

Case Number:	CM13-0062877		
Date Assigned:	12/30/2013	Date of Injury:	01/17/1995
Decision Date:	04/22/2014	UR Denial Date:	11/21/2013
Priority:	Standard	Application Received:	12/09/2013

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 Physical Medicine & Rehabilitation and is licensed to practice in Illinois. 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:

The patient is a 48-year-old male who reported an injury on January 17, 1995. The mechanism of injury was not provided for review. The patient ultimately underwent extensive lumbar spinal surgery with hardware placement and subsequent removal. The patient's chronic pain was managed with medications to include OxyContin, Provigil, AcipHex, Wellbutrin, Cymbalta, lorazepam, and Lorcet. The patient was monitored for aberrant behavior with urine drug screens. The patient's most recent clinical evaluation documented that the patient had compliance with no significant side effects with the medication usage. Physical findings included limited range of motion secondary to pain, with a negative straight leg-raising test bilaterally and moderate myofasciitis. The patient's diagnoses included post laminectomy syndrome of the lumbar spine, status post lumbar fusion, painful hardware removal, chronic opioid therapy for pain, and situational reactive depression secondary to pain. The patient's treatment recommendations included continuation of medications and psychiatric support.

IMR ISSUES, DECISIONS AND RATIONALES

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

OXYCONTIN 20MG, FOUR (4) TIMES A DAY: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76,78,80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-Going Management Page(s): 78.

Decision rationale: The requested OxyContin 20mg, four (4) times a day, is not medically necessary or appropriate. The California MTUS Guidelines recommend the continued use of opioids in the management of chronic pain to be supported by documentation of functional benefit, a quantitative assessment of pain relief, managed side effects, and evidence that the patient is monitored for aberrant behavior. The clinical documentation submitted for review does support that the patient is monitored for aberrant behavior without any evidence of noncompliance or significant side effects with medication usage. The clinical documentation also indicates that the patient has been on this medication since at least April 2013. However, the documentation consistently fails to provide any evidence of a quantitative assessment of pain relief or documentation of functional benefit related to medication usage. Therefore, continued use of this medication would not be supported. As such, the requested OxyContin 20mg is not medically necessary or appropriate.

PROVIGIL 200MG, ONE (1) TO TWO (2) TIMES PER DAY: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Modafinil (Provigil®).

Decision rationale: The requested Provigil 200mg, one (1) to two (2) times per day, is not medically necessary or appropriate. The California MTUS Guidelines do not address this medication. The Official Disability Guidelines recommend this medication to promote wakefulness and counteract sedation effects of narcotics. The clinical documentation submitted for review states that the patient does not have any significant side effects related to medication usage. Therefore, the need for this medication is not clearly established within the submitted documentation. As such, the requested Provigil 200mg is not medically necessary or appropriate.

ACIPHEX 20MG DAILY: 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 NSAIDs, GI symptoms & cardiovascular risk Page(s): 68.

Decision rationale: The requested AcipHex, 20mg daily, is not medically necessary or appropriate. The California MTUS Guidelines recommend gastrointestinal protectants for patients who are at risk for developing gastrointestinal disturbances related to medication usage. The patient's most recent clinical evaluation does not provide an adequate assessment of the patient's gastrointestinal system to support that they are at risk for developing gastrointestinal

events related to medication usage. Although the clinical documentation indicates that the patient has been on this medication since at least April 2013, there is no documentation of symptom relief related to this medication. Therefore, continued use is not supported. As such, the requested AcipHex, 20mg daily, is not medically necessary or appropriate.

WELLBUTRIN SR, 200MG ONCE PER DAY: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic Pain and Antidepressants for chronic pain Page(s): 60,13.

Decision rationale: The requested Wellbutrin 200mg daily is not medically necessary or appropriate. The California MTUS Guidelines do recommend the use of antidepressants in the management of a patient's chronic pain. However, the California MTUS Guidelines recommend the continued use of medications in the management of chronic pain be supported by documentation of functional benefit and evidence of pain relief. The clinical documentation submitted for review indicates that the patient has been on this medication since at least April 2013. The clinical documentation submitted for review does not provide any evidence of significant functional benefit or pain relief as a result of the patient's medication usage. Therefore, continued use would not be supported. As such, the requested Wellbutrin SR 200mg daily is not medically necessary or appropriate.

LORAZEPAM 1MG TWO (2) TIMES PER DAY: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 23.

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

Decision rationale: The requested lorazepam 1mg twice a day is not medically necessary or appropriate. The clinical documentation submitted for review does indicate that the patient has been on this medication since at least April 2013. The California MTUS Guidelines do not support the use of benzodiazepines for extended durations of treatment, but recommends the duration of treatment be limited to four (4) weeks. As the clinical documentation does indicate that the patient has been on this medication for longer than four (4) weeks, continued use would not be appropriate. There are no exceptional factors noted within the documentation to support extending treatment beyond guideline recommendations. As such, the requested lorazepam 1mg two (2) times per day is not medically necessary or appropriate.

LORCET 10/650MG FOUR (4) TIMES A DAY: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76, 78, 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management Page(s): 78.

Decision rationale: The requested Lorcet 10/650mg four (4) times a day is not medically necessary or appropriate. The California MTUS Guidelines recommends the continued use of opioids in the management of chronic pain be supported by documentation of functional benefit, a quantitative assessment of pain relief, managed side effects, and evidence that the patient is monitored for aberrant behavior. The clinical documentation submitted for review does support that the patient is monitored for aberrant behavior without any evidence of noncompliance or significant side effects with medication usage. The clinical documentation submitted for review does indicate that the patient has been on this medication since at least April 2013. However, documentation consistently fails to provide any evidence of a quantitative assessment of pain relief or documentation of functional benefit related to medication usage. Therefore, continued use of this medication would not be supported. As such, the requested Lorcet 10/650mg is not medically necessary or appropriate.

CYMBALTA 30MG, TWO (2) TIMES PER DAY:

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43.

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

Decision rationale: The California MTUS Guidelines state antidepressants are recommended as a first-line option for neuropathic pain and as a possibility for non-neuropathic pain. Cymbalta is FDA-approved for anxiety, depression, diabetic neuropathy, and fibromyalgia. It is also used off-label for neuropathic pain and radiculopathy. As per the documentation submitted, the patient has utilized Cymbalta 30mg two (2) times per day since at least April 2013. Despite ongoing use of this medication, the patient continues to report severe lower back, buttock, and leg pain. The patient also reported a severe increase in depression symptoms. Without evidence of objective functional improvement as a result of the ongoing use of this medication, continuation cannot be determined as medically appropriate. Therefore, the request is non-certified