MAXIMUS Federal Services

Case Number:	CM14-0197327		
Date Assigned:	12/05/2014	Date of Injury:	06/07/2010
Decision Date:	01/30/2015	UR Denial Date:	11/06/2014
Priority:	Standard	Application Received:	11/26/2014

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 Rehab, 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 patient's diagnoses include lumbar disc disease, unspecified site sacroiliac region sprain, lumbar strain, neural foraminal stenosis, radiculopathy at L4-5 and L5-S1, lumbar facet syndrome, anxiety, and obesity.On 10/16/2014, the patient was seen in pain management followup. The patient reports his pain was unchanged since the past visit. The patient reported that he took his medications and had tolerated them well and that medications were helping with pain. However, on review of systems, psychologically the patient reported having depression, anxiety, as well as "suicidal attempts" or difficulty sleeping, without further detail. The patient was noted to have an antalgic gait. Strength was reduced in the right L4 and L5 distribution. Overall the treating physician noted the patient had ongoing sciatic pain. The treating physician indicated that he would appeal the request for a Lindora weight loss program. He encouraged nonstrenuous aerobic activities. He planned to refill OxyContin, Percocet, Flexeril, Colace, Prilosec, and trazodone. [redacted] noted the patient did have a history of anxiety and depression which put him at high risk for narcotic abuse and dependency, and thus he planned urine drug testing.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone 30mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids/Ongoing Management Page(s): 78.

Decision rationale: The Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines section on opioids/ongoing management discusses the 4 A's of opioid management on page 78, discussing indications for ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The medical records do not meet these 4 A's of opioid management. The benefits of opioid use in this case are discussed only in very general terms without clear indications for ongoing chronic use. Moreover, the review of systems mentions the possibility of suicidal ideations, but there is no discussion of whether ongoing opioid use is indicated in this setting. Overall this request is not supported by the treatment guidelines. This request is not medically necessary.

Trazadone 50mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13.

Decision rationale: The Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines section on antidepressants for chronic pain, page 13, states that outcome measurements should be initiated at one week of treatment with a recommended trial of at least 4 weeks. The medical records at this time contain very limited documentation of the efficacy of this medication. In addition, the review of systems is somewhat unclear but suggests the possibility of suicidal ideation. Overall, the efficacy or indication for this medication is not apparent and it is not clear that the guidelines have been followed for monitoring the efficacy of this medication. This request is not medically necessary.

Percocet 10/325mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids/Ongoing Management Page(s): 78.

Decision rationale: The Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines section on opioids/ongoing management discusses the 4 A's of opioid management on page 78, discussing indications for ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The medical records do not meet these 4 A's of opioid management. The benefits of opioid use in this case are discussed only in very general terms without clear indications for ongoing chronic use. Moreover, the review of systems mentions the possibility of suicidal ideations, but there is no discussion of

whether ongoing opioid use is indicated in this setting. Overall this request is not supported by the treatment guidelines. This request is not medically necessary.

Flexeril 10mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

Decision rationale: The Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines section on muscle relaxants states regarding Flexeril that this is recommended for a short course of therapy and that limited evidence does not allow are a recommendation for chronic use. The records do not provide an alternate rationale as an exception to the guidelines. This request is not medically necessary.

Colace 100mg #60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids/Initiating Therapy Page(s): 77.

Decision rationale: The Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines section on Opioids/Initiating Therapy states that prophylactic treatment of constipation should be initiated. Although opioids have been recommended for taper or discontinuation, the constipating effects of this medication can persist after the medication is discontinued. Therefore, given prior oxycodone and Percocet use, the request for Colace is medically necessary.