

Case Number:	CM14-0195582		
Date Assigned:	12/03/2014	Date of Injury:	10/28/2002
Decision Date:	01/15/2015	UR Denial Date:	11/14/2014
Priority:	Standard	Application Received:	11/21/2014

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 Occupational Medicine 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 62 year old male sustained an industrial related injury on 10/28/2002 of unknown mechanism. The results of the injury and previous/initial diagnoses were not discussed. Current diagnoses include low back pain, incomplete T9 paresis, chronic pain syndrome, and history of stroke. Treatment to date has included oral medications. Diagnostic testing discussed included x-rays of the spine (date unknown) which revealed a 10 leaning to the right side spine, solid fusion, and slight positive sagittal balance less than 5cm. Per evaluation, dated 10/30/2014, the injured worker presented for medication refill with complaints of chronic neck and back pain. Current medications at the time of this visit included Morphine, Carisoprodol, Seroquel and OxyContin XR. The injured worker rated his pain at 6-7/10. There was also numbness in both hands, insomnia, depression and memory loss reported. Objective findings included neck, and upper and low back tenderness to palpation. The injured worker was noted to have a flat depressed affect. Seroquel was requested for the treatment of insomnia. The OxyContin was prescribed for pain control. The injured worker was also evaluated by his primary care physician on 06/30/2014 regarding his medications which were refilled. Treatments in place around the time the medications were requested included his current medication regimen. There were no significant changes in the level of the injured worker's pain. Functional deficits and activities of daily living were unchanged. The injured worker's work status was not specified; however, from the physician's notes, it did not appear that the injured worker was working. Dependency on medical care appeared to be unchanged. On 11/14/2014, Utilization Review non-certified a prescription for Seroquel 200mg tabs 1 tab PO #30 which was requested on 10/30/2014. The Seroquel was non-certified based on insufficient evidence to recommend atypical antipsychotics for conditions covered in the ODG. The ODG guidelines were cited. This UR decision was appealed for an Independent Medical Review. The submitted application for Independent

Medical Review (IMR) requested an appeal for the non-certification of Seroquel 200mg tabs 1 tab PO #30. On 11/14/2014, Utilization Review non-certified a prescription for OxyContin IR 40mg 1 pill PO every 6 hours #180 which were requested on 10/30/2014. The OxyContin was non-certified based on the non-recommendation of long term use, insufficient documentation of clear and concise medication management per guideline rules, and insufficient continued analgesic and functional benefit. It was also noted that there was no documentation that this medication was prescribed and monitored by a single physician. The MTUS Chronic Pain guidelines were cited. This UR decision was appealed for an Independent Medical Review. The submitted application for Independent Medical Review (IMR) requested an appeal for the non-certification of OxyContin IR 40mg 1 pill PO every 6 hours #180.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin IR 40mg one pill PO every 6 hours quantity of 180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids; Oxycodone Page(s): 74-80; 92. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identify documentation of moderate to severe pain when a continuous, around-the-clock analgesic is needed for an extended period of time, as criteria necessary to support the medical necessity of Oxycontin. In addition, MTUS Chronic Pain Medical Treatment Guidelines identify documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, as criteria necessary to support the medical necessity of Oxycontin. MTUS-Definitions identify that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of low back pain, incomplete T9 paresis, chronic pain syndrome, and history of stroke. In addition, there is documentation of ongoing treatment with Oxycontin. However, there is no documentation of moderate to severe pain when a continuous, around-the-clock analgesic is needed for an extended period of time and that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In addition, given documentation of ongoing treatment with Oxycontin, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Oxycontin use to date. Therefore, based on guidelines and a review of the evidence, the request for Oxycontin IR 40mg one pill PO every 6 hours quantity of 180 is not medically necessary.

Seroquel 200mg tabs 1 tab PO #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress (updated 04/09/14)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13-14. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress Chapter and Pain Chapter, Antidepressants and Seroquel and Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identify documentation of chronic pain, as criteria necessary to support the medical necessity of antidepressants. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG identifies documentation of depression, as criteria necessary to support the medical necessity of antidepressants. In addition, ODG identifies that Seroquel is not recommended as a first line treatment. Within the medical information available for review, there is documentation of diagnoses of low back pain, incomplete T9 paresis, chronic pain syndrome, and history of stroke. In addition, there is documentation of ongoing treatment with Seroquel and Seroquel used as a second line therapy. However, given documentation of ongoing treatment with Seroquel, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Seroquel use to date. Therefore, based on guidelines and a review of the evidence, the request for Seroquel 200mg tabs 1 tab PO #30 is not medically necessary.