

Case Number:	CM14-0036176		
Date Assigned:	07/25/2014	Date of Injury:	05/18/1999
Decision Date:	10/15/2014	UR Denial Date:	03/05/2014
Priority:	Standard	Application Received:	03/24/2014

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 and Rehabilitation 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 67 year old female who was injured on 05/18/21999 when she slipped and fell on a silicone gel implant that ruptured. Her past medications as of 08/29/2013 included methadone 10 mg, Senna Lax 15 mg, and OxyContin 30 mg. Her medications as of 07/02/2014 included Abilify, Amitriptyline 10 mg, Escitalopram 10 mg, Methadone 10 mg, Oxycontin 30 mg, Pantoprazole 40 mg, and Senna Lax 15 mg. Most recent toxicology report dated 07/02/2014 revealed positive detection for Oxycontin, Methadone; Amitriptyline was not detected but is a reported medication. Progress report dated 02/06/2014 states the patient presented with complaints of low back and mid back pain. She noted her pain with medications to be a 6/10 and without medications a 10/10. Objective findings on exam revealed lumbar spine range of motion, exhibits flexion to 20, 0 to extension. There is no SI joint tenderness or sciatica induction. She continued to have decreased sensory and motor down the right leg as well as weakness and mild foot drop. Neck range of motion revealed flexion to 25 degrees, extension to 20, lateral to 40 bilaterally, rotation to 45 bilaterally. Her bilateral grip strength remained 4/5 without atrophy. Diagnoses are chronic pain syndrome; degeneration of the lumbosacral intervertebral disc; lumbago; and muscle spasm. The patient has been recommended for a psychiatric consult. It is noted the patient needs treatment from a pain management specialist. Medications were provided which included Methadone 10 mg; Excitalopram 10 mg, Amitriptyline 10 mg, Oxycontin 30 mg, Pantoprazole 40 mg and Senna as noted on progress report 02/05/2014. On note dated 07/02/2014, the patient notes her pain with medications is 70 and without medications is a 10/10.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 30MG CR: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 75-94.

Decision rationale: As per CA MTUS guidelines, Oxycontin is indicated for the management of moderate to severe pain when a continuous, around-the-clock analgesic is needed for an extended period of time. Further guidelines indicate that "four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids; pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors)." In this case, a most recent progress report dated 07/02/2014 indicates the patient denies any changes in her condition. The patient continues to suffer from chronic back pain. She is taking her Oxycontin regularly and it is unclear why she is also prescribed another opioid medication (Methadone). Her pain level with medications was 7/10 (VAS) and without medication 10/10. As such, since there is no objective functional improvement or pain relief with the use of this medication, the request is non-certified. Further guidelines recommend slow tapering/weaning process for the individuals having long-term use of opioids due to the risk of withdrawal symptoms.

Methadone 10MG: Upheld

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

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

Decision rationale: As per CA MTUS guidelines, Methadone is indicated for moderate to severe pain. Further guidelines indicate that "four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids; pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors)." In this case, a most recent progress report dated 07/02/2014 indicates the patient denies any changes in her condition. The patient continues to suffer from chronic back pain. She is taking her Methadone intermittently and it is unclear why she is also prescribed another opioid medication (Oxycontin). Her pain level with medications was 7/10 (VAS) and without medication 10/10. As such, since there is no objective functional improvement or pain relief with the use of this medication, the request is non-certified. Additionally, there is a mention that the Methadone needs to be

discontinued. Further guidelines recommend slow tapering/weaning process for the individuals having long-term use of opioids due to the risk of withdrawal symptoms.

Abilify 10MG: Upheld

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

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 & Aripiprazole (Abilify)

Decision rationale: Ability is an antidepressant and CA MTUS do not specifically discuss Abilify. As per ODG, Abilify (Aripiprazole) is an antipsychotic medication. Antipsychotics are the first-line psychiatric treatment for schizophrenia. Abilify is "not recommended as a first-line treatment. There is insufficient evidence to recommend atypical antipsychotics (eg, Quetiapine, Risperidone) for conditions covered in ODG. See PTSD pharmacotherapy. Adding an atypical antipsychotic to an antidepressant provides limited improvement in depressive symptoms in adults, new research suggests. The meta-analysis also shows that the benefits of antipsychotics in terms of quality of life and improved functioning are small to nonexistent, and there is abundant evidence of potential treatment-related harm. The authors said that it is not certain that these drugs have a favorable benefit-to-risk profile. Clinicians should be very careful in using these medications." The records submitted for review fail to document that the patient is presently severely depressed and the current diagnosis include depression. Additionally, there is an associated request for same medication (Abilify 15 mg), but there is no clinical rationale submitted that indicates the necessity of same medication. Therefore, based on the guidelines and submitted records, the request is not medically necessary and appropriate.

Abilify 15MG: Upheld

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

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 & Aripiprazole (Abilify)

Decision rationale: Abilify is an antidepressant and CA MTUS do not specifically discuss Abilify. As per ODG, Abilify (Aripiprazole) is an antipsychotic medication. Antipsychotics are the first-line psychiatric treatment for schizophrenia. Abilify is "not recommended as a first-line treatment. There is insufficient evidence to recommend atypical antipsychotics (eg, Quetiapine, Risperidone) for conditions covered in ODG. See PTSD pharmacotherapy. Adding an atypical antipsychotic to an antidepressant provides limited improvement in depressive symptoms in adults, new research suggests. The meta-analysis also shows that the benefits of antipsychotics in terms of quality of life and improved functioning are small to nonexistent, and there is abundant evidence of potential treatment-related harm. The authors said that it is not certain that these

drugs have a favorable benefit-to-risk profile. Clinicians should be very careful in using these medications." The records submitted for review fail to document that the patient is presently severely depressed and the current diagnosis include depression. Additionally, there is an associated request for same medication (Abilify 10 mg), but there is no clinical rationale submitted that indicates the necessity of same medication. Therefore, based on the guidelines and submitted records, the request is not medically necessary and appropriate.

Escitalopram 10MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Depressants for Chronic Pain Page(s): 13-16. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness and Stress, Antidepressants for treatment of MDD (major depressive disorder) and Escitalopram (Lexapro)

Decision rationale: Escitalopram is a SSRI and as per CA MTUS guidelines, it has been suggested that the main role of SSRIs may be in addressing psychological symptoms associated with chronic pain. As per ODG, Escitalopram (Lexapro) is an antidepressant used for treatment of MDD (major depressive disorder). The records submitted for review fail to document that the patient is presently severely depressed and the current diagnosis include major depressive disorder. This patient has been prescribed another antidepressants (Abilify and Amitriptyline), and there is no clinical rationale submitted why there is a need of 3 antidepressant medications for treatment. Therefore, based on the guidelines and submitted records, the request is not medically necessary and appropriate.

Pantoprazole 40MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI Symptoms & Cardiovascular Risk Page(s): 68-69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Proton Pump Inhibitors (PPIs)

Decision rationale: As per CA MTUS guidelines, Pantoprazole is a Proton Pump Inhibitor (PPI) which is recommended for patients at intermediate risk for gastrointestinal events. As per the records submitted for review, there is no documentation that the patient is having any complaints of GI events such as abdominal pain or ulcers. Thus, the request is non-certified.

Senna Lax 8.5MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Induced Constipation Page(s): 75-94. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Opioid Induced Constipation

Decision rationale: As per CA MTUS guidelines and ODG, Senna lax is recommended for opioid-induced constipation. However, since the associated request for opioid medications is not considered medically necessary, the need for ongoing treatment with Senna Lax is not medically necessary and appropriate.

Amitriptyline 10MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Depressants for Chronic Pain Page(s): 13-16.

Decision rationale: As per CA MTUS guidelines, amitriptyline is a tricyclic antidepressants recommended over selective serotonin reuptake inhibitors (SSRIs), unless adverse reactions are a problem. In this case, the records submitted for review fail to document that the patient is presently severely depressed and the current diagnosis include depression. This patient has a history of hypertension and guidelines recommend tricyclics are contraindicated in patients with cardiac conduction disturbances and/or decompensation (they can produce heart block and arrhythmias). This patient has been prescribed another antidepressants (Abilify and Escitalopram), and there is no clinical rationale submitted why there is a need of 3 antidepressant medications for treatment.