

Case Number:	CM14-0039223		
Date Assigned:	06/27/2014	Date of Injury:	11/08/1999
Decision Date:	07/28/2014	UR Denial Date:	03/27/2014
Priority:	Standard	Application Received:	04/03/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Georgia. 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 claimant is a 46 year old female presenting with chronic low back pain and bilateral lower extremity pain. She has a history of postlaminectomy syndrome. According to the medical records she had major surgical complications including foot drop on the right as well as a history of deep vein thrombosis. The claimant reports that her legs give way frequently. The claimant also reports that her pain is a 10/10 without medicine and 4/10 with medicine. The claimant's medications include Oxycontin 80mg TID, Oxycodone 15mg TID for breakthrough pain, Ativan 1 mg TID as needed, Zanaflex 4 mg 1-2 every 6 hours as needed, Effexor 37.5mg twice per day, Ambien CR 12.5mg at night and Lexapro 20mg once a day. The physical exam was significant for reduced deep tendon reflexes on the right and trace reflex on the left, limited range of motion with tenderness over the left sided cervical facet, and left shoulder, tenderness to palpation over the cervical paraspinal muscles with myofascial bands in the levator scapula on the left causing significant limitations in range of motion on the left, positive straight leg raise bilaterally in both sitting and supine positions, decrease strength, sensation and reflexes to lower extremities bilaterally and right foot drop. The claimant was diagnosed with cervicalgia, postlaminectomy syndrome of the lumbar spine, pain in multiple joints, trochanteric bursitis and unspecified myalgia and myositis. A claim was made for multiple medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone HCL 5MG, 240 Count: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 79.

Decision rationale: Oxycodone 5mg 240 count is not medically necessary. Per MTUS page 79 of MTUS guidelines states that weaning of opioids are recommended if: there are no overall improvement in function, unless there are extenuating circumstances, continuing pain with evidence of intolerable adverse effects, decrease in functioning, resolution of pain, if serious non-adherence is occurring or the patient requests discontinuing. The claimant's medical records did not document that there was an overall improvement in function or a return to work with previous opioid therapy. In fact, the medical records note that the claimant was permanent and stationary. The claimant has long-term use with this medication and there was a lack of improved function with this opioid; therefore the requested medication is not medically necessary. It is more appropriate to wean the claimant off opioids with a short course of short acting opiates.

Lexapro 20MG, 30 Count with 2 refills: Upheld

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

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

Decision rationale: Lexapro 20mg 30 count is not medically necessary. The California MTUS page 13 states that antidepressants are recommended as first-line option for neuropathic pain, as a possibility for non-neuropathic pain. Tricyclics are generally considered first line agent unless they're ineffective, poorly tolerated, or contraindicated. Zoloft is a selective serotonin reuptake inhibitor. Per California MTUS SSRIs is a class of antidepressants that inhibit serotonin reuptake without action on noradrenaline and are controversial based on controlled trials. It is been suggested that the main role of SSRIs may be in addressing psychological symptoms associated with chronic pain. More information is needed regarding the role of SSRIs and pain. The medical records do not appropriately address whether the claimant has depression associated with chronic pain through psychological evaluation. Additionally the enrollee is already on an Antidepressant; therefore the requested medication is not medically necessary.

Restoril 30MG, 30 Count: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Sleeping Aids.

Decision rationale: Restoril 30mg #30 is not medically necessary. The ODG states that sleeping aids are not recommended for long term use, but recommended for short-term use. While sleeping pills, so called minor tranquilizers, and anti-anxiety agents are commonly prescribed in chronic pain, pain specialist rarely, if ever, recommend them for long-term use. They can be habit-forming and they may impair function and memory more than opioid pain relievers. There is also concern that they may increase pain and depression over long-term. Sleeping pills are indicated for treatment of insomnia with difficulty of sleep onset and/or sleep maintenance. Longer-term studies have found sleep aids to be effective for up to 24 weeks in adults. According to the medical records the claimant appeared to have used Restoril long term. Additionally she is already taking Ambien. It is more appropriate to set a weaning protocol at this point; therefore, the requested medication is not medically necessary.