

Case Number:	CM15-0123225		
Date Assigned:	07/07/2015	Date of Injury:	09/20/2014
Decision Date:	10/07/2015	UR Denial Date:	05/26/2015
Priority:	Standard	Application Received:	06/25/2015

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, Maryland
 Certification(s)/Specialty: Psychiatry

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 38 year old female, who sustained an industrial injury on 9/20/2014. She reported acute pain in the neck, back arms and legs from lifting activity as well as psychological stressors. Diagnoses include cervical spine strain - rule out herniated nucleus pulposus, rule out cervical radiculopathy, bilateral wrist sprain/strain, rule out derangement, thoracic spine pain, low back pain - rule out herniation, rule out radiculopathy, bilateral knee sprain/strain, anxiety disorder, mood disorder, sleep disorder and gastroesophageal reflux disease (GERD). Treatments to date include medication therapy, physical therapy, acupuncture treatments, chiropractic therapy. Currently, she had multiple complaints of pain including pain in the neck, bilateral wrists, mid and low back knees and ankles. There were headaches and muscle spasms reported. She complained of burning pain in the chest after meals. She further reported psychological symptoms of stress, anxiety, insomnia and depressions secondary to chronic pain conditions. On 5/1/15, the physical examination documented multiple points of tenderness in the cervical, thoracic and lumbar spines with decreased range of motion and muscle spasms. The straight leg raise was positive bilaterally. There was tenderness in the wrists with positive Tinel's and Phalen's tests bilaterally. The knees were tender with decreased range of motion and bilaterally positive Apley's compression and McMurray's tests. The provider documented decreased lower extremity strength and decreased sensation. The plan of care included Buspar 10mg #60 with two refills; Celexa 920mg #60 with two refills; Fioricet 300mg with two refills; Lunesta 3mg #30 with two refills; six Biofeedback sessions; and Medication management sessions 2 x 3.

IMR ISSUES, DECISIONS AND RATIONALES

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

Buspar 10mg #60 (+2 Refills): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain/Anxiety medications in chronic pain.

Decision rationale: Per ODG guidelines with regard to anxiety medications in chronic pain: "Recommend diagnosing and controlling anxiety as an important part of chronic pain treatment, including treatment with anxiety medications based on specific DSM-IV diagnosis as described below." Buspirone (Buspar, generic available): also approved for short-term relief of anxiety symptoms. Efficacy is decreased in patients with recent prior benzodiazepine use. The injured worker has been diagnosed with anxiety disorder and mood disorder secondary to chronic pain. Per ODG, Buspirone (Buspar, generic available): also approved for short-term relief of anxiety symptoms. The request for a three month supply is excessive and not medically necessary. It is to be noted that the UR physician authorized Buspar 10mg #60.

Celexa 920mg #60 (+2 Refills): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antidepressants for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Stress & Mental Illness/Antidepressants for treatment of MDD (major depressive disorder).

Decision rationale: MTUS states "SSRIs (selective serotonin reuptake inhibitors) Not recommended as a treatment for chronic pain, but SSRIs may have a role in treating secondary depression. Selective serotonin reuptake inhibitors (SSRIs), a class of antidepressants that inhibit serotonin reuptake without action on noradrenaline, are controversial based on controlled trials. It has been suggested that the main role of SSRIs may be in addressing psychological symptoms associated with chronic pain." ODG states "MDD (major depressive disorder) treatment, severe presentations. The American Psychiatric Association strongly recommends anti-depressant medications for severe presentations of MDD, unless electroconvulsive therapy (ECT) is being planned. (American Psychiatric Association, 2006) Many treatment plans start with a category of medication called selective serotonin reuptake inhibitors (SSRIs), because of demonstrated effectiveness and less severe side effects." The injured worker has been diagnosed with anxiety disorder and mood disorder secondary to chronic pain. The guidelines recommend the use of antidepressants for moderate to severe presentations of major depressive disorder.

The injured worker does not meet the clinical criteria for use of Celexa. Thus, the request for a three month supply is not medically necessary.

Floriset 300mg (+2 Refills): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Barbiturate-containing analgesic agents.

Decision rationale: Per MTUS CPMTG with regard to barbiturate-containing analgesic agents: "Not recommended for chronic pain. The potential for drug dependence is high and no evidence exists to show a clinically important enhancement of analgesic efficacy of BCAs due to the barbiturate constituents. (McLean, 2000) There is a risk of medication overuse as well as rebound headache." As the request is not recommended by the MTUS, the request is not medically necessary.

Lunesta 3mg #30 (+2 Refills): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Stress and Mental Illness Insomnia treatment; Eszopiclone/Lunesta.

Decision rationale: ODG states "Lunesta" not recommended for long-term use, but recommended for short-term use. 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. In this study, eszopiclone (Lunesta) had a Hazard ratio for death of 30.62 (C.I., 12.90 to 72.72), compared to zolpidem at 4.82 (4.06 to 5.74). In general, receiving hypnotic prescriptions was associated with greater than a threefold increased hazard of death even when prescribed less than 18 pills/year. (Kripke, 2012) The FDA has lowered the recommended starting dose of eszopiclone (Lunesta) from 2 mg to 1 mg for both men and women. Previously recommended doses can cause impairment to driving skills, memory, and coordination as long as 11 hours after the drug is taken. Despite these long-lasting effects, patients were often unaware they were impaired." The request for Lunesta 3mg #30 (+2 Refills) i.e. a three month supply is excessive and not medically necessary as the guidelines recommend that sleep medications should be use only as a short term treatment of insomnia.

Biofeedback Sessions times six: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Biofeedback.

Decision rationale: MTUS states "Biofeedback is not recommended as a stand-alone treatment, but recommended as an option in a cognitive behavioral therapy (CBT) program to facilitate exercise therapy and return to activity. There is fairly good evidence that biofeedback helps in back muscle strengthening, but evidence is insufficient to demonstrate the effectiveness of biofeedback for treatment of chronic pain. Biofeedback may be approved if it facilitates entry into a CBT treatment program, where there is strong evidence of success." The injured worker has already been authorized for an initial trial of individual psychotherapy, the results of which are unknown. The request for Biofeedback Sessions times six is excessive and not medically necessary at this time as per guidelines the evidence is insufficient to demonstrate the effectiveness of biofeedback for treatment of chronic pain.

Medication management sessions two times three: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress/Office visits.

Decision rationale: ODG states "Office visits are recommended as determined to be medically necessary. The need for clinical office visit with a healthcare provider is individualized based upon the review of patient concerns, signs, symptoms, clinical stability and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medications such as opiates, or medicines such as certain antibiotics, require close monitoring. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from health care system through self care as soon as clinically feasible." The request for Medication management sessions two times three i.e. six sessions is excessive and not medically necessary. It is to be noted that the UR physician authorized 4 sessions of medication management.