

Case Number:	CM14-0123617		
Date Assigned:	08/08/2014	Date of Injury:	10/16/1998
Decision Date:	11/04/2014	UR Denial Date:	07/30/2014
Priority:	Standard	Application Received:	08/05/2014

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, has a subspecialty in Pain Medicine, 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 45-year-old male who was reportedly injured on October 16, 1998. The mechanism of injury is a reported fall from a ladder with a resulting traumatic brain injury/head injury. Surgical intervention was required. The most recent progress note dated July 22, 2014, indicated that there were ongoing complaints of low back pain. The physical examination demonstrated tenderness to lumbar spine and facet joints, decreased lumbar flexion, extension, and lateral bending and atrophy of the lower extremity muscles. No recent diagnostic imaging studies available for review. Urine drug screen dated April 1, 2014 was positive for Oxycodone and Oxymorphone. Diagnoses were lumbago, traumatic brain injury, and paraplegia. Previous treatment included Cymbalta, Oxycodone, Ambien, Xanax, OxyContin, Silenor, Deplin, and Neurontin. A request was made for Oxycodone 30 mg #180, OxyContin 30 mg #390, Silenor 6 mg #30 with 3 refills, and Cymbalta 60 mg #30 with 3 refills, which were not medically necessary in the utilization review on July 30, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone 30mg #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74, 78, 93.

Decision rationale: The progress note dated April 1, 2014 noted comorbidities of hypertension, hyperlipidemia, diabetes, and hypercholesterolemia. The pain level described is 10/10. The May 6, 2014 note indicated a 14-year history of paraplegia. A Foley catheter was required for urinary control. As outlined in the MTUS, the management of opiate medications should include the lowest possible dose to improve pain and function, as well as the ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The claimant suffers from chronic low back pain since a work-related injury in 1998; however, there is no clinical documentation of improvement in the pain (and level so described is 10/10) or function with the current regimen. Functionally, a regression has occurred as less time is reported in a wheelchair and more time in bed. The information presented does not support the continued use of this medication. This request is not medically necessary.

Oxycontin 30mg #390: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 75, 78, 92, 97.

Decision rationale: MTUS treatment guidelines support long-acting opiates in the management of chronic pain when continuous around-the-clock analgesia is needed for an extended period. There are no recent progress notes discussing the efficacy or utility of the medication and the concern was with the urinary erosion around the catheter. Management of opiate medications should include the lowest possible dose to improve pain and function, as well as the ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. None of this information was presented in the progress notes reviewed. The claimant suffers from chronic low back pain; however, there is no documentation of improvement in the pain level or function with the current treatment regimen. Furthermore, the medical records indicate that the claimant is taking narcotic medications on a regular basis and not on an as needed basis as prescribed. Accordingly, the clinical information presented for review does not support the medical necessity for ongoing uses medication.

Silenor 6mg #30 with 3 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: Pain Chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13-15.

Decision rationale: MTUS guidelines support the use of tricyclic antidepressants in chronic pain management and consider Tricyclic's Antidepressants as a first-line option in the treatment on

neuropathic pain. Silenor (doxepin) is a Tricyclic Antidepressant medication used to treat depression, anxiety disorders, and insomnia. However, there is no narrative presented outlining why this medication is being used. It is understood that there is a long history paraplegia, and chronic pain. It is also understood that were previously hygiene issues and necessity in addressing chronic pain. What is missing from these progress notes is a thorough discussion of the clinical indication for this medication and the efficacy it is having. As such, when noting the significant side effect profile with the use of this medication and a complete lack of any discussion as to its utility, there is no medical necessity established for the continued uses preparation.

Cymbalta 60mg delayed release #30 with 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43, 105.

Decision rationale: MTUS treatment guidelines support Cymbalta as a first-line treatment option for neuropathic pain, especially if Tricyclic Anti-Depressants are ineffective, poorly tolerated or contraindicated. A review of the available medical records, documents chronic low back pain after a work-related injury in 1998. The progress note focuses on the neurologic situation relative to the indwelling catheter. Additionally, there is no clinical data presented suggesting that there is a medical necessity for the continued use this medication. With this, the request is not medically necessary.