

Case Number:	CM13-0036942		
Date Assigned:	12/13/2013	Date of Injury:	07/29/2013
Decision Date:	02/14/2014	UR Denial Date:	09/17/2013
Priority:	Standard	Application Received:	10/22/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Management, and is licensed to practice in Oklahoma and Texas. 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 52-year-old male who reported an injury on 7/29/03 that resulted in the development of chronic back pain. The patient is status post lumbar laminectomy that failed to resolve the patient's chronic intractable pain. Prior treatments included psychiatric support, medication management, and a failed spinal cord stimulator trial. The patient was regularly monitored with urine drug screens. The patient's most recent clinical examination findings included decreased lower extremity strength, antalgic gait, inability to toe and heel walk, positive bilateral straight leg raise test, and decreased deep tendon reflexes of the ankle with decreased sensation in the left L4-5, right L4-5, and right S1 dermatomes. The patient's diagnoses included post-laminectomy syndrome of the lumbar region, and chronic pain on opioid therapy with depression. The patient's treatment plan was to continue medication usage.

IMR ISSUES, DECISIONS AND RATIONALES

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

30 Lexapro 20mg: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402. Decision based on Non-MTUS Citation Official Disability Guidelines, and the American Psychiatric Association (APA). Practice guideline for the treatment of patients with major depressive disorder. 3rd ed. Arlington (VA): American Psychiatric Association (APA); 2010 Oct. 152 p. [1170 references]

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 60.

Decision rationale: The American College of Occupational and Environmental Medicine recommends a brief course of antidepressants to alleviate symptoms of depression. The clinical documentation submitted for review does provide evidence the patient has been on this medication for an extended duration. The clinical documentation submitted for review does provide evidence that the patient has major depression symptoms related to an extended duration of chronic pain. The California Medical Treatment Utilization Schedule recommends the use of medications in the management of a patient's chronic pain be based on continual evaluation of the patient's response to the medication and increased functional benefit. The clinical documentation submitted for review does provide evidence that the patient has symptoms of depression related to chronic pain that would benefit from medication management. However, the request includes one refill. This does not allow for timely reassessment and re-evaluation of the patient's ongoing response to this medication. As such, the request is not medically necessary or appropriate.

30 Restoril 30mg with one refill: Upheld

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

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

Decision rationale: The clinical documentation submitted for review does provide evidence that the patient has been on this medication for an extended duration of time. The California Medical Treatment Utilization Schedule does not recommend the long-term use of benzodiazepines due to the significant risk of psychological and physical dependence. It was noted within the documentation that this patient is being treated for sleep disturbances with this medication; however, as long-term use is not supported by guideline recommendations, the continuation of this medication would not be supported. As such, the request is not medically necessary or appropriate.

60 Neurontin 100mg with one refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16, 60.

Decision rationale: The California Medical Treatment Utilization Schedule recommends that the use of Neurontin be based on significant functional benefit and symptom relief. The clinical documentation submitted for review does not provide any evidence of significant functional

benefit or symptom relief directly related to this medication. Additionally, the California Medical Treatment Utilization Schedule recommends ongoing assessments to establish efficacy of medications. The request for one refill does not allow for timely re-evaluation and assessment to determine the ongoing efficacy of this medication. As such, the request is not medically necessary or appropriate.

60 Senokot S with one refill: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation McKay SL, Fravel M, Scanlon C. Management of constipation. Iowa City (IA): University of Iowa Gerontological Nursing Interventions Research Center, Research Translation and Dissemination Core; 2009 Oct. 51 p. [44 references]

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 77.

Decision rationale: The California Medical Treatment Utilization Schedule does recommend initiation prophylactic treatment for patients who are going to initiate opioid therapy. The clinical documentation submitted for review does provide evidence that the patient has undergone opioid therapy for an extended duration of time; however, the patient's most recent evaluations identify normal gastrointestinal symptoms with no complaints of constipation. Therefore, continuation of this medication would not be indicated. As such, the request is not medically necessary or appropriate.

90 Vicodin 5/500mg with one refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation University of Michigan Health System Guidelines for Clinical Care: Managing Chronic Non-terminal Pain, Including Prescribing Controlled Substances (May 2009), pages 10, 32-33.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: The California Medical Treatment Utilization Schedule recommends the continued use of opioids in the management of a patient's chronic pain to include managed side effects, monitoring aberrant behavior, documentation of significant functional benefit, and a quantitative assessment of the patient's pain relief. The clinical documentation submitted for review does provide evidence that the patient is regularly monitored for aberrant behavior. Additionally, there is documentation the patient's side effects are managed; however, there is no documentation of specific functional benefit or a quantitative assessment of the patient's pain relief to support continued use. Additionally, the requested one refill does not provide for a timely reassessment evaluation to establish the efficacy of this medication. As such, the request is not medically necessary or appropriate.

60 Naprosyn 500mg with one refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 60, 67.

Decision rationale: The clinical documentation submitted for review does provide evidence that the patient has chronic pain that would benefit from medication management. However, the California Medical Treatment Utilization Schedule recommends the lowest dose for the shortest amount of time when using non-steroidal anti-inflammatory drugs in the patient's treatment plan. The clinical documentation submitted for review does provide evidence that the patient has been on this medication for an extended duration. California Medical Treatment Utilization Schedule also recommends that medications be supported documented functional benefit and a quantitative assessment of symptom response. The clinical documentation submitted for review does not provide any evidence of increased functional capabilities related to this medication. Additionally, there is no documentation of a quantitative symptom assessment to support continued use of this medication. Also, the requested refill does not allow for timely re-assessment and evaluation of the efficacy of this medication to support continued use. As such, the request is not medically necessary or appropriate.