

Case Number:	CM14-0201770		
Date Assigned:	12/12/2014	Date of Injury:	11/06/1995
Decision Date:	02/03/2015	UR Denial Date:	11/07/2014
Priority:	Standard	Application Received:	12/02/2014

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 Interventional spine 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 70-year-old female with the date of injury of November 6, 1995. According to treatment report dated October 30, 2014, the patient presents with chronic low back and bilateral leg pain. Patient reports radiation of pain down the right leg with burning, numbness and tingling sensation. It was noted the patient is using Actiq, Duragesic and Nucynta which are prescribed by [REDACTED] and Lexapro and Senna which were provided by this office. Examination of the musculoskeletal showed antalgic gait favoring left side. This is the extent of the physical examination. The treating physician notes that Lexapro, DSS and Senna plus were dispensed and patient notes that these medications alleviate pain, depression and medication induced constipation. Patient reports no adverse side effects. It was noted that the patient has been stable on this current medication regimen for years. The listed diagnoses are: 1.) Degeneration of the Lumbosacral intervertebral disc 2.) Pain in left leg 3.) Low back pain 4.) Pain in right leg 5.) Lumbar post laminectomy syndrome Treatment plan is for Lexapro 20 MG with two refills, Senna plus 50 MG with two refills and DSS 250 MG with two refills. The patient was instructed to follow up in 4-6 weeks. The utilization review denied the request on November 7, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lexapro 20 mg, thirty count: Overturned

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

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

Decision rationale: This patient presents with chronic low back and bilateral leg pain and history of depression and medication induced constipation. The current request is for Lexapro 20mg, (thirty count). The treating physician states that this patient has been stable on Lexapro for "years." Utilization review denied the request for Lexapro stating there is lack of documentation of objective functional improvement with this medication use. The California MTUS Guidelines on antidepressants page 13 and 15 states "Recommended as the first line option for neuropathic pain and as a possibility for non-neuropathic pain, tricyclics are generally considered a first line agent unless they are ineffective, poorly tolerated or contraindicated." California MTUS allows for antidepressants for neuropathic and non-neuropathic pain. This patient suffers from low back pain that radiates into the lower extremities and suffers from depression. Given that the patient reports of decreased pain and alleviated depression with the use of Lexapro, the requested Lexapro 20mg #30 is medically necessary.

Refill of Lexapro 20 mg, thirty count: Upheld

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

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

Decision rationale: This patient presents with chronic low back and bilateral leg pain and history of depression and medication induced constipation. The current request is for Refill Lexapro 20mg (thirty count). The treating physician states that this patient has been stable on Lexapro for "years." Utilization review denied the request for Lexapro stating there is lack of documentation of objective functional improvement with this medication use. The California MTUS Guidelines on antidepressants page 13 and 15 states "Recommended as the first line option for neuropathic pain and as a possibility for non-neuropathic pain, tricyclics are generally considered a first line agent unless they are ineffective, poorly tolerated or contraindicated." California MTUS allows for antidepressants for neuropathic and non-neuropathic pain. This patient suffers from low back pain that radiates into the lower extremities and suffers from depression. Lexapro may be appropriate given the patient's radicular symptoms and depression, but the request is for a refill. Additional refills are not indicated until there is adequate documentation of this medication's efficacy. This patient presents on a monthly basis for follow up and it is unclear why multiple refills are being prescribed. MTUS page 60 requires recording of pain and function when medications are used for chronic pain. The request for refill of Lexapro at this time is not medically necessary.

Refill of Lexapro 20 mg, thirty count: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines antidepressants medication for chronic pain Page(s): 13 and 15; 60.

Decision rationale: This patient presents with chronic low back and bilateral leg pain and history of depression and medication induced constipation. The current request is for Refill Lexapro 20mg (thirty count). The treating physician states that this patient has been stable on Lexapro for "years." Utilization review denied the request for Lexapro stating there is lack of documentation of objective functional improvement with this medication use. The California MTUS Guidelines on antidepressants page 13 and 15 states "Recommended as the first line option for neuropathic pain and as a possibility for non-neuropathic pain, tricyclics are generally considered a first line agent unless they are ineffective, poorly tolerated or contradictory." California MTUS allows for antidepressants for neuropathic and non-neuropathic pain. This patient suffers from low back pain that radiates into the lower extremities and depression. Lexapro may be appropriate given the patient's radicular symptoms and depression, but the request is for a refill. Additional refills are not indicated until there is adequate documentation of this medication's efficacy. This patient presents on a monthly basis for follow-up and it is unclear why multiple refills are being prescribed. California MTUS page 60 requires recording of pain and function when medications are used for chronic pain. The request for refill of Lexapro at this time is not medically necessary.

Senna Plus 8.6 mg, 120 count: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Moseby's Drug Consult

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78.

Decision rationale: This patient presents with chronic low back and bilateral leg pain and history of depression and medication induced constipation. The current request is for Senna Plus 8.6 mg, (120 count). The MTUS Guidelines page 76 to 78 discusses prophylactic medication for constipation when opiates are used. The patient medication regimen includes Actiq, Duragesic, Nucynta, Lexapro, Senna and DSS. MTUS allows for prophylactic use of medication for constipation when opiates are taken. This patient has been on a long-term opiate regimen and has complaints of constipation. The requested Senna IS medically necessary.

Refill of Consult Senna Plus 8.6 mg, 120 count: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Moseby's Drug Consult

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78.

Decision rationale: This patient presents with chronic low back and bilateral leg pain and history of depression and medication induced constipation. The current requests for Refill of Senna Plus 8.6 mg 120 count. The MTUS Guidelines page 76 to 78 discusses prophylactic medication for constipation when opiates are used. The patient medication regimen includes Actiq, Duragesic, Nucynta, Lexapro, Senna and DSS. This patient has been on a long-term opiate regimen and has complaints of constipation and the use of Senna would be appropriate and within MTUS guidelines. However, this is a request for refills. This patient presents on a monthly basis for follow up and it is unclear why multiple refills are being prescribed. MTUS allows for prophylactic use of medication for constipation when opiates are taken. Additional refills are not indicated until there is adequate documentation of continued opiate use. The requested refill IS NOT medically necessary.

Refill of Senna Plus 8.6 mg, 120 count: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Moseby's Drug Consult

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78.

Decision rationale: This patient presents with chronic low back and bilateral leg pain and history of depression and medication induced constipation. The current requests for Refill of Senna Plus 8.6 mg 120 count. The California MTUS Guidelines page 76 to 78 discusses prophylactic medication for constipation when opiates are used. The patient medication regimen includes Actiq, Duragesic, Nucynta, Lexapro, Senna and DSS. This patient has been on a long-term opiate regimen and has complaints of constipation and the use of Senna would be appropriate and within California MTUS guidelines. However, this is a request for refills. This patient presents on a monthly basis for follow up and it is unclear why multiple refills are being prescribed. California MTUS allows for prophylactic use of medication for constipation when opiates are taken. Additional refills are not indicated until there is adequate documentation of continued opiate use. The requested refill is not medically necessary.

Refill of DSS 250 mg, 120 count: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Moseby's Drug Consult

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78.

Decision rationale: This patient presents with chronic low back and bilateral leg pain and history of depression and medication induced constipation. The current requests for Refill of DSS 250mg, 120 count. DSS is Dioctyl Sodium Sulfosuccinate. The MTUS Guidelines page 76 to 78 discusses prophylactic medication for constipation when opiates are used. The patient medication regimen includes Actiq, Duragesic, Nucynta, Lexapro, Senna and DSS. This patient has been on a long-term opiate regimen and has complaints of constipation and the use of DSS

would be appropriate and within MTUS guidelines. However, the medical necessity for the concurrent use of DSS and Senna has not been provided. This medication is not medically necessary.

Refill of DSS 250 mg, 120 count: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Moseby's Drug Consult

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines criteria for use of Opioids Page(s): 76-78.

Decision rationale: This patient presents with chronic low back and bilateral leg pain and history of depression and medication induced constipation. The current requests for Refill of DSS 250mg, 120 count. DSS is Dioctyl Sodium Sulfosuccinate. The MTUS Guidelines page 76 to 78 discusses prophylactic medication for constipation when opiates are used. The patient medication regimen includes Actiq, Duragesic, Nucynta, Lexapro, Senna and DSS. This patient has been on a long-term opiate regimen and has complaints of constipation and the use of DSS would be appropriate and within MTUS guidelines. However, the medical necessity for the concurrent use of DSS and Senna has not been provided. This medication is not medically necessary.