

Case Number:	CM14-0170632		
Date Assigned:	10/23/2014	Date of Injury:	01/10/1994
Decision Date:	11/21/2014	UR Denial Date:	09/16/2014
Priority:	Standard	Application Received:	10/15/2014

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 Physical Medicine & Rehabilitation and Pain Management, has a subspecialty in Interventional Spine 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 patient is 58 year old female with an injury date of 01/10/94. The 09/03/14 report by [REDACTED] states that the patient presents with chronic lower back pain that radiates into both legs and sometimes to the feet causing numbness and a stabbing sensation. Pain is described as beginning in the buttock region, posteriorly and wraps around to the front of both knees and down both legs. There is neck pain that radiates into both shoulders. The patient ambulates with a walker and is on disability. Examination shows severe back pain with neuropathic pain to the bilateral lower extremities consistent with her spine condition. There is cervical and lumbar paraspinal muscle tenderness and spasm. She continues to have an ulcer on the left lower extremity. The patient's diagnoses include:-Chronic low back pain and bilateral leg pain-Status post L5-S1 fusion and L3/4 and L4/5 "spondylo"-Myofascial pain/spasm-Status post IT pump, fentanyl, explanted due to infection-Depression due to chronic pain-Neck pain,-Poor sleep hygiene due to pain-General deconditioning-Status post IT pump explant after new pump placement due to MRSA reactivation Current medications are listed as, Abstral, Bupropion, Celebrex, Duragesic, Lidoderm patch, Fluoxetine, Methadone, Neurontin, Prilosec, Oxycodone, and Topamax. The utilization review being challenged is dated 09/16/14. Reports were provided from 03/17/14 to 09/03/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lexapro 20mg: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 388, Chronic Pain Treatment Guidelines Anti-depressants. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental Illness & Stress

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

Decision rationale: The patient presents with chronic lower back pain radiating into legs and sometimes the feet as well as neck pain radiating into both shoulders. The treater requests for Lexapro (Escitalopram) 20mg. ODG guidelines Mental Stress and Illness Chapter, Escitalopram (Lexapro) Topic, states, "Recommended as a first-line treatment option for major depressive disorder." ODG Pain chapter guidelines, Anxiety medications in chronic pain Topic states, "Recommend diagnosing and controlling anxiety as an important part of chronic pain treatment, including treatment with anxiety medications..." ODG further states this medication is approved for major depressive disorder. In the reports provided, this medication is not discussed. It does not show on now continuing or starting medication lists and is not discussed on the 03/21/14 Request for authorization. The patient has a diagnosis of Depression due to chronic pain; however, there is no diagnosis of major depressive disorder per ODG above. The patient is prescribed at least one other anti-depressant medication (Bupropion), but there is no discussion as to the benefit of antidepressants to the patient. It appears the patient may just be starting this medication, but nowhere is this stated. Lacking documentation to support the request, therefore, the Lexapro 20mg is not medically necessary and appropriate.

Bupropion SR 300mg: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 388, Chronic Pain Treatment Guidelines Anti-depressants. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental Illness & Stress

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Bupropion (Wellbutrin); Medications for chronic pain Page(s): 16; 60-61.

Decision rationale: The patient presents with chronic lower back pain radiating into legs and sometimes the feet as well as neck pain radiating into both shoulders. The treater requests for: Bupropion SR 300 mg. MTUS Bupropion (Wellbutrin) page 16 states the medication is "a second-generation non-tricyclic antidepressant (a noradrenaline and dopamine reuptake inhibitor) has been shown to be effective in relieving neuropathic pain of different etiologies in a small trial (41 patients)." The reports provided show the patient has been taking this medication since before 03/17/14. The reports do not discuss this medication. On 09/03/14 [REDACTED] states, "Continue med management for now; wean once NS can be consulted." Also, "Request a copy of consult report from [REDACTED] for 2nd opinion re: current med management: pending." Reports show [REDACTED] has been treating this patient since at least 02/19/14. In this case, the use and benefit of this medication is not discussed. MTUS Medications for chronic pain page 60 states, "A record of pain and function with the medication should be recorded." In this case there

is not sufficient documentation to support this request. Therefore, the Bupropion SR 300mg is not medically necessary and appropriate.

Methadone 10mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 388, Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental Illness & Stress

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids Page(s): 60-61; 76-78.

Decision rationale: The patient presents with chronic lower back pain radiating into legs and sometimes the feet as well as neck pain radiating into both shoulders. The treater requests for: Methadone (an opioid) 10 mg. #90. The reports provided show the patient has been prescribed this medication since before 03/17/14. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. On 09/03/14 [REDACTED] states, "Continue med management for now; wean once NS can be consulted." Also, "Request a copy of consult report from [REDACTED] for 2nd opinion re: current med management: pending." The reports provided show the patient's pain and mood rated 6-8/10 on 05/14/14 and 07/09/14. Function is rated 5-7/10 on these dates. On 03/17/14 the treater states that pain is about the same level since 02/19/14 without Oxycodone and Methadone." The 07/09/14 report states, "For the last month and a half, she did not have full opioids except methadone. Her pain is much worse." No specific ADL's are mentioned to show a significant change with use of this medication. The treater states on 07/09/14 that the agreement for medical management was discussed with the patient and that she is aware of risks and benefits including potential side effects. The patient is noted to have no signs of sedation or withdrawal. Urine Drug Screening is cited for initial on 04/26/10 plus 06/22/11, and 04/25/12. Results are stated to be "negative" and/or "Confirmation consistent" The repeat UDS of 06/26/13 is noted to be "consistent" with "No confirmation done at this time". Genetic testing is listed as done in May 2013 with "pt. is a normal metabolizer of most meds, inducing the opioids". It appears a repeat UDS is requested as of the most recent 09/03/14 treatment report. In this case, the treater has provides much discussion regarding opiates use. However, there is no before and after pain scale and most importantly, no specific ADL's are documented to show significant benefit. While adverse effects and aberrant behaviors are addressed, urine toxicology is sparse with the most recent one from more than a year ago from current requested UDS. "Outcome measures" are not adequately documented. In one of the reports, the patient's pain level is noted to have been the same without Oxycodone and Methadone. Given the lack of clear evidence of pain and functional improvement with chronic opiates use, the patient should be slowly weaned from the opiates. Therefore, the Methadone 10mg #90 is not medically necessary and appropriate.