documentation did not include the efficacy of the medication. Additionally, there was no evaluation of function, changes in the use of any other use of analgesic medications, or sleep quality and duration. It was noted in the submitted documentation that the injured worker was undergoing psychological assessment. However, there was no report submitted for review. Furthermore, there was a lack of indicates of any side effects the injured worker might be having with the medication. Given the above, the injured worker is not within the MTUS recommended guidelines. As such, the request is not medically necessary.

Cymbalta 60 MG Twice A Day #60 with 2 Refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain/Mental Health and Stress Chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Duloxetine (Cymbalta) Page(s): 43.

Decision rationale: The request for Cymbalta 60 mg 2 times a day is not medically necessary. The California MTUS Guidelines recommend Cymbalta as an option in first line treatment for neuropathic pain. The assessment of treatment efficacy should include not only pain outcomes, but also an evaluation of function, changes in the use of other analgesic medication, sleep quality and duration, and psychological assessment. The submitted documentation lacked any evidence of an objective assessment of the injured worker's pain level. There was a lack of documented evidence of the efficacy of the injured worker's medications. Furthermore, there was no assessment regarding analgesic medication or sleep quality and duration. Additionally, there was no evidence of the injured worker having diagnoses congruent with guideline recommendations.

Given the above, the injured worker is not within the California MTUS recommended guidelines. As such, the request is not medically necessary.

Lunesta 3 MG #30 with 2 Refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain/Mental Health and Stress Chapter

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG Pain, Eszopicolone (Lunesta).

Decision rationale: The request for Lunesta is not medically necessary. According to Official Disability Guidelines, Lunesta is not recommended for long term use, limiting use of hypnotics to 3 weeks maximum in the first 2 months of injury only, and discourages use in the chronic phase. While sleeping pills, so called mild tranquilizers and antianxiety agents are commonly prescribed in chronic pain, pain specialists rarely, if ever, recommend 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 may increase pain and depression over long term. The FDA has lowered the recommended starting dose of Lunesta from 2 mg to 1 mg for both men and women. Previously recommended dose can cause impairment to driving skills, memory, and coordination as long as 11 hours after the drug is taken. The request as submitted is for Lunesta 3 mg #30 with 2 refills, exceeding the recommended guidelines for a minimum dose of 1 mg. Additionally, the efficacy of the medication was not submitted for review warranting the continuation of the medication. Given the above and that the request exceeds recommended guidelines, the request is not medically necessary.

Alprazolam .5 MG Every 6 Hours #30 for Anxiety with 2 Refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain/Mental Health and Stress Chapter

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

Decision rationale: The request for Alprazolam is not medically necessary. The California MTUS Guidelines do not recommend the use of benzodiazepines for long term use because long term efficacy is unproven and there is a risk for dependence. Most guidelines limit use to 4 weeks. It was noted in the documentation that the injured worker had been prescribed this medication since at least 04/2014, exceeding the recommended guidelines for short term use. Additionally, there was a lack of efficacy of the medication documented to support continued use. Given the above, the injured worker is not within the MTUS recommended Guidelines. As such, the request is not medically necessary.