

Case Number:	CM14-0079939		
Date Assigned:	07/18/2014	Date of Injury:	03/19/1998
Decision Date:	09/23/2014	UR Denial Date:	05/06/2014
Priority:	Standard	Application Received:	05/30/2014

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 and is licensed to practice in Nevada. 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 records presented for review indicate that this 63 year old male was reportedly injured on 3/19/1998. The mechanism of injury is undisclosed. The most recent progress note, dated 6/10/2014 indicates that there are ongoing complaints of low back pain. The physical examination was performed on the status service. No recent diagnostic studies are available for review. Previous treatment includes lumbar fusion, medications, and conservative treatment. A request was made for Lexapro 20 milligrams, Oxycodone 15 milligrams, Senokot, Soma 350 milligrams quantity ninety and was not certified in the preauthorization process on 5/6/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lexapro Film Coated tab 20mg a bid: 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 Page(s): 13-16, 107.

Decision rationale: Selective serotonin reuptake inhibitors (SSRIs) are a class of antidepressants that inhibit serotonin reuptake without action on noradrenaline. They have not shown to be effective for low back pain; however, it has been suggested that they have a role in addressing

psychological symptoms associated with chronic pain. Medical Treatment Utilization Schedule (MTUS) guidelines support the use of SSRIs, for neuropathic pain after failure to a first line agent (Tricyclic Antidepressants). Review of the available medical records, fails to document a trial and/or failure to first line agents. As such, this request is not considered medically necessary.

Oxycodone 15mg 1 po qid prn: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74, 78, 93.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) guidelines support short-acting opiates for the short term management of moderate to severe breakthrough pain. Management of opiate medications should include the lowest possible dose to improve pain and function, as well as the ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The claimant suffers from chronic low back pain; however, there is no clinical documentation of improvement in their pain or function with the current regimen. As such, this request is not considered medically necessary.

Senokot tab 2q 12hr: 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 Page(s): 77.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) guidelines support the use of a stool softeners (i.e. Colace) for prophylactic treatment of constipation when starting opiate therapy. As the Oxycodone is not considered medically necessary as above; the stool softener is not required. Furthermore, Colace is available as a generic over the counter product without a prescription. Therefore, this request is not considered medically necessary.

Carisoprodol 350mg 1 q8hrs #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 29.

Decision rationale: The Medical Treatment Utilization Schedule (MTUS) specifically recommends against the use of Soma and indicates that it is not recommended for long term use.

Based on the clinical documentation provided, the clinician does not provide rationale for deviation from the guidelines. As such, with the very specific recommendation of the MTUS against the use of this medication, this medication is not medically necessary.