

Case Number:	CM14-0007309		
Date Assigned:	02/07/2014	Date of Injury:	04/04/1974
Decision Date:	08/05/2014	UR Denial Date:	12/31/2013
Priority:	Standard	Application Received:	01/20/2014

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 Internal 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 patient is a 66-year-old male who has submitted a claim for chronic pain syndrome, chronic discogenic pain syndrome and secondary myofascial syndrome associated with an industrial injury date of 4/4/1974. The medical records from 2012-2013 were reviewed which revealed persistent low back and right hip pain rated 4/10. Sleep was 8 hours per night. He experienced breakthrough pain and paralumbar spasm mostly noted on the right leg. The Jay index was measured at 75/100 indicating excellent quality of life in spite of his intractable pain syndrome. Physical examination showed tightness over the cervical spine. Lumbar examination revealed trigger points in the bilateral gluteus medius and piriformis groups. The treatment to date has included 5 lumbar surgeries, trigger point injections and toradol injections. Medications taken are Trazodone, Lexapro, Celebrex, Lyrica, Prilosec, Norco, Fish Oil, Sodium Bicarbonate, Altace, Potassium Chloride, Doxepin and Klonopin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prescription of Butrans Patch 5mg, #4: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Buprenorphine Page(s): 26-27.

Decision rationale: As stated on pages 26-27 of the California MTUS Chronic Pain Medical Treatment Guidelines, Buprenorphine is recommended for treatment of opiate addiction. In this case, the patient's medical records mentioned that he was compliant with his intake of opioids and no adverse effect was noted. However, the progress report dated 12/9/13 mentioned that a trial of Butrans will help the patient decrease opioid use for his breakthrough pain. In addition, Butrans can be beneficial in decreasing his trigger point injections. The medical necessity has been established. Therefore, the request for prescription of Butrans Patch 5mg, #4 is medically necessary.

Lexapro: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Selective serotonin reuptake inhibitors (SSRIs) Page(s): 16.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that SSRIs are controversial based on controlled trials. It has been suggested that the main role of SSRIs may be in addressing psychological symptoms associated with chronic pain. More information is needed regarding the role of SSRIs and pain. There is documentation that the patient suffers from emotional factors. However, it is unclear what type of emotional factors he has been experiencing and what the correlation is with his chronic pain. In addition, the strength and quantity of Lexapro were not noted in this request. Therefore, the request for Lexapro is not medically necessary.

Doxepin: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for Chronic Pain Page(s): 13-14. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter - Antidepressants.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that antidepressants are recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. In addition, the Official Disability Guidelines identify that anxiety medications in chronic pain are recommended for diagnosing and controlling anxiety as an important part of chronic pain treatment. It is unclear what Doxepin is being used for in this patient. There was no documentation of a neuropathic component to the patient's pain according to the reports reviewed. In addition, there is no documentation that the patient is suffering from an anxiety

disorder. Furthermore, the dose and quantity of Doxepin was not noted in this request. Therefore, the request for Doxepin was not medically necessary.