

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM14-0019256 | | |
| Date Assigned: | 04/21/2014 | Date of Injury: | 01/25/1993 |
| Decision Date: | 07/10/2014 | UR Denial Date: | 01/23/2014 |
| Priority: | Standard | Application Received: | 02/14/2014 |

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 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:

The injured worker is a 55-year-old female who reported an injury on 01/25/1993. The mechanism of injury was not provided. The injured worker's medication history included morphine sulfate, Lexapro 10 mg, Ambien 10 mg, Provigil as needed and Soma 350 mg as well as Mobic 1 tablet since 11/22/2013. The documentation of 01/08/2014 revealed the injured worker had continuing low back pain with referral into the bilateral lower extremities. The documentation indicated the injured worker reported a pain level of 10/10 without medications and 6/10 to 7/10 with pain medications. The injured worker indicated she had an improvement in functional status additionally. The documentation indicated the injured worker was taking Lexapro for depression as it was recommended by the California MTUS Guidelines. The Ambien was recommended for sleep. Provigil was being provided to prevent sleepiness from pain medications enabling the injured worker to function during the day. The injured worker was taking Soma 350 mg and Mobic 1 tablet per day. The diagnoses included lumbar radiculopathy, low back pain, and lumbar degenerative disc disease, status post lumbar spine fusion of L4-5, failed back surgery syndrome of the lumbar region, fibromyalgia, bilateral TMJ disorder and depression due to chronic pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

LEXAPRO 10MG, #30 WITH 2 REFILLS: Upheld

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

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

Decision rationale: The California MTUS Guidelines recommend antidepressants as a first line medication for the treatment of neuropathic pain and they recommend it especially if the pain is accompanied by insomnia, anxiety or depression. There should be documentation of an objective decrease in pain and objective functional improvement. The duration of use per the supplied documentation was 2 months. The clinical documentation submitted for review indicated the injured worker was utilizing the medication for depression. There was a lack of documentation of efficacy for the requested medication. There was a lack of documentation indicating a necessity for 2 refills without re-evaluation. The request, as submitted, failed to indicate the frequency for the requested medication. Given the above, the request for Lexapro 10mg, #30 with 2 refills is not medically necessary.

PERCOCET 10/325MG, #180 WITH 2 REFILLS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain; ongoing management; opioid dosing Page(s): 60; 78; 86.

Decision rationale: The California MTUS Guidelines recommend opiates for the treatment of chronic pain. There should be documentation of an objective improvement in function, an objective decrease in pain and evidence the injured worker is being monitored for aberrant drug behavior and side effects. The cumulative dosing of all opiates should not exceed 120 mg of oral morphine equivalents per day. The clinical documentation submitted for review indicated the injured worker had an objective decrease in pain and there was documentation the injured worker was being monitored for aberrant drug behavior. The duration of use per the supplied documentation was 2 months. There was a lack of documentation of objective functional improvement and documentation of side effects. The cumulative dosing would be 150 mg, which exceeds the 120 mg of oral morphine equivalents per day that are recommended. The clinical documentation failed to indicate a necessity for 2 refills without re-evaluation. There was a lack of documented frequency per the submitted request. Given the above, the request for Percocet 10/325mg, #180 with 2 refills is not medically necessary.

MS CONTIN 30MG, #90 WITH 2 REFILLS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain; ongoing management; opioid dosing Page(s): 60; 78; 86.

Decision rationale: The California MTUS Guidelines recommend opiates for the treatment of chronic pain. There should be documentation of an objective improvement in function, an objective decrease in pain and evidence the injured worker is being monitored for aberrant drug behavior and side effects. The cumulative dosing of all opiates should not exceed 120 mg of oral morphine equivalents per day. The clinical documentation submitted for review indicated the injured worker had an objective decrease in pain and there was documentation the injured worker was being monitored for aberrant drug behavior. The duration of use per the supplied documentation was 2 months. However, there was a lack of documentation of objective functional improvement and documentation of side effects. The cumulative dosing would be 150 mg, which exceeds the 120 mg of oral morphine equivalents per day that are recommended. The clinical documentation failed to indicate a necessity for 2 refills without re-evaluation. There was a lack of documented frequency per the submitted request. Given the above, the request for MS Contin 30mg, #90 with 2 refills is not medically necessary.

PROVIGIL 200MG, #30 WITH 2 REFILLS: Upheld

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

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, Provigil (modafinil).

Decision rationale: The Official Disability Guidelines indicate that Provigil is Modafinil and is currently approved by the FDA for the treatment of narcolepsy. Prescribers using Provigil for the sedation effects of opiates should consider reducing the dose of opiates before adding a stimulant. The clinical documentation submitted for review indicated the duration of use was 2 months. There was a lack of documented efficacy of the requested medication. It was indicated the medication was being utilized for the side effects of opiates. There was a lack of documentation indicating a necessity for 2 refills without re-evaluation. There was a lack of documented efficacy for the requested medication. The request, as submitted, failed to indicate the frequency for the requested medication. Given the above, the request for Provigil 200mg, #30 with 2 refills is not medically necessary.

SOMA 350MG, #90 WITH 2 REFILLS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

Decision rationale: The California MTUS Guidelines recommend muscle relaxants as a second line option for the short-term treatment of acute low back pain and their use is recommended for less than 3 weeks. There should be documentation of objective functional improvement. The

clinical documentation submitted for review indicated the injured worker had been utilizing the medication for greater than 2 months. There was a lack of documentation of objective functional benefit. The clinical documentation failed to indicate a documented rationale for 2 refills without re-evaluation. The request, as submitted, failed to indicate the frequency for the requested medication. Given the above, the request for Soma 350mg, #90 with 2 refills is not medically necessary.

MOBIC 15MG, #30 WITH 2 REFILLS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67.

Decision rationale: The California MTUS Guidelines recommend NSAIDs for the short-term symptomatic relief of low back pain. It is generally recommended that the lowest effective dose be used for all NSAIDs for the shortest duration of time consistent with the individual patient treatment goals. There should be documentation of objective functional improvement and an objective decrease in pain. The clinical documentation submitted for review indicated the injured worker had an objective decrease in pain; however, there was a lack of documentation of objective functional improvement. The clinical documentation indicated the injured worker had been utilizing the medication for greater than 2 months. There was a lack of documentation indicating a necessity for 2 refills without re-evaluation. The request, as submitted, failed to indicate the frequency for the requested medication. Given the above, the request for Mobic 15mg, #30 with 2 refills is not medically necessary.