

Case Number:	CM13-0038468		
Date Assigned:	12/18/2013	Date of Injury:	06/10/2002
Decision Date:	02/28/2014	UR Denial Date:	09/23/2013
Priority:	Standard	Application Received:	10/25/2013

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 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 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 patient is a male with a date of injury of 6/10/02. A utilization review determination dated 9/23/13 recommends non-certification of Percocet, Lexapro, and Zantac. A psychologist report dated 3/22/13 indicates that the patient continues to have many fears and worries but is working hard to maintain cognitive and behavioral interventions which he has learned in treatment. The note indicates that once he takes his pain medication, he loses the ability to focus and concentrate and is unable to perform stress management techniques. Objective examination identifies depressed affect, but the patient is no longer tearful and seems more relaxed. Diagnoses include major depressive disorder and mental disorder due to chronic pain with physical limitations. Treatment plan recommends weekly psychotherapy for cognitive and behavioral skills as well as coping strategies and stress management techniques. The note indicates that withdrawal of treatment would put him at great risk for psychological decompensation. A urine drug screen dated 8/29/12 is negative for oxycodone, despite prescription of Percocet. A test dated 12/18/12 is also positive for cannabinoids. The physician's note indicates that the patient uses Percocet sparingly and marijuana medicinally. A progress report dated 11/18/13 indicates that the patient continues to have a significant amount of pain and stiffness in the lumbar spine and lower extremity. Objective findings identify pain and tenderness to palpation in the lumbar spine with decreased range of motion, brighter affect and mood, and slight constant limp. Diagnoses include status post lumbar laminectomy spinal fusion, lumbar degenerative disc disease, lumbar spine sprain/strain, depression and anxiety, and sacroiliac pain. The treatment plan states, that medications are the only pain management at the present. The note also indicates that physiotherapy therapy has been effective for this patient and he is participating in aquatic therapy 5 days a week for the past 4 years. Medications prescribed include Percocet 7.5/325 # 90 for pain, Lexapro 10 mg #30 tablets, nuvigil 150 mg #31 tablets and Zantac 300 mg #31. A progress

report dated 10/21/13 has similar subjective complaints, objective findings, and diagnoses. The note indicates that the prescriptions provided were identical to the 11/18/13 progress report with the exception of Nuvigil. A report dated 9/25/13 indicates that the patient's dyspepsia is adequately controlled as long as he utilizes Zantac daily. This condition was triggered by a combination of medications used to control his chronic pain and the anxiety/depression associated with such."

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) prescription of Percocet 7.5/325mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76-79.

Decision rationale: MTUS guidelines state that Percocet is an opiate pain medication and due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines also recommend discontinuing opioids if there is no documentation of improved function and pain. In this patient's case, the medical records submitted for review, do not show evidence that Percocet is improving the patient's function or pain. In addition, there is no documentation regarding side effects, and no discussion regarding aberrant use. Additionally, the patient has had numerous urine drug screens which have been negative for oxycodone, however the medication has been prescribed at 90 pills a month on a fairly consistent basis and it is unclear why the urine drug screen would be negative for oxycodone. In the absence of clarity regarding those issues, the request for Percocet is not medically necessary. The request for one (1) prescription of Percocet 7.5/325mg #90 is not medically necessary and appropriate.

One (1) prescription of Lexapro 10mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness and Stress section

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 107.

Decision rationale: MTUS guidelines state that selective serotonin reuptake inhibitors may have a role in treating secondary depression. Additionally, guidelines recommend follow-up evaluation with mental status examinations to identify whether depression is still present. Guidelines also indicate that a lack of response to antidepressant medications may indicate other underlying issues. In this patient's case, the medical records submitted for review, provide no evidence of any recent mental status examinations to determine a diagnosis of depression.

Additionally, there is no documentation indicating whether the patient has responded to the current Lexapro treatment. In the absence of clarity regarding those issues, the request for Lexapro is not medically necessary. The request for one (1) prescription of Lexapro 10mg #30 is not medically necessary and appropriate.

One (1) prescription of Zantac 150mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation "Gastroesophageal reflux disease (GERD)," University of Michigan Health System Ann Arbor MI, 2012 May, pg.12

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

Decision rationale: MTUS guidelines state that H2 Blockers are appropriate for the treatment of dyspepsia secondary to non-steroidal anti-inflammatory drug (NSAID) therapy or for patients at risk for gastrointestinal events with NSAID use. In this patient's case, the medical records submitted for review fail to indicate that the patient has complaints of dyspepsia secondary to NSAID use, a risk for gastrointestinal events with NSAID use. Additionally, the medical records indicate that the patient has dyspepsia from some of the medications provided to treat pain and depression, however it is unclear what medication is causing this patient dyspepsia complaints. Therefore, the current medical documentation provided does not support the ongoing medical necessity of the patient's medications. Therefore, the ongoing use of Zantac to treat dyspepsia related to the use of those medications would not be indicated. In light of the above issues, the currently requested Zantac is not medically necessary. The request for one (1) prescription of Zantac 150mg #60 is not medically necessary and appropriate.