

Case Number:	CM13-0027093		
Date Assigned:	11/22/2013	Date of Injury:	04/26/1990
Decision Date:	03/18/2014	UR Denial Date:	08/01/2013
Priority:	Standard	Application Received:	09/20/2013

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 Pain Management, has a subspecialty in Disability Evaluation and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working least at 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:

This is a 54 year-old male who has reported low back pain and mental illness after an injury on April 26, 1990. His treatment has included many medications, a remote lumbar laminectomy, and an epidural steroid injection in the remote past. Diagnoses have included lumbago, depression, opioid-induced hypogonadism, and insomnia. Reports from the primary treating physician are available from mid-2012 - December, 2013. Pain ranges from 7-8/10 and is in the low back, sometimes radiating to the left leg. The physical findings are the same at each visit. Physical findings are listed as poor balance with heel and toe walking, and discomfort while sitting. Medications are refilled on a routine, monthly basis, and testosterone replacement was administered. Analgesics and antidepressants are reported to help with pain and mood. On November 13, 2012 his fentanyl patches were reportedly stolen. On that day medications were [REDACTED] refilled and there was no discussion of the implications of stolen medications. According to the reports from April 16, 2013 to October 5, 2013, an epidural steroid injection is recommended. On June 10, 2013 pain was reported to be increasing and medications were less helpful. On July 31, 2013 Utilization Review non-certified Effexor and bupropion based on the MTUS, lack of neuropathic pain, and lack of psychiatric evaluation. Oxycodone was noted to prescribed without sufficient compliance with the MTUS recommendations, and it was partially certified for weaning. Fentanyl was non-certified based on lack of prescribing in accordance with the MTUS. Doxepin and gabapentin were certified. Testosterone was not certified based on lack of documented hypogonadism clinically or by lab tests. On October 17, 2013 Utilization Review non-certified a fentanyl patch and oxycodone, noting the MTUS recommendations and that the medical reports did not provide sufficient evidence of compliance with these recommendations. An epidural steroid injection was non-certified based on insufficient indications per the MTUS

recommendations. Bupropion and Effexor were not certified based on insufficient psychiatric evaluation and lack of evidence for neuropathic pain. Testosterone injection was not certified based on lack of documented low testosterone and associated symptoms and signs. The Utilization Review physician spoke with the requesting physician, and the requesting physician referred to a prior epidural steroid injection with unspecified benefit and urine drug screens in the distant past (no results discussed). According to the Utilization Review report on October 17, 2012, the Utilization Review physician did not find any evidence of specific test results for hypogonadism in the reports from 2012. One month of testosterone replacement was certified, noting the need for better documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

BUPROPION HCL SR: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines antidepressants Page(s): 13-14, 16.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 391-402, Chronic Pain Treatment Guidelines Antidepressants Page(s): 13-16, 27, 60. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress chapter

Decision rationale: The California MTUS Guidelines recommend bupropion as an option after other agents. Guidelines state that there is an indication for neuropathic pain but no evidence for treating nonneuropathic low back pain. The treating physician has not provided evidence for neuropathic pain. Bupropion is an antidepressant and may possibly be indicated as a treatment for depression in this case. The available reports do not document any specific assessment of the results of using bupropion and do not contain any formal or informal psychiatric evaluation. Even a mental status examination of the kind that can be performed by a primary care physician is not documented. The ACOEM Guidelines give direction for psychological assessment, and there is no evidence of this kind of evaluation. The MTUS recommends that when antidepressants are used for chronic pain, that the treating physician provide a careful assessment of pain outcomes, function, changes in other medications, sleep quality, and psychological status. This kind of [REDACTED]

[REDACTED] outcome information was not discussed or presented. The Official Disability Guidelines note the relatively small effect of antidepressants, and recommend against their use as a stand alone treatment for depression or as treatment for mild depression. The treating physician has documented no other modes of treatment for depression and has not provide a proper evaluation of depression. There is no classification of depression severity. Bupropion HCL SR 100mg, #30, is not medically necessary based on lack of specific indications described in the guidelines, lack of prescribing according to guideline recommendations,

EFFEXOR XR: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for Chronic Pain, Venlafaxine (Effexor®), Page(s).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 391-402, Chronic Pain Treatment Guidelines SNRIs (serotonin noradrenaline reuptake inhibitors), SSRIs (selective serotonin reuptake inhib. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress chapter, Antidepressants.

Decision rationale: The California MTUS Guidelines recommend SNRI antidepressants for some kinds of chronic pain. The Guidelines recommend that when antidepressants are used for chronic pain, that the treating physician provide a careful assessment of pain outcomes, function, changes in other medications, sleep quality, and psychological status. This kind of outcome information was not discussed or presented. Effexor is an antidepressant and may possibly be indicated as a treatment for depression in this case. The available reports do not document any specific assessment of the results of using bupropion and do not contain any formal or informal psychiatric evaluation. Even a mental status examination of the kind that can be performed by a primary care physician is not documented. The ACOEM Guidelines give direction for psychological assessment, and there is no evidence of this kind of evaluation. The Official Disability Guidelines note the relatively small effect of antidepressants, and recommend against their use as a stand alone treatment for depression or as treatment for mild depression. The treating physician has documented no other modes of treatment for depression and has not provide a proper evaluation of depression. There is no classification of depression severity. Effexor XR 150mg, #30, is not medically necessary based on lack of prescribing according to guideline recommendations, lack of sufficient symptomatic and functional benefit, and lack of sufficient clinical evaluation.

OXYCODONE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-80..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77-81, 94;. Decision based on Non-MTUS Citation Non-MTUS ACOME Practice Guidelines (2008), Chronic Pain, Urine Drug Screens, pages(s) 138.

Decision rationale: There is no evidence that the treating physician is prescribing opioids according to the California MTUS Guidelines, which recommend prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract, and there should be a prior failure of non-opioid therapy. None of these aspects of prescribing are indicated within the medical records. According to guidelines, opioids are minimally indicated, if at all, for chronic back pain. There is no evidence of significant pain relief or increased function from the opioids used to date. Function has not been addressed in prescribing opioids and there is no work status in any of the reports. The prescribing physician does not specifically address function with respect to prescribing opioids, and does not address the other recommendations in the California MTUS Guidelines. There are no functional goals. There is no evidence that the

treating physician has utilized a treatment plan that does not use opioids, and that the patient has failed a trial of nonopioid analgesics. Guidelines recommend urine drug screening for patients with poor pain control and to help manage patients at risk of abuse. There is a high rate of aberrant opioid use in patients with chronic back pain. Oxycodone 15mg, #180, is not medically necessary based on lack of significant functional and symptomatic benefit from opioids to date, and lack of a treatment plan for chronic opioid therapy consistent with the California MTUS Guidelines

FENTANYL PATCHES, 100MCG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Duragesic® (fentanyl transdermal system Page(s): 44, 76-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77-81, 94;. Decision based on Non-MTUS Citation Non-MTUS ACOME Practice Guidelines (2008), Chronic Pain, Urine Drug Screens, pages(s) 138.

Decision rationale: There is no evidence that the treating physician is prescribing opioids according to the California MTUS Guidelines, which recommend prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract, and there should be a prior failure of non-opioid therapy. None of these aspects of prescribing are indicated within the medical records. According to guidelines, opioids are minimally indicated, if at all, for chronic back pain. There is no evidence of significant pain relief or increased function from the opioids used to date. Function has not been addressed in prescribing opioids and there is no work status in any of the reports. The prescribing physician does not specifically address function with respect to prescribing opioids, and does not address the other recommendations in the California MTUS Guidelines. There are no functional goals. There is no evidence that the treating physician has utilized a treatment plan that does not use opioids, and that the patient has failed a trial of nonopioid analgesics. Guidelines recommend urine drug screening for patients with poor pain control and to help manage patients at risk of abuse. There is a high rate of aberrant opioid use in patients with chronic back pain. The request to Independent Medical Review is for an unspecified quantity and duration of this medication. According to guidelines, prescriptions for opioids should be for short-term use only. An unspecified quantity and duration can imply a potentially unlimited duration and quantity, which is not medically necessary or indicated. Opioids are not medically necessary when prescribed in this manner, as all opioids should be prescribed in a time-limited fashion with periodic monitoring of results, as is recommended in the MTUS. Fentanyl Patches, 100mcg, are not medically necessary based on the lack of a sufficiently specific request, lack of evidence that use is short term only, lack of significant functional and symptomatic benefit from opioids to date, and lack of a treatment plan for chronic opioid therapy consistent with the California MTUS Guidelines.

MONTHLY TESTOSTERONE INJECTIONS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines testosterone replacement for hypogonadism Page(s): 110-111.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Testosterone replacement for hypogonadism Page(s): 110.

Decision rationale: According to the California MTUS Guidelines, testosterone replacement is recommended in limited circumstances while taking high dose oral opioids with documented low testosterone levels. There are no documented low testosterone levels in the medical reports. The treating physician has not monitored testosterone levels while prescribing testosterone, according to the available reports. Guidelines state that an endocrine evaluation and/or testosterone levels should be considered in men who are taking long term, high dose oral opioids or intrathecal opioids and who exhibit symptoms or signs of hypogonadism, such as gynecomastia. If needed, testosterone replacement should be done by a physician with special knowledge in this field given the potential side effects such as hepatomas. The treating physician has not documented an endocrine evaluation, testosterone levels, signs of hypogonadism, or that the testosterone replacement has been done by a physician with special knowledge in the field. Given the apparent lack of sufficient evaluation and the other guideline recommendations that are not met, continued testosterone supplementation is not medically necessary.

REPEAT LUMBAR EPIDURAL STEROID INJECTION (LESI): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections Page(s): 46.

Decision rationale: The California MTUS Guidelines state that epidural injections are a possible option when there is radicular pain caused by a radiculopathy documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. This injured worker does not meet the MTUS criteria for an epidural steroid injection. There are insufficient clinical findings of radiculopathy, such as dermatomal sensory loss or motor deficits correlating with a specific lesion identified by objective testing. There are no imaging or electromyogram (EMG) results supporting the diagnosis of a radiculopathy. There is no evidence in the medical reports that the proposed epidural injection will be used in conjunction with other rehab efforts, including continuing a home exercise program, or a concurrent more active treatment program, as is recommended in the MTUS. Guidelines recommend that any repeat injection should be considered based on the degree of pain relief and functional improvement 6-8 weeks after the initial injection. Sufficient functional improvement has not been described after the last epidural steroid injection. An [REDACTED] [REDACTED] epidural injection is not medically necessary based on the MTUS indications, which are not met in this case. [REDACTED]