

Case Number:	CM14-0197476		
Date Assigned:	12/05/2014	Date of Injury:	02/02/2001
Decision Date:	01/26/2015	UR Denial Date:	10/20/2014
Priority:	Standard	Application Received:	11/24/2014

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:

The injured worker (IW) sustained an industrial injury on 02/02/01. She is on long-term medications, and urine drug screens have been consistent. A 10/27/14 office note stated that AME examiner (report not provided) had discussed wheelchair use versus lab-band surgery for obesity with IW. She had been seen by a urologist and undergone unspecified bladder study. Per treating physician, AME treatment recommendations had included sedentary work, muscle relaxant, anti-inflammatory, analgesic, pain management, physical therapy, chiropractic treatments, acupuncture, and eventually surgery for the lumbar spine if conservative measures fail. Current complaints included increased back pain. She reported that after going out to Walmart she typically becomes bed confined for 3-4 days. Standing tolerance was about 10 minutes and ambulation was painful. She could only walk 10-12 feet at a time. She reported that TENS was not beneficial and that H-wave had ceased to be effective. Medications were listed as MS Contin 100 mg 3 times daily, Prozac 20 mg bid, Trazodone 150 mg at night, Celebrex 200 mg bid, Soma 350 mg qid, Zanaflex 4 mg tid/qid (trial to replace Soma), Dendracin, Oxybutynin, Phenazopyridine, and a compounded topical cream. She was noted to have failed multiple other muscle relaxants. Provider stated that she was receiving Prozac for neuropathic pain. On exam, gait was antalgic, slow, and guarded. Lumbar and sacroiliac joint tenderness was noted. Lumbar range of motion was restricted and painful. The right knee was tender. Sensation was reduced in a left L5-S1 distribution. Left lower extremity weakness and 1+ Achilles reflex were noted. Earlier office notes document similar findings. A recent peer review decision recommended a weaning regimen for MS Contin and denial of Prozac, Trazodone, and Soma.

IMR ISSUES, DECISIONS AND RATIONALES

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

MS Contin 100mg #270: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use; Opioids for chronic pain; Opioids, dosing Page(s): 78-81,86.

Decision rationale: The MTUS notes no trials of long-term opioid use for neuropathic pain. Concerning chronic back pain, the MTUS states that opioid therapy "Appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited. Failure to respond to a time-limited course of opioids has led to the suggestion of reassessment and consideration of alternative therapy." The MTUS states monitoring of the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors) over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of controlled drugs. No symptomatic or functional improvement is documented in this case, despite 300 mg per day of oxycodone in the form of OxyContin. The current morphine equivalent dose (MED) of 450 mg/day greatly exceeds the MTUS recommendation for MED of up to 120/day. IW continues to report severe pain and marked limitation of function despite high doses of opioids. Medical necessity is not established for the requested OxyContin.

Prozac 20mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, (Mental) Major Depressive Disorder (MDD)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SSRIs (selective serotonin reuptake inhibitors) Page(s): 107.

Decision rationale: Prozac (fluoxetine) is an SSRI antidepressant. No psychiatric diagnosis is documented in this case. Per office notes, IW is receiving Prozac for treatment of neuropathic pain. The MTUS does not recommend SSRI antidepressants for treatment of chronic pain. Medical necessity is not established for the requested Prozac.

Trazodone 150mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, (Insomnia treatment)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Insomnia treatment.

Decision rationale: The ODG states: "Sedating antidepressants (e.g., Amitriptyline, Trazodone, Mirtazapine) have also been used to treat insomnia; however, there is less evidence to support their use for insomnia (Buscemi, 2007) (Morin, 2007), but they may be an option in patients with coexisting depression." Diagnosis of depression is not documented in this case. Current sleep pattern is not documented, and there has been no documented positive response to ongoing use of Trazodone. Medical necessity is not established for the requested Trazodone.

Soma 350mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-9792.26, soma.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma) Page(s): 29.

Decision rationale: The MTUS does not recommend Soma for treatment of chronic pain, noting risk for intoxication and abuse associated with this medication and lack of indication for long-term use. Medical necessity is not established for the requested Soma.