MAXIMUS Federal Services

Case Number:	CM14-0193179		
Date Assigned:	11/26/2014	Date of Injury:	07/12/2001
Decision Date:	01/14/2015	UR Denial Date:	10/25/2014
Priority:	Standard	Application Received:	11/18/2014

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, has a subspecialty in Interventional Spine Pain Management 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 61 year old male with an injury date on 07/12/2001. Based on the 09/11/2014 progress report provided by the treating physician, the patient complains of constant low back pain that is dull/ aching, sharp/stabbing. Patient also complains numbness, tingling, and weakness. Bending forward, leaning back, sitting, and standing would aggravate the pain. Current pain is an 8/10. Physical exam indicates lumbar range of motion is limited and painful. Facet loading is positive bilaterally. Patient had history of right knee scope x 2. The 08/27/2014 report indicates the patient has "progressive right knee pain, and functional limitation." Walking, standing, kneeling squatting, sport/exercise would aggravate the knee pain. "The patient has tried OTC, NSAID, pain medications, physical therapy, viscosupplementation, steroid injection with no effective relief of pain." The 0716/2014 report indicates patient's neck and low back pain is a 9/10 and symptoms are getting worse. The patient's diagnoses are: assessed bilateral knee osteoarthritis as deteriorated and assessed bilateral knee pain as deteriorated. There were no other significant findings noted on this report. The utilization review denied the request for (1)Trazodone HCL 150mg #30, (2)Wellbutrin SR 150mg #60, (3)Oxycontin 30mg #60, and (4)Lyrica 225mg #30 on 10/25/2014 based on the MTUS guidelines. The requesting physician provided treatment reports from 01/23/2014 to 09/11/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trazodone HCL 150mg #30: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental Illness & Stress

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

Decision rationale: According to the 09/11/2014 report, this patient presents with constant low back pain that is dull/ aching, sharp/stabbing. Per this report, the current request is for Trazodone HCL 150mg #30. This medication was first mentioned in the 01/23/2014 report; it is unknown exactly when the patient initially started taking this medication. Regarding antidepressants, the MTUS page 13 states, "Recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. (Feuerstein, 1997) (Perrot, 2006) Tricyclics are generally considered a first-line agent unless they are ineffective, poorly tolerated, or contraindicated. Analgesia generally occurs within a few days to a week, whereas antidepressant effect takes longer to occur." In reviewing of the reports, the treating physician indicates "When he is taking his pain medications, he does get good relief and is able to function. He states he gets a least 50% overall pain relief on this regimen" and "is sleeping much better at night on the Trazodone." In this case, given that the patient's neuropathic pain and the treating physician documented the efficacy of the medication as required by the MTUS guidelines. Therefore, the request is medically necessary.

Wellbutrin SR 150mg #60: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental Illness & Stress

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants Page(s): 13-16.

Decision rationale: According to the 09/11/2014 report, this patient presents with constant low back pain that is dull/ aching, sharp/stabbing. Per this report, the current request is for Wellbutrin SR 150mg #60. This medication was first mentioned in the 01/23/2014 report; it is unknown exactly when the patient initially started taking this medication. The MTUS guidelines state that Bupropion (Wellbutrin) is recommended as a first line option for neuropathic pain and as a possibility for non-neuropathic pain. In reviewing of the reports, the treating physician indicates "When he is taking his pain medications, he does get good relief and is able to function. He states he gets a least 50% overall pain relief on this regimen." In this case, given that the patient's neuropathic pain and the treating physician documented the efficacy of the medication as required by the MTUS guidelines. Therefore, the request is medically necessary.

Oxycontin 30mg #60: Overturned

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 criteria for use of opioids Page(s): 88, 89 and 76-78.

Decision rationale: According to the 09/11/2014 report, this patient presents with constant low back pain that is dull/ aching, sharp/stabbing. Per this report, the current request is for Oxycontin 30mg #60. This medication was first mentioned in the 01/23/2014 report; it is unknown exactly when the patient initially started taking this medication. For chronic opiate use, MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4A's (analgesia, ADLs, adverse side effects, and aberrant behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In reviewing of the provided reports, there was documentation of analgesia with pain going from 9/10 to 8/10. ADL's are mentioned as above. The treating physician mentions in the 07/16/2014 report, "When he is taking his pain medications, he does get good relief and is able to function. He states he gets a least 50% overall pain relief on this regimen." "No aberrant behavior." In this case, the treating physician's report shows proper documentation of the four A's as required by the MTUS guidelines. Therefore, the request is medically necessary.

Lyrica 225mg #30: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pregabalin (Lyrica) Page(s): 18 and 19.

Decision rationale: According to the 09/11/2014 report, this patient presents with constant low back pain that is dull/ aching, sharp/stabbing. Per this report, the current request is for Lyrica 225mg #30. This medication was first mentioned in the 01/23/2014 report; it is unknown exactly when the patient initially started taking this medication. The MTUS guidelines has the following regarding Pregabalin (Lyrica), "Pregabalin (Lyrica, no generic available) has been documented to be effective in treatment of diabetic neuropathy and post herpetic neuralgia, has FDA approval for both indications, and is considered first-line treatment for both. In June 2007 the FDA announced the approval of Pregabalin as the first approved treatment for fibromyalgia."In reviewing of the reports, the treating physician indicates "When he is taking his pain medications, he does get good relief and is able to function. He states he gets a least 50% overall pain relief on this regimen." In this case, given that the patient's neuropathic pain and the treating physician documented the efficacy of the medication as required by the MTUS guidelines. Therefore, the request is medically necessary.