

Case Number:	CM14-0051448		
Date Assigned:	07/07/2014	Date of Injury:	05/22/2002
Decision Date:	08/12/2014	UR Denial Date:	03/12/2014
Priority:	Standard	Application Received:	03/20/2014

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 Rehabilitation & Pain Management 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:

The patient is a 70-year-old male with date of injury of 05/22/2002. The listed diagnoses per [REDACTED] dated 03/05/2014 are: 1. Lumbar degenerative disk disease, lumbar radiculopathy, status post posterior lumbar fusion from February 2012. 2. Radicular leg symptoms, improve post surgery. 3. Chronic lumbar back pain, residual post surgery with apparent failed fusion. 4. Coronary artery disease. 5. Constipation related to medication. 6. Reactive depression, controlled with Effexor. 7. Right foot pain, resolved since surgery. According to this report, the patient complains of back pain. He states that his medicines do provide pain relief and it helps him to be up and more active. He rates his current pain 3/10 to 4/10, the worst being 7/10 to 8/10 when he does not take his medications. With medications, his pain is around 3/10 to 4/10. His back pain is an aching discomfort that becomes sharp at times. There is no numbness or weakness in his legs. The patient states that he takes Norco 2 to 3 times a day and reports that they are helpful to get him through the pain at night. He states that they provide significant pain relief. He reports a little bit of dry mouth from the medications. He also states that with medications, he is more functional. The physical exam shows the patient is pleasant and oriented with a normal affect. Motor testing and light touch sensation are intact in the lower extremities. The utilization review denied the request on 03/12/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Venlafaxine 75mg #90 with 2 refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Venlafaxine (Effexor).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants Page(s): 13-15.

Decision rationale: This patient presents with back pain. The treating physician is requesting venlafaxine 75 mg quantity #90. The MTUS Guidelines on antidepressants page 13 to 15 states that antidepressants are recommended as a first-line option for neuropathic pain and as a possibility for non-neuropathic pain. Venlafaxine (Effexor) is an FDA-approved drug for anxiety, depression, panic disorder, and social phobias. Off-label use for fibromyalgia, neuropathic pain, and diabetic neuropathy. The patient's current list of medications include: Norco 10/325 mg, Effexor 75 mg, Lidoderm patches, senoxin, and docusate sodium 100 mg. The records show that the patient has been on Effexor since 08/13/2013. The treating physician documents medication efficacies stating, The Effexor helps with the reactive depression and I think it does help with leg pain. He has had some episodes of leg pain and it is helpful, I think for nerve pain as well. It appears that the treating physician is requesting a generic brand for Effexor. The request is medically necessary.

Effexor with 2 refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Venlafaxine (Effexor).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ANTIDEPRESSANTS Page(s): 13-15.

Decision rationale: This patient presents with back pain. The treating physician is requesting Effexor with 2 refills. The MTUS Guidelines on antidepressants page 13 to 15 recommends antidepressants as a first-line option for neuropathic pain, and as a possibility for non-neuropathic pain. Venlafaxine (Effexor) is an FDA-approved drug for anxiety, depression, panic disorder, and social phobias. Off-label use for fibromyalgia, neuropathic pain, and diabetic neuropathy is also recommended. The records show that the patient has been on Effexor since 08/13/2013 and the treating physician documents medication efficacies stating, The Effexor helps with the reactive depression and I think it does help with leg pain. He has had some episodes of leg pain and it is helpful, I think, for the nerve pain as well. In this case, the patient reports significant benefit while utilizing Effexor. The MTUS Guidelines does recommend antidepressants as a first-line option for neuropathic pain and as a possibility for non-neuropathic pain. The request is medically necessary.

Hydrocodone/apap 10/325mg #180 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/Acetaminophen, Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ON-GOING MANAGEMENT Page(s): 78.

Decision rationale: This patient presents with back pain. The treating physician is requesting hydrocodone/APAP 10/325 mg. For chronic opiate use, the MTUS Guidelines requires specific documentations regarding pain and function. Page 78 of the MTUS requires pain assessment that requires current pain; least reported pain over the periods since last assessment; average pain; intensity of pain after taking the opioids; how long it takes for pain relief; and how low pain relief lasts. Furthermore, the 4As for ongoing monitoring are required which includes: Analgesia, ADLs, adverse side effects, and aberrant drug-seeking behavior. The records show that the patient has been taking Norco since 08/13/2013. The treating physician documents medication efficacy stating that the patient's pain level with medication is 3/10 to 4/10 and without medication is 7/10 to 8/10. The patient also states that Norco has been very helpful at night for getting him through the pain. There are no reports that the patient has significant functional improvement. The treating physician does not discuss what is to be done with the patient's alcohol use. No pain assessment measures are provided. MTUS guidelines require documentation not only of anagesia but ADL's and aberrant drug seeking behavior which are not provided in this case. The request is not medically necessary.

1 Liver function panel: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG guidelines have the following regarding Urine Drug Screen:Criteria for Use of Urine Drug Testing.

Decision rationale: This patient presents with back pain. The treating physician is requesting 1 liver functional panel. The progress report dated 03/05/2014 documents that the treating physician is concerned about the patient's alcohol addiction. The treating physician has offered him treatment to get off alcohol but the patient declined. The treating physician is also concerned whether or not the patient should be taking Tylenol because he does not know the status of his liver. The MTUS and ACOEM Guidelines do not discuss liver function panel. But, the ODG Guidelines under urine drug testing recommends UDS as a tool to monitor compliance with prescribed substances and identifying undisclosed substances. In this case, the treating physician is concerned about the patient's current liver function due to the patient's alcohol addiction. The treating physician has declined prescribing Norco in order to check for medication compliance. The request is medically necessary.