

Case Number:	CM14-0122422		
Date Assigned:	08/06/2014	Date of Injury:	11/12/2012
Decision Date:	09/16/2014	UR Denial Date:	07/21/2014
Priority:	Standard	Application Received:	08/04/2014

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 and Rehabilitation and is licensed to practice in Texas. 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 32-year-old male with a reported date of injury on 11/12/2012. The injury reportedly occurred when the injured worker was lifting a tank. His diagnoses were noted to include lumbar region strain, low back pain, lumbar disc pain, and lumbar disc herniation with radiculopathy to L5-S1, lumbar radiculopathy to L5-S1, reactive depression, chronic pain syndrome, and anxiety. His previous treatments were noted to include medications and home-based therapy. The progress note dated 07/02/2014 revealed the injured worker complained of low back pain and impaired mobility. The injured worker reported he was having more tightness and stiffness and he needed to do something that would help him get stronger and more flexible. The injured worker indicated the medications he was on were providing pain relief and allowing him to perform functional activities of daily living. He felt that he would not be able to do anything without the medications. The injured worker revealed his pain was rated 7/10 with pain medications and 10/10 without medications. The physical examination reveals no evidence of over-medication or sedation. The physical examination of the lumbar spine revealed motor strength rated 4+/5 to the left lower extremity and 5-/5 to the right lower extremity secondary to pain. The deep tendon reflexes were diminished at the Achilles bilaterally, but sensation was intact. The sciatic notches were painful to palpation as well as the sacroiliac joints. There was tenderness noted over the lumbar paraspinals without myofascial restrictions and muscle spasms. The range of motion was limited on all planes secondary to pain and there was a positive straight leg test noted. The Request for Authorization Form was not submitted within the medical records. The request was for Norco 10/325 mg #120 for breakthrough pain, OxyContin 60 mg 1 every 12 hours #60 for pain, and Seroquel 100 mg at night for anxiety and depression.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-going Management Page(s): 78. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Opioids MED calculator.

Decision rationale: The request for Norco 10/325mg #120 is not medically necessary. The injured worker has been utilizing this medication since at least 01/2014. According to the California Chronic Pain Medical Treatment Guidelines, the ongoing use of opioid medications may be supported with detailed documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines also state that the 4 A's for ongoing monitoring, including analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors, should be addressed. The injured worker indicated his pain was rated 7/10 with pain medications and 10/10 without medications. The injured worker indicated the pain medications helped him to increase function such as increasing his activities of daily living with the medications. The documentation provided indicated there was no evidence of over-medication, and the injured worker reported no side effects. There was a urine drug screen performed on 07/02/2014, which was consistent with therapy. Therefore, due to the evidence of significant pain relief, increased function, absence of adverse effects, and details regarding the urine drug screen being consistent with therapy, the ongoing use of opioid medications is supported by the guidelines. However, the request failed to provide the frequency at which this medication is to be utilized. The opioid MED calculator reveals the combination of Norco and OxyContin exceeds the guideline recommendations of 100 morphine equivalent doses. Therefore, the request is not medically necessary.

Seroquel 100mg #30: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness and Stress, Atypical Antipsychotics.

Decision rationale: The request for Seroquel 100mg #30 is not medically necessary. The injured worker has been utilizing this medication for depression and anxiety. The Official Disability Guidelines do not recommend atypical antipsychotics as a first line treatment. There is insufficient evidence to recommend atypical antipsychotics for conditions covered in the Official Disability Guidelines. Adding an atypical antipsychotic to an antidepressant provides limited improvement in depressive symptoms in adults, new research suggests. The meta-analysis also shows the benefits of antipsychotics in terms of quality of life and improved functioning are

small to non-existent, and there is abundant evidence of potential treatment-related harm. The guidelines state antipsychotics should be far down on the list of medications to be used for insomnia, yet there are many prescribers using Seroquel for instance as a first line for sleep, and there is no good evidence to support this. Antipsychotic drugs are commonly prescribed off label for a number of disorders outside their FDA approved indications, which are schizophrenia and bipolar disorder. The guidelines recommend the off label use of these drugs in people over 40 should be short term, and undertaken with caution. The injured worker has a history of anxiety and depression; however, the guidelines do not recommend atypical antipsychotics. The guidelines state there is no good evidence to support the use of atypical antipsychotics for insomnia. Additionally, the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request is not medically necessary.

Oxycontin 60mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-going management Page(s): 78. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Opioid MED calculator.

Decision rationale: The request for Oxycontin 60mg #60 is not medically necessary. The injured worker has been utilizing this medication since at least 01/2014. According to the California Chronic Pain Medical Treatment Guidelines, the ongoing use of opioid medications may be supported with detailed documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines also state that the 4 A's for ongoing monitoring, including analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors, should be addressed. The injured worker indicated his pain was rated 7/10 with pain medications and 10/10 without medications. The injured worker indicated the pain medications helped him to increase function such as increasing his activities of daily living with the medications. The documentation provided indicated there was no evidence of over-medication, and the injured worker reported no side effects. There was a urine drug screen performed on 07/02/2014, which was consistent with therapy. Therefore, due to the evidence of significant pain relief, increased function, absence of adverse effects, and details regarding the urine drug screen being consistent with therapy, the ongoing use of opioid medications is supported by the guidelines. However, the request failed to provide the frequency at which this medication is to be utilized. The opioid MED calculator reveals the combination of Norco and OxyContin exceeds the guideline recommendations of 100 morphine equivalent doses. Therefore, the request is not medically necessary.