MAXIMUS Federal Services

Case Number:	CM13-0041034		
Date Assigned:	12/20/2013	Date of Injury:	04/26/1990
Decision Date:	02/27/2014	UR Denial Date:	10/17/2013
Priority:	Standard	Application Received:	10/29/2013

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. The expert reviewer is Board Certified in Occupational Medicine 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 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/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 was injured on 4/26/1990. There is history of surgery for the left ankle and a lumbar laminectomy. The 10/5/13 report from [redacted], lists the diagnoses as lumbago, major depressive disorder recurrent, major depressive disorder moderate, and insomnia. The IMR application shows a dispute with the 10/17/13 UR decision on the lumbar ESI, use of bupropion, use of Effexor, use of OxyContin, use of Fentanyl patch 100mcg, the testosterone injection. The 10/17/13 report was from [redacted], and was based on the 10/5/13 medical report. [redacted] letterhead shows a [redacted] address, and expresses desire to assist the patient in getting an ESI, and medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Buproprion Hcl SR 100mg 1 po qd #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-80 of 127.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for Chronic Pain, Bupropion, Pain Outcomes and Endpoints Page(s): 8-9 of 127.

Decision rationale: I have been provided with medical reports from the [redacted], [redacted] from 1/10/13 through 11/26/13. The notes show he is using Bupropion, but there is no

reporting on efficacy of the medication. MTUS states "All therapies are focused on the goal of functional restoration rather than merely the elimination of pain and assessment of treatment efficacy is accomplished by reporting functional improvement." For continued use of Bupropion, the physician will need to document some functional improvement. Any documentation of improved pain, or function or improved quality of life would help with the MTUS reporting requirements. With the available information, the request is not in accordance with MTUS guidelines.

Effexor XR 150mg po qd #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Venlafaxine (EffexorÂ®).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for Chronic Pain, Pain Outcomes and Endpoints Page(s): 8-9 of 127.

Decision rationale: I have been provided with medical reports from the [redacted], [redacted]. [redacted], from 1/10/13 through 11/26/13. The notes show he was using Cymbalta through 2/7/13, and then started Effexor XR on 3/26/13. As noted above, there is no reporting on efficacy of the medication. MTUS states "All therapies are focused on the goal of functional restoration rather than merely the elimination of pain and assessment of treatment efficacy is accomplished by reporting functional improvement." For continued use of Effexor, the physician will need to document some functional improvement. Any documentation of improved pain, or function or improved quality of life would help with the MTUS reporting requirements. With the available information, the request is not in accordance with MTUS guidelines.

Oxycodone 15mg 1 po q4hrs #180: 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 Long-term Opioid use, Pain Outcomes and Endpoints. Page(s): 88-89, 8-9 of 127.

Decision rationale: The patient presents with low back pain, depression and insomnia. I have been provided with medical reports from the [redacted], from 1/10/13 through 11/26/13. The notes show he was using Oxycodone for this timeframe. As noted above, there is no reporting on efficacy of the medication. MTUS states "All therapies are focused on the goal of functional restoration rather than merely the elimination of pain and assessment of treatment efficacy is accomplished by reporting functional improvement." For continued use of Oxycodone, the physician will need to document some functional improvement. Any documentation of improved pain, or function or improved quality of life would help with the MTUS reporting requirements. With the available information, the request is not in accordance with MTUS guidelines. MTUS for chronic use of opioids states: "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." And a "Satisfactory response to treatment may be indicated by the

patient's decreased pain, increased level of function, or improved quality of life." The reporting requirements to support continued use of Oxycodone have not been met. The continued use of the medication is not in accordance with MTUS guidelines.

Fentanyl patch 100mcg 1 patch q 3 days: 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 Long-term Opioid use, Pain Outcomes and Endpoints Page(s): 88-89, 8-9 of 127.

Decision rationale: The patient presents with low back pain, depression and insomnia. I have been provided with medical reports from the [redacted], from 1/10/13 through 11/26/13. The notes show he was using fentanyl patches for this timeframe. As noted above, there is no reporting on efficacy of the medication. MTUS states "All therapies are focused on the goal of functional restoration rather than merely the elimination of pain and assessment of treatment efficacy is accomplished by reporting functional improvement." For continued use of fentanyl patches, the physician will need to document some functional improvement. Any documentation of improved pain, or function or improved quality of life would help with the MTUS reporting requirements. With the available information, the request is not in accordance with MTUS guidelines. MTUS for chronic use of opioids states: "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." And a "Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life" The reporting requirements to support continued use of Fentanyl have not been met. The continued use of the medication is not in accordance with MTUS guidelines.

Testosterone Injections 200mg/1cc IM q month: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 110-111.

Decision rationale: MTUS does support testosterone replacement in certain instances. MTUS states it is: "Recommended in limited circumstances for patients taking high-dose long-term opioids with documented low testosterone levels." The available medical reports do not document low testosterone levels, and there were no lab reports provided for this IMR. The request is not in accordance with MTUS guidelines.

A REPEAT LUMBAR EPIDURAL STEROID INJECTION (LESI): Upheld

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

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

Decision rationale: The medical reports from [redacted] show that the patient would like another ESI and [redacted]) would like to help him get it. [redacted] may not be aware of the CA workers compensation rules and regulations. Treatment must be based on MTUS guidelines. The MTUS criteria for an ESI is listed above. The eight (8) items must be met and documented in the progress notes for consideration. The reporting should specify the level of the injection and whether it is a transforaminal, intralaminar or caudal approach. The objective findings should include neurologic exam findings suggestive of radiculopathy, such as sensory changes in a dermatomal distribution, or root tension signs, weakness, or reflex changes. There should be MRI or electrodiagnostic studies that corroborate the exam findings. And in this particular case, where there was a prior ESI, the benefits should be documented on a numeric scale and the duration of the benefit should be documented, as MTUS requires 50% pain relief with reduction of medication usage for 6-8 weeks before considering a second injection. The available records do not provide a sensory or motor exam, and does not describe a dermatomal distribution, did not provide imaging reports or electrodiagnostic studies, and did not discuss outcome of the prior ESI. From the available reporting, the request for the ESI is not in accordance with CA MTUS guidelines.