MAXIMUS Federal Services

Case Number:	CM14-0110506		
Date Assigned:	09/19/2014	Date of Injury:	06/27/2003
Decision Date:	10/21/2014	UR Denial Date:	06/27/2014
Priority:	Standard	Application Received:	07/15/2014

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 Anesthesiology, 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 55-year-old male, who reported an injury due to twisting on 06/27/2003. On 06/10/2014, his diagnoses included lumbar radiculopathy, post lumbar laminectomy syndrome, thoracic or lumbar disc displacement without myelopathy, and spinal/lumbar degenerative disc disease. His complaints included back pain radiating down both legs. His medications included Colace 100 mg, Senokot 187 mg, gabapentin 800 mg, Lexapro 20 mg, Opana ER 30 mg, and Norco 10/325. Regarding his Lexapro, it was noted that he had been taking Lexapro for many years. He was previously on Cymbalta. He was having severe anxiety attacks and did not sleep for many days. He felt that Lexapro helped his mood and anxiety. He continued to have poor sleep, but it was improved with Lexapro and he discontinued his other sleep aids. Regarding his Norco and Opana, he stated that they helped him decrease his pain over 80% throughout the day. With the medicine, he was able to sleep 4 to 6 hours versus 0 to 1 hour without the medicine. He was able to stand for 10 to 15 minutes with the medication versus 1 to 5 minutes without it. He was able to walk for 20 minutes with the medication versus 5 minutes without it. He stated that the Norco reduced his pain from 9/10 to 6/10. The rationale for the Senokot was for opiate induced constipation. The Lexapro was for treatment of depression secondary to coping with his chronic pain. There was no Request for Authorization included in this injured worker's chart.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lexapro 20mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 398-404. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental & Stress, Antidepressants.

Decision rationale: The request for Lexapro 20mg #60 is not medically necessary. The California ACOEM Guidelines recommend that brief courses of antidepressants may be helpful to alleviate symptoms of depression. Antidepressants have many side effects and can result in decreased work performance or mania. Incorrect diagnosis of depression is the most common reason antidepressants are ineffective. The Official Disability Guidelines recommend antidepressants, although not generally as a standalone treatment. Antidepressants have been found to be useful in treating depression, including depression in physically ill patients. Antidepressants plus psychotherapy, was found to be more effective than psychotherapy alone. Antidepressants offer significant benefit in the treatment of severe depressive symptoms, but may have little or no therapeutic benefit over and above placebo in patients with mild to moderate depression. There was no evidence in the submitted documentation that this injured worker had ever been evaluated or assessed by a psychiatrist or a psychologist. Additionally, there was no evidence that he was participating in any type of individual and/or group psychotherapy. Additionally, the request did not include frequency of administration. The clinical information submitted failed to meet the evidence based guidelines for antidepressant therapy. Therefore, this request for Lexapro 20mg #60 is not medically necessary.

Senokot 187mg #60 with 3 refills: 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 Opioids Page(s): 77-78.

Decision rationale: The request for Senokot 187mg #60 with 3 refills is not medically necessary. The California MTUS Guidelines recommend that ongoing review of opioids should include documentation of pain relief, functional status, appropriate medication use, and side effects. The physician should discuss the risks and benefits of the use of controlled substances and other treatment modalities with the patient. Long term users of opiates, those using it for 6 months or more, should have documentation of adverse effects including constipation. The need for a laxative was not clearly demonstrated in the submitted documentation. Additionally, there was no frequency of administration included with the request. Therefore, this request for Senokot 187mg #60 with 3 refills is not medically necessary.

Norco 10/325mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-95.

Decision rationale: The request for Norco 10/325mg #120 is not medically necessary. The California MTUS Guidelines recommend ongoing review of opioid use, including documentation of pain relief, functional status, appropriate medication use, and side effects. Information from family members or other caregivers should be considered in determining the patient's response to treatment. In most cases, analgesic treatment should begin with acetaminophen, aspirin, or NSAIDs. Long term use may result in immunological or endocrine problems. There was no documentation in the submitted chart regarding appropriate long term evaluations, including failed trials of NSAIDs, aspirin, or acetaminophen, or collateral contacts. Additionally, there was no frequency of administration specified in the request. Since this injured worker was taking more than 1 opioid medication, without the frequency, the morphine equivalency dosage could not be calculated. Therefore, this request for Norco 10/325mg #120 is not medically necessary.

Opana ER 30mg #60: 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 Opioids Page(s): 74-95.

Decision rationale: The request for Opana ER 30mg #60 is not medically necessary. The California MTUS Guidelines recommend ongoing review of opioid use, including documentation of pain relief, functional status, appropriate medication use, and side effects. Information from family members or other caregivers should be considered in determining the patient's response to treatment. In most cases, analgesic treatment should begin with acetaminophen, aspirin, or NSAIDs. Long term use may result in immunological or endocrine problems. There was no documentation in the submitted chart regarding appropriate long term evaluations, including failed trials of NSAIDs, aspirin, or acetaminophen, or collateral contacts. Additionally, there was no frequency of administration specified in the request. Since this injured worker was taking more than 1 opioid medication, without the frequency, the morphine equivalency dosage could not be calculated. Therefore, this request for Opana ER 30mg #60 is not medically necessary.