MAXIMUS Federal Services

Case Number:	CM14-0018572		
Date Assigned:	04/18/2014	Date of Injury:	12/29/2008
Decision Date:	06/30/2014	UR Denial Date:	02/04/2014
Priority:	Standard	Application Received:	02/13/2014

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 Anesthesiologist, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 51-year-old female who reported an injury on 12/29/2008. The mechanism of injury was not provided. The injured worker's medication history included Voltaren 75 mg, Voltaren 1% topical gel, Zanaflex 4 mg, Roxycodone 15 mg and Percocet 10/325 mg as of 2013. The documentation indicated the injured worker was monitored for aberrant drug behavior and side effects. The documentation of 01/28/2014 revealed the injured worker had increased pain, even with OxyContin. The injured worker's diagnoses were other pain disorder related psychological factors; lower knee/lower leg degenerative disc disease, and arthritis. It was indicated as the injured worker had no benefit from OxyContin; the request was for a fentanyl patch at 50 mcg per hour every 72 hours #10. If the fentanyl did not work, the injured worker would try methadone, and because of increased stress and depression, the physician would start the injured worker on Lexapro at 10 mg and the next visit would go up to 20 mg. The treatment plan additionally included more pain psychology sessions and a visit with an orthopedic surgeon.

IMR ISSUES, DECISIONS AND RATIONALES

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

FENTANYL 50MCG, #10: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, OPIOIDS,

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, DURAGESIC (FENTANYL), ONGOING MANAGEMENT, 44, 78

Decision rationale: California MTUS guidelines indicate that Duragesic (fentanyl) is not recommended as a first-line therapy. The FDA-approved product labeling states that Duragesic is indicated in the management of chronic pain in patients who require continuous opioid analgesia for pain that cannot be managed by other means. The clinical documentation submitted for review indicated the injured worker had failed OxyContin. There was a lack of documentation however indicating the injured worker's pain could not be managed by other methods. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for fentanyl 50 mcg #10 is not medically necessary.

OXYCODONE 15MG, #120: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, OPIOIDS,

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, MEDICATIONS FOR CHRONIC PAIN, ONGOING MANAGEMENT, OPIOID DOSING, 60, 78, 86

Decision rationale: The California MTUS Guidelines recommend opiates for the treatment of chronic pain. There should be documentation of objective functional improvement, and an objective decrease in pain. There should be documentation the injured worker is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review indicated the injured worker had been utilizing the medication for more than 6 months. There was documentation the injured worker was being monitored for aberrant drug behavior and side effects. There was a lack of documentation of objective functional benefit and an objective decrease in pain. The request as submitted failed to indicate the frequency for the requested medications. Given the above, the request for oxycodone 15 mg #120 is not medically necessary.

LEXAPRO 10MG, #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, ANTIDEPRESSANTS FOR CHRONIC PAIN,

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, ANTIDEPRESSANTS, 13

Decision rationale: The California MTUS Guidelines recommend antidepressant as a first-line medication for the treatment of neuropathic pain and they are recommended especially if the pain is accompanied by insomnia, anxiety, or depression. There should be documentation of objective decrease in pain and objective functional improvement. The clinical documentation submitted for review indicated this was an original prescription. The request as submitted failed to indicate the frequency for the requested medication. The clinical documentation indicated the injured worker had increased stress and depression. The request would be supported however there was a lack of frequency documented. Given the above, the request for Lexapro 10 mg #30 is not medically necessary.