

Case Number:	CM13-0005361		
Date Assigned:	11/20/2013	Date of Injury:	01/25/2012
Decision Date:	02/14/2014	UR Denial Date:	07/11/2013
Priority:	Standard	Application Received:	07/30/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine and is licensed to practice in New York. 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 physician 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 patient is a 45 year old male who sustained a work related injury on 01/25/2012. He slipped and fell injuring his left foot and ankle. An emergency room evaluation revealed multiple fractures of the left foot. On 02/08/12 he underwent reconstructive surgery of the left foot with placement of an external fixator. He underwent revision of the fixator on 03/05/2012. He also required evaluation by plastic surgery, a wound vac and wound care services. The patient has diagnoses of left ankle and left foot pain. On exam the patient has an antalgic gait with tenderness on the left ankle over the Achilles tendon and talo-fibular ligament. He relates having anxiety over his pain condition. The treating provider has requested Celexa 40mg # 30, Gabapentin 300mg #90 Oxycontin 10mg #90, Oxycodone 5mg # 60 and Wellbutrin XL 150mg # 30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Celexa 40mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13-16.

Decision rationale: The requested medication, Celexa 40mg is not medically necessary for the treatment of the patient's condition. Celexa is FDA approved to treat the symptoms of major depression. The patient has no specific diagnosis of depression and is not under the care of a psychiatrist. Celexa is an antidepressant in the group of drugs called selective reuptake inhibitors (SSRIs). Medical necessity for the medication, Celexa has not been established. The requested treatment is not medically necessary.

Oxycodone Hcl 5mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 91-97.

Decision rationale: The documentation indicates that the patient has been treated with opioid therapy with Oxycodone HCL 5 mg. Per the California MTUS Guidelines, short-acting opioids such as Oxycodone are seen as an effective method in controlling chronic pain. They are often used for intermittent or breakthrough pain. The treatment of chronic pain with any opioid agent requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include current pain; last reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid, and the duration of pain relief. Per the medical records, there has been no documentation of the medication's pain relief effectiveness and no clear documentation that he has responded to ongoing opioid therapy. According to the California MTUS Guidelines there has to be certain criteria followed including an ongoing review and documentation of pain relief and functional status. This does not appear to have occurred with this patient. The patient has continued pain despite the chronic use of a short acting opioid medication. Medical necessity for Oxycodone Hcl 5mg has not been established. The requested treatment is not medically necessary.

Gabapentin 300mg #90: Overturned

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

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

Decision rationale: The requested medication, Gabapentin is not medically necessary for the treatment of the patient's condition. Per the documentation, the patient does not have a diagnosis of neuropathic pain. Per the California MTUS Guidelines, antiepilepsy medications are a first line treatment for neuropathic pain. A recommended trial period for an adequate trial of gabapentin is three to eight weeks for titration, then one to two weeks at maximum tolerated dosage. Medical necessity has been documented and the requested treatment is medically necessary for treatment of the patient's chronic pain condition.

Oxycontin 10mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 91-97.

Decision rationale: The documentation indicates the patient has been treated with opioid therapy with Oxycontin. Per California MTUS Guidelines, Oxycontin is a long acting very potent analgesic that is usually combined with acetaminophen or aspirin. The treatment of chronic pain with any opioid agent requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include current pain; last reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid, and the duration of pain relief. Per the medical records, there has been no documentation of the medication's pain relief effectiveness and no clear documentation that he has responded to ongoing opioid therapy. According to the California MTUS Guidelines, there has to be certain criteria followed, including an ongoing review and documentation of pain relief and functional status. This does not appear to have occurred with this patient. The patient has continued pain despite the use of long and short acting opioid medications. The patient may require a multidisciplinary evaluation to determine the best approach to treatment of his chronic pain syndrome. The requested treatment is not medically necessary.

Wellbutrin XI 150mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 27.

Decision rationale: There is no indication for the requested medication, Bupropion (Wellbutrin). Per MTUS Guidelines the medication is a second generation non-tricyclic antidepressant that has been shown to be effective in relieving neuropathic pain of different etiologies in a small trial. There is no documentation of neuropathic pain and no formal diagnosis of depression. The medical necessity for this treatment has not been established. The requested service is not medically necessary.