

Case Number:	CM14-0165961		
Date Assigned:	10/13/2014	Date of Injury:	12/23/2008
Decision Date:	01/27/2015	UR Denial Date:	10/08/2014
Priority:	Standard	Application Received:	10/08/2014

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 & Rehabilitation 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 is a 59-year-old female with a 12/23/08 date of injury. According to a progress report dated 9/17/14, the patient complained of pain in the bilateral shoulders, right upper extremities. The pain radiated to the back, bilaterally into the head and bilateral lower extremity. The patient stated her pain level was 9/10 constantly day and night. She had a severe headache and muscle spasms and was not able to sleep. The pain was made worse by increased activity and standing a long time, whereas it got better by applying cold/heat, injections, medications, and resting. Objective findings: limited to vital signs. Diagnostic impression: chronic pain due to trauma, chronic postop pain, fibromyalgia. Treatment to date: medication management, activity modification, physical therapy, surgery. A UR decision dated 9/12/14 denied the requests for Seroquel and Oxycontin. The submitted documentation does not provide any data to indicate that utilization of prescription medications significantly enhances long-term functional capabilities and/or significantly decreases pain symptoms. Additionally, as a general rule, medical necessity is not established for utilization of 2 extended release narcotic medications. It is documented that the claimant is on Duragesic and Oxycontin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Seroquel 25mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 14.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation FDA (Seroquel)

Decision rationale: CA MTUS and ODG do not address this issue. The FDA states that Seroquel is indicated for Schizophrenia; acute treatment of manic episodes associated with bipolar I disorder, both as monotherapy and as an adjunct to Lithium or Divalproex; monotherapy for the acute treatment of depressive episodes associated with bipolar disorder; and maintenance treatment of bipolar I disorder, as an adjunct to Lithium or Divalproex. However, the medical records provided for review do not clearly indicate that the patient meets any of these criteria. A specific rationale identifying why Seroquel has been prescribed for this patient was not provided. In addition, the quantity of medication requested is not noted. Therefore, the request for Seroquel 25mg was not medically necessary.

Oxycontin 20mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-81.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. However, in the reports reviewed, there is no documentation of significant pain reduction or improved activities of daily living. In fact, the patient stated that her pain level was 9/10 constantly day and night. Guidelines do not support the continued use of opioid medications without documentation of functional improvement. In addition, there is no documentation of lack of aberrant behavior or adverse side effects, an opioid pain contract, urine drug screen, or CURES monitoring. Furthermore, the quantity of medication requested is not noted. Therefore, the request for Oxycontin 20mg was not medically necessary.