

Case Number:	CM14-0200425		
Date Assigned:	12/10/2014	Date of Injury:	01/28/2002
Decision Date:	01/27/2015	UR Denial Date:	11/20/2014
Priority:	Standard	Application Received:	12/01/2014

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, has a subspecialty in Pain 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 is a 58 year-old male with a date of injury of January 28, 2002. The patient's industrially related diagnoses include left ankle derangement, right wrist strain, ambulation dysfunction secondary to ankle derangement, status post ankle fusion 8/7/2009 and long-term (current) use of medications. The disputed issues are prescriptions for OxyContin 80mg and 10mg #60, and Paxil 60mg #30. A utilization review determination on 11/20/2014 had modified and non-certified these requests. The stated rationale for the modification and denial of OxyContin 80mg and 10mg was: "Although the patient has reported decreased pain and improved function, weaning is necessary to decrease dose to an appropriate level. Utilization reviewer modified the prior request for OxyContin 80mg and 10mg #60 to 1 prescription of OxyContin 80mg #60. Therefore, based on the aforementioned in addition to the guidelines cited, the prospective request for 1 prescription of OxyContin 80mg and 10mg is certified with modification to 1 prescription of OxyContin #48, the remaining #12 80mg tablets and #60 10mg tablets are non-certified." The stated rationale for the denial of Paxil was: "The use of Paxil does not appear medically necessary. After review of the submitted documents there is no subjective or objective evidence that the patient suffered from depression. Guidelines recommend use of antidepressants for those who suffer from major depression. Therefore, due to lack of evidence that the patient suffers from depression in addition the guidelines cited, the request for 1 prescription of Paxil 60mg #30 is non-certified."

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of OxyContin 80mg and 10mg #60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 75-80.

Decision rationale: Regarding the request for OxyContin 80mg and 10mg, Chronic Pain Medical Treatment Guidelines state that OxyContin is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, the treating physician adequately documented monitoring of the four domains. Pain level was documented as 10/10 without medication and 6-7/10 with medication. There was documentation of improvement in function with medication, which included walking (with crutches) and socializing. The treating physician addressed side effects and the discussed possible aberrant drug-related behavior. A periodic urine drug screen (UDS) was completed on 5/27/2014 that was consistent and another second one was done on 10/14/2014. A CURES PAR report was reviewed on 11/11/2014 and the provider stated that the injured worker was only getting opioids from one practitioner. The utilization reviewer agreed that the above were addressed but stated that weaning was necessary to decrease dose to an appropriate level because no more than 120 morphine equivalents are recommended daily, and the current prescribed daily dose far exceeds this amount. Regarding this, the CA MTUS guidelines state that in general, the total daily dose of opioid should not exceed 120 mg oral morphine equivalents. Rarely, and only after pain management consultation, should the total daily dose of opioid be increased above 120 mg oral morphine equivalents. However, the treating physician is a pain management specialist and the records demonstrate sufficient documentation regarding ongoing monitoring of opiate medication use. Based on the guidelines and the submitted documentation, the currently requested OxyContin 80mg and 10mg #60 is medically necessary.

1 prescription of Paxil 60mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13-16. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Physician Desk Reference www.pdr.net for Paxil.

Decision rationale: Regarding the request for Paxil 60mg, Chronic Pain Medical Treatment Guidelines state that selective serotonin reuptake inhibitors are not recommended as a treatment for chronic pain but may have a role in treating secondary depression. Additionally, guidelines recommend follow-up evaluation with mental status examinations to identify whether depression

is still present. Guidelines indicate that a lack of response to antidepressant medications may indicate other underlying issues. Within the documentation available for review, there was no indication that the injured worker was suffering from depression and no evidence of any recent mental status examinations to determine a diagnosis of depression. The treating physician documented that the neurological and psychiatric examinations were normal. Additionally, there is no documentation indicating whether or not the injured had responded to the Paxil treatment. Lastly, the requesting physician did not provide a rationale as to why the injured worker required a dose that exceeds the recommended dose of max 50mg per day for the diagnosis of depression. Antidepressants should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In the absence of clarity regarding these issues, the Paxil 60mg #30 is not medically necessary.