

Case Number:	CM14-0176719		
Date Assigned:	10/30/2014	Date of Injury:	05/03/1997
Decision Date:	12/05/2014	UR Denial Date:	10/02/2014
Priority:	Standard	Application Received:	10/24/2014

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, 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 a 64 year old male with an injury date of 05/03/97. Only a portion of the 07/15/14 Medical-Legal evaluation from Treating Physician report from [REDACTED] is provided. This report is unsigned. There are no subjective or objective observations or diagnoses provided. It is not stated if the patient is working. The utilization review being challenged is dated 10/02/14. One report was provided dated 07/15/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 20mg #135: 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, long-term assessment, CRITERIA FOR USE OF OPIOIDS Page(s): 88-89,78.

Decision rationale: The treater does not provide subjective observations, objective observations or diagnoses for this patient in the sole report provided. The treater requests for Oxycontin 20 mg #135 (an opioid). 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." The 07/15/14 report states, "Patient states that without Oxycontin, he is unable to function in the community or use his right arm at all. He has difficulty concentrating because of pain without Oxycontin." The treater also states attempts were made to taper the medication in the past and the patient was on 8/day years ago and has now been tapered to 5/day. The report indicates that the patient is a long-term user of opioids. In this case, a routine record of pain through the use of pain scales is not provided. Other than difficulty concentrating, no other specific ADLs are mentioned to show a significant change with use of this medication. There is no discussion of opiate management issues and no outcome measures are provided as required by MTUS. Therefore, the request is not medically necessary.

Senna #60:

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 Page(s): 8. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: National Institutes of Health, National Library of Medicine <http://www.nlm.nih.gov/medlineplus/druginfo/natural/652.html>

Decision rationale: The treater does not provide subjective observations, objective observations or diagnoses for this patient in the sole report provided. The treater requests for Senna #60. National Institutes of Health, National Library of Medicine <http://www.nlm.nih.gov/medlineplus/druginfo/natural/652.html> states that his medication is an FDA approved laxative. The treater does not discuss the use of this medication and does not state how it helps the patient. MTUS page 8 requires the physician to monitor the patient's progress and make appropriate recommendations. The request is not medically necessary.

Silenor 3mg #30: 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 Anti-depressants Page(s): 13,14. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: The National Institutes of Health, National Library of Medicine states this medication is a tricyclic anti-depressant. <http://www.nlm.nih.gov/medlineplus/druginfo/meds/a682390.html>.

Decision rationale: The treater does not provide subjective observations, objective observations or diagnoses for this patient in the sole report provided. The treater requests for: Silenor 3 mg #30 (Doxepin) . It is unknown how long the patient has been using this medication. MTUS

pages 13, 14 Anti-depressants for chronic pain states tri-cyclic antidepressants are recommended as a first line option, especially if accompanied by insomnia. The National Institutes of Health, National Library of Medicine states this medication is a tricyclic anti-depressant. <http://www.nlm.nih.gov/medlineplus/druginfo/meds/a682390.html>. The treater states that the patient's chronic pain led to sleep problems and the patient was started on this medication when Remeron was no longer covered by the patient's insurance. In this case, the patient is stated to have chronic pain and insomnia for which this medication is indicated; however, the treater does not show that the medication helps this patient. MTUS page 60 requires a record of pain and function. The request is not medically necessary.

Celexa 20mg #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 SSRIs (selective serotonin reuptake inhibitors) Page(s): 107. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Citalopram

Decision rationale: The treater does not provide subjective observations, objective observations or diagnoses for this patient in the sole report provided. The treater requests for Celexa (Citalopram). MTUS SSRIs (selective serotonin reuptake inhibitors) page 107 states the following, "Not recommended as a treatment for chronic pain, but SSRIs may have a role in treating secondary depression." MTUS does not address this medication. ODG guidelines Pain Chapter, Citalopram, state this medication is an SSRI. The treater does not discuss this medication. It is stated that the patient has chronic pain and insomnia; however, there is no discussion of secondary depression for which this medication is indicated. Furthermore, the treater does not show that Celexa helps the patient. The request is not medically necessary.