

Case Number:	CM14-0044302		
Date Assigned:	07/02/2014	Date of Injury:	08/21/2007
Decision Date:	09/26/2014	UR Denial Date:	04/04/2014
Priority:	Standard	Application Received:	04/11/2014

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, 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:

This patient is a 59-year-old female with a date of injury of 08/21/2007. The listed diagnoses per [REDACTED] include syndrome cervicocranial, cervical disk displacement, right C7 radiculopathy, degenerative changes of the facet at L4-L5, stenosis lumbar spine, recurrent episode of major depression, psychogenic pain, sciatica and sacrum disorder. According to progress report, 03/24/2011, the patient presents with neck and low back pain. The patient notes benefit from utilizing Kadian ER. However, she thinks the medication is causing her to gain weight. The patient reports continued low back pain with radiation to the bilateral lower extremities with numbness and tingling. She also notes weakness in her hands which is worsening and she drops things frequently. The patient's current medication regimen includes: naproxen 550 mg, Venlafaxine ER 37.5 mg, quetiapine fumarate 25 mg, and Kadian ER 10 mg. The physician is requesting a refill of these medications and is prescribing docusate sodium 100 mg #60 for patient's constipation. The utilization review denied the request on 04/04/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Quetiapine Fumarnate 25 mg # 60: 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 Official Disability Guidelines (ODG).

Decision rationale: This patient presents with neck and low back pain. The physician is requesting a refill of Quetiapine Fumarate 25 mg #60. Review of the medical file indicates the patient has been prescribed this medication since 10/07/2013. The ACOEM and MTUS do not discuss Seroquel specifically. However, the ODG guidelines have the following regarding atypical antipsychotic medications: "Not recommended as a first-line treatment. There is insufficient evidence to recommend atypical antipsychotics (eg, quetiapine, risperidone) for conditions covered in the 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." In this case, the ODG does not recommend this medication. The benefits are noted as "small to nonexistent" with "abundant evidence of potential treatment-related harm." Therefore the request is not medically necessary.

Kadian ER 10 # 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 Long-term Opioid Page(s): 88-89.

Decision rationale: This patient presents with neck and low back pain. The physician is requesting refill of Kadian 10 mg #60. For chronic opioids use, 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. Review of the medical file indicates the patient has been prescribed Kadian since 01/20/2014 but subsequent progress reports do not discuss functional improvement, changes in ADLs, or improvement in quality of life when taking this medication. Furthermore, the physician does not provide urine drug screen or discuss possible aberrant behaviors. Given the lack of documentation regarding the efficacy of this medication, the patient should so be slowly weaned as outlined in MTUS. Therefore the request is not medically necessary.

Docusate 100 mg # 160: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Physicians Desk Reference (PDR) 2013 - Therapeutic Class - stool softener.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines prophylactic treatment of constipation and opiates Page(s): 77.

Decision rationale: This patient presents with neck and low back pain. The physician is requesting Docusate 100 mg #160. Utilization review denied this request stating this medication is no longer necessary as the requested Kadian has not been approved. The MTUS guidelines pg 76-78 discusses prophylactic medication for constipation when opiates are used. This patient has been taking opioids on a long term basis and has complaints of constipation. Therefore the request is medically necessary.