

Case Number:	CM14-0050183		
Date Assigned:	07/07/2014	Date of Injury:	07/31/2009
Decision Date:	08/26/2014	UR Denial Date:	03/26/2014
Priority:	Standard	Application Received:	04/17/2014

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 Preventative Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Iowa. 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 49 year old employee with date of injury of 7/31/2009. Medical records indicate the patient is undergoing treatment for cervicalgia and shoulder injury. Subjective complaints include headaches, dizziness, problems with equilibrium, blurred vision but denies diplopia, his neck is sore all the time, especially after range of motion exercises, joint pain and stiffness, difficulty swallowing, insomnia, explosive temper, depression, chronic worry and moodiness. Patient indicates a 30% improvement in pain with a 7/10 score. He can walk for 20 min, sit and stand for 15 minutes before having to switch positions due to pain. Objective findings during his exam on 6/14 include a PHQ-9 score of 10/27 which indicates mild depression and tenderness in right upper abdominal quadrant. Treatment has consisted of trigger point injections, Etodolac, PT (which he patient thinks made his condition worse), MS Contin, Trazadone, Lorazepam, Percoset, Relofen, Hydrochlorothiazide and Gabapentin. A CT and MRI of the head had negative findings. He had surgery in 3/10 which improved pain by 80% but only 50% range of motion. The utilization review determination was rendered on 3/26/2014 recommending non-certification of Paxil CR 25 MG #30, 3 refills; Morphine Sulphate 30 MG # 30; MS Contin 50 MG # 120 and Relafen 500 MG # 120, 2 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Paxil CR 25 MG #30, 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 388, 402.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SSRI Page(s): 107. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Anxiety Medications. Depression.

Decision rationale: Paxil is an SSRI (Selective serotonin reuptake inhibitors). MTUS states Not recommended as a treatment for chronic pain, but SSRIs may have a role in treating secondary depression. Selective serotonin reuptake inhibitors (SSRIs), a class of antidepressants that inhibit serotonin reuptake without action on noradrenaline, are controversial based on controlled trials. It has 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. SSRIs have not been shown to be effective for low back pain. See Antidepressants for chronic pain for general guidelines, as well as specific SSRI listing for more information and references. ODG states Paroxetine (Paxil, generic available): Also recommended for GAD, PD, OCD, and PTSD as well as major depressive disorder. Dosing information: 20-60mg daily. (Bandelow 2002) Paroxetine controlled release (Paxil CR, generic available): Also approved for PD, major depressive disorder, and premenstrual dysphoric disorder. Dosing information: Initially 12.5 mg daily may increase up to 37.5mg daily. (PPI GlaxoSmithKline). The patient has had increasingly higher PHQ-9 score since 9/10/13 indicating worsening depression while on Paxil CR. The treating physician does not document consultation with a psychiatrist, which is recommended when prescribing antidepressants for major depression.

Morphine Sulphate 30 MG # 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Opioids.

Decision rationale: Morphine sulphate is a pure opioid agonist. The ODG does not recommend the use of opioids for low back pain except for short use for severe cases, not to exceed 2 weeks. The patient has exceeded the 2 week recommended treatment length for opioid usage. The MTUS does not discourage use of opioids past 2 weeks, but does state that ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The treating physician does not fully document the least reported pain over the period since last assessment, intensity of pain after taking opioid, pain relief, increased level of function, or improved quality of life. The utilization reviewer on 3/26/14 recommended continued weaning off of Morphine Sulphate. As such the request for Morphine Sulphate 30 MG # 30 is not medically necessary.

MS Contin 50 MG # 120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Weaning of medications Page(s): 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Opioids.

Decision rationale: MS Contin is a pure opioid agonist. ODG does not recommend the use of opioids for low back pain except for short use for severe cases, not to exceed 2 weeks. The patient has exceeded the 2 week recommended treatment length for opioid usage. The MTUS does not discourage use of opioids past 2 weeks, but does state that ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The treating physician does not fully document the least reported pain over the period since last assessment, intensity of pain after taking opioid, pain relief, increased level of function, or improved quality of life The utilization reviewer on 3/26/14 recommended continued weaning off of MS Contin. As such the request for MS Contin 50 MG # 120 is not medically necessary.

Relafen 500 MG # 120, 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-steroidal anti-inflammatory drugs (NSAIDs) Page(s): 67.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS; Relafen Page(s): 67-72.

Decision rationale: MTUS recommends the use of NSAIDS for the acute exacerbation of back pain at the lowest effective dose for the shortest amount of time due to the increased cardiovascular risk, renal, hepatic and GI side effects associated with long term use. MTUS states Nabumetone (Relafen, generic available): 500, 750 mg. Dosing: Osteoarthritis: The recommended starting dose is 1000 mg PO. The dose can be divided into 500 mg PO twice a day. Additional relief may be obtained with a dose of 1500 mg to 2000 mg per day. The maximum dose is 2000 mg/day. Patients weighing less than 50 kg may be less likely to require doses greater than 1000 mg/day. The lowest effective dose of nabumetone should be sought for each patient. Use for moderate pain is off-label. (Relafen Package Insert). The patient has been prescribed Relafen since 1/11/12 without any significant improvement in pain, quality of life, or functionality. The treating physician has not provided any justification to exceed MTUS guidelines. As such, the request for Relafen 500 MG # 120, 2 refills is not medically necessary.