

<b>Case Number:</b>	CM14-0042307		
<b>Date Assigned:</b>	06/30/2014	<b>Date of Injury:</b>	02/25/2008
<b>Decision Date:</b>	10/01/2014	<b>UR Denial Date:</b>	03/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/08/2014

### 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 Occupational 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:

There were 371 pages provided for this review. The application for independent medical review was signed on March 24, 2014 for multiple medicines. The peer review was done on March 14, 2014. Per the records provided, the claimant is a 39-year-old male who was injured on February 25, 2008. There was abnormal discography at four levels L2 through S1. A psychiatric QME from March 14, 2011 showed a major depressive disorder moderately severe, without psychotic features. He is not a suitable surgical candidate. An MRI of the cervical spine showed mild degenerative disease. The patient had received utilization review authorization on July 5, 2011 for three weeks of a HELP program. Flexion and extension x-rays from July 11, 2012 showed mild disc space narrowing. An orthopedic QME done on June 5, 2013 showed future medical care to allow for weight-bearing MRI of the cervical spine. A previous peer review from July 5, 2013 modified the Norco. The patient has been repeatedly recommended to wean off high dose of opiates. He was provided a refill. The patient has comorbid condition of sleep apnea and high-dose opiates can cause respiratory depression. There was also a comorbid depression. The patient has chronic neuropathic pain. The Tizanidine was certified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective request for Norco 10/325mg #180 DOS:3/3/14: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Workers' Compensation, 2014, Pain chapter, Opioids - dosing

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 Page(s): 88 OF 127.

**Decision rationale:** In regards to Opiates, Long term use, the MTUS poses several analytical questions such as has the diagnosis changed, what other medications is the patient taking, are they effective, producing side effects, what treatments have been attempted since the use of opioids and what is the documentation of pain and functional improvement and compare to baseline. These are important issues, and they have not been addressed in this case. There especially is no documentation of functional improvement with the regimen. The request for long-term opiate usage is not medically necessary per MTUS guideline review.

**Retrospective request for Avinza 45mg #60 DOS:3/3/14:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Workers' Compensation, 2014, Pain chapter, Opioids - dosing

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 Page(s): 88 OF 127.

**Decision rationale:** As shared previously, in regards to Opiates, Long term use, the MTUS poses several analytical questions such as has the diagnosis changed, what other medications is the patient taking, are they effective, producing side effects, what treatments have been attempted since the use of opioids, and what is the documentation of pain and functional improvement and compare to baseline. These are important issues, and they have not been addressed in this case. There especially is no documentation of functional improvement with the regimen. The request for long-term opiate usage is not medically necessary per MTUS guideline review.

**Retrospective request for Cymbalta 60mg #30 with 4 refills DOS:3/3/14:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Duloxetine (Cymbalta).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) PAIN CHAPTER, UNDER ANTIDEPRESSANTS

**Decision rationale:** Regarding antidepressants to treat a major depressive disorder, the ODG notes: Recommended for initial treatment of presentations of Major Depressive Disorder (MDD) that is moderate, severe, or psychotic, unless electroconvulsive therapy is part of the treatment plan. Not recommended for mild symptoms. In this case, it is not clear what objective benefit has

been achieved out of the antidepressant usage, how the activities of daily living have improved, and what other benefits have been. It is not clear if this claimant has a major depressive disorder. The request is not medically necessary.

**Retrospective request for Colace 250mg #60 with 3 refills DOS:3/3/14: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Physician Desk Reference, 2014 web edition, regarding Docusate.

**Decision rationale:** The MTUS and the ODG are silent on Docusate. The Physician Desk Reference notes it is to soften stool and prevent constipation. It is not clear that there actually was constipation, and therefore that the medicine was essential. Further, I would agree that 5 refills would be unnecessary, especially if the patient is seeing the provider monthly. Also, natural fiber and other sources of avoiding constipation were not exhausted. The request is not medically necessary.