

Case Number:	CM14-0121764		
Date Assigned:	09/16/2014	Date of Injury:	10/18/2001
Decision Date:	07/16/2015	UR Denial Date:	07/03/2014
Priority:	Standard	Application Received:	08/01/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 injured worker is a 58 year old male, who sustained an industrial injury on 10/18/2001. The mechanism of injury was not noted. The injured worker was diagnosed as having shoulder impingement syndrome, cervical disc degeneration, lumbosacral disc degeneration, anxiety/depression, and insomnia. Treatment to date has included diagnostics, lumbar spine surgery, and medications. Several documents within the submitted medical records were difficult to decipher. On 6/13/2014, the injured worker's complaints of pain were not described. A physical examination was not noted. His work status was previously referenced as permanent and stationary. The treatment plan included renewal of medications, including Norco, Oxycontin, and Prozac. The previous progress report (3/14/2014) noted complaints of severe lumbosacral spine pain, awaiting surgical clearance (trial of dorsal column implant) by hematology (leukopenia). His physical exam noted restricted cervical range of motion due to muscle atrophy. Exam of the lumbosacral spine noted hypertrophied musculature, restricted mobility, and a well-healed incision. At the time, he reported benefit of medications, noting Norco and Oxycontin. The use of Norco, Oxycontin, and Prozac was noted since at least 12/2012. Recent urine toxicology reports were not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 80mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, page(s) 74-96.

Decision rationale: Per the MTUS Guidelines cited, opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or change in functional status. There is no evidence presented of random drug testing or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain for this chronic injury without acute flare, new injury, or progressive deterioration. The Oxycontin 80mg #60 is not medically necessary and appropriate.

Prozac 40mg #30 with 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressant for Chronic Pain, 13-16.

Decision rationale: MTUS Medical Treatment Guidelines do not recommend Cymbalta, a Selective Serotonin and Norepinephrine ReUptake Inhibitor (SSRI/SNRIs) without evidence of failed treatment with first-line tricyclics (TCAs) not evident here. Tolerance may develop and rebound insomnia has been found as for this patient who has sleeping complaints. An SSRI/SNRI may be an option in patients with coexisting diagnosis of major depression that is not the case for this chronic injury without remarkable acute change or red-flag conditions. Submitted reports from the provider have not adequately documented any failed trial with first-line TCAs nor is there any diagnosis of major depression. The patient has been prescribed the medication without any functional improvement derived from treatment already rendered. The Prozac 40mg #30 with 3 refills is not medically necessary and appropriate.

