

Case Number:	CM14-0007314		
Date Assigned:	02/10/2014	Date of Injury:	10/21/2002
Decision Date:	06/27/2014	UR Denial Date:	12/26/2013
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 Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Ohio. 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 injured worker is a 59 year old male with an injury reported on 10/21/2002. The mechanism of injury was not provided within the clinical notes. The clinical note dated 01/31/2014 reported that the injured worker complained of constant, sharp, aching back pain. Upon physical examination the injured worker had diffuse muscle spasm and tenderness to lumbosacral area. A positive straight leg raise while sitting was noted bilaterally. The injured worker's prescribed medication list included celebrex, lexapro, neurontin, and methadone. The injured worker's diagnoses included lumbar radiculopathy, lumbar discogenic spine pain, lumbar facet arthropathy, sprain/strain to lumbar region. The provider requested methadone hcl 10mg to maintain good pain control and function; lexapro 20mg, rationale not provided; and celebrex 200mg which helps allow the injured worker to continue to working. The request for authorization was submitted on 01/09/2014. The injured worker's prior treatments included nerve block injections, home exercise program, moist heat, and stretches.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE (1) PRESCRIPTION OF METHADONE HCL 10 MG #120: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM, ,

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Methadone, page 61 & Opioids, dosing Page(s): 86.

Decision rationale: The request for one prescription of methadone hcl 10mg #120 is not medically necessary or appropriate. The injured worker complained of constant, sharp, aching back pain. The injured worker's prescribed medication list included celebrex, lexapro, neurontin, and methadone. The provider requested methadone hcl 10mg to maintain good pain control and function. The California Medical Treatment Utilization Schedule guidelines recommend methadone as a second-line drug for moderate to severe pain if the potential benefit outweighs the risk. The requesting provider did not specify the utilization frequency of the medication being requested. It was noted in the clinical documentation provided the injured worker uses methadone hcl 10mg tabs with a max of four tablets per day. The guidelines recommend that dosing not exceed 120 mg oral morphine equivalents per day, and for patients taking more than one opioid, the morphine equivalent doses of the different opioids must be added together to determine the cumulative dose. A total of 40mg of methadone per day is a daily morphine equivalent dose of 320 MED, which exceeds the guidelines recommended 120mg morphine equivalent dose (MED). Therefore, the request is not medically necessary or appropriate.

ONE PRESCRIPTION OF LEXAPRO 20 MG #60 WITH ONE (1) REFILL: 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 Chronic Pain Medical Treatment Guidelines, Antidepressants for chronic pain Page(s): 13. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness & Stress, Escitalopram (Lexapro).

Decision rationale: The request for one prescription of lexapro 20mg #60 with (1) refill is not medically necessary or appropriate. The injured worker complained of constant, sharp, aching back pain. The injured worker's prescribed medication list included celebrex, lexapro, neurontin, and methadone. The provider requested lexapro 20mg, the rationale was not provided. The California Medical Treatment Utilization Schedule (MTUS) recommend antidepressants for chronic pain as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. Tricyclics are generally considered a first-line agent unless they are ineffective, poorly tolerated, or contraindicated. Analgesia generally occurs within a few days to a week, whereas antidepressant effect takes longer to occur. Assessment of treatment efficacy should include not only pain outcomes, but also an evaluation of function, changes in use of other analgesic medication, sleep quality and duration, and psychological assessment. There are specific side effects consisting of excessive sedation (especially that which would affect work performance) which should be assessed. The Official Disability Guidelines Recommend Lexapro as a first-line treatment option for major depressive disorder. The rationale for lexapro was not provided. There is a lack of information provided documenting the efficacy of lexapro as evidenced by decreased pain, mood and behavior, and significant objective functional improvements. Furthermore, the requesting provider did not specify the utilization frequency of the medication being requested. Therefore, the request is not medically necessary or appropriate.

ONE (1) PRESCRIPTION OF CELEBREX 200 MG #30 WITH FIVE (5) REFILLS:
Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM, ,

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Celebrex Page(s): 30.

Decision rationale: The request for one prescription of celebrex 200mg # 30 with (5) refills is not medically necessary or appropriate. The injured worker complained of constant, sharp, aching back pain. The injured worker's prescribed medication list included celebrex, lexapro, neurontin, and methadone. The provider requested celebrex 200mg which is helpful in allowing the injured worker to continue to working. The California Medical Treatment Utilization Schedule (MTUS) recognize Celebrex as a non-steroidal anti-inflammatory drug (NSAID) that is a COX-2 selective inhibitor, a drug that directly targets COX-2, an enzyme responsible for inflammation and pain. The provided indicated Celebrex is helpful in allowing the injured worker to continue working; however, the requesting provider did not specify the utilization frequency of the medication being requested. Furthermore, 5 refills is excessive without continued documentation of the efficacy to the injured worker's ongoing pain. Therefore, the request is not medically necessary or appropriate.