

Case Number:	CM14-0203155		
Date Assigned:	12/15/2014	Date of Injury:	11/21/1996
Decision Date:	02/05/2015	UR Denial Date:	11/07/2014
Priority:	Standard	Application Received:	12/04/2014

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 Pain Management 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 49-year-old female with date of injury of 11/02/1996. Diagnoses from 11/06/2014 are: 1. Degenerative lumbar intervertebral disc 2. Thoracic Lumbosacral neuritis, unspecified 3. Myofascial pain 4. Lumbago 5. Opioid dependence 6. Rule out opioid induced hyperalgesia 7. Carisoprodol dependence 8. Acute opioid withdrawal 9. Rule out Carisoprodol withdrawal, acute 10. Depression 11. Obesity 12. Sleep disorder 13. Migraines According to this report, the patient complains of low back, neck pain, and pain between her shoulder blades with radiating symptoms to her arms or legs. She has utilized TENS unit, nerve blocks, acupuncture, massage and chiropractic treatments with no benefit. The patient rates her pain 9/10. She states that she needs some assistance with bathing and household chores. Her current list of medications includes Kadian, Soma, amitriptyline, Nucynta, Prozac, Ambien, and Wellbutrin XL. Examination shows the patient came in with acute opioid withdrawal. She is in severe diffuse pain. The patient uses a single point cane for ambulation. She feels "chilled and flushed." Skin turgor was poor, suspicion of significant dehydration. The patient reported multiple episodes of diarrhea and vomiting. Her COWS score was 17. Treatment reports from 01/23/2014 to 11/09/2014 were provided for review. The utilization review modified the request for Amitriptyline and Kadian and denied the rest of the medications on 11/07/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prozac 20 MG #30 with 2 Refills: 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): 13-15.

Decision rationale: This patient presents with low back, neck pain and pain between her shoulder blades with pain radiating to her arms or legs. The provider is requesting Prozac 20mg quantity 30 with two refills. For Anti-depressants, the MTUS page 13-15 states, "Selective Serotonin reuptake inhibitors (SSRIs), a class of antidepressants that inhibit serotonin reuptake without action on noradrenaline, are controversial based on controlled trials. It has been suggested that the main role of SSRIs may be in addressing psychological symptoms associated with chronic pain. More information is needed regarding the role of SSRIs and pain." The record shows that the patient was prescribed Prozac on 08/07/2013. The 11/06/2014 report notes, "Medications do not provide adequate analgesia." In this case, while the patient does have a diagnosis of depression and the MTUS guidelines support the use of antidepressants in addressing psychological symptoms associated with chronic pain, the provider does not document medication efficacy as it relates to the use of Prozac. The request is not medically necessary.

Soma 350 MG #90: Upheld

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

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

Decision rationale: This patient presents with low back, neck pain and pain between her shoulder blades with pain radiating to her arms or legs. The provider is requesting Soma 350mg quantity 90. The MTUS Guidelines page 29 on Carisoprodol (Soma) states that it is not recommended. This medication is not indicated for long-term use. Carisoprodol is a commonly prescribed centrally acting skeletal muscle relaxant whose primary active metabolite is Meprobamate (a schedule IV controlled substance). The records show that the patient was prescribed Soma on 02/20/2013. In this case, the long-term use of this medication is not supported by the MTUS guidelines. The request is not medically necessary.

Amitriptyline 50 MG #30 with 2 Refills: 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)

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

Decision rationale: This patient presents with low back, neck pain and pain between her shoulder blades with pain radiating to her arms or legs. The provider is requesting Amitriptyline 50mg quantity 30 with two refills. The MTUS guidelines page 13 to 15 on antidepressants states, "Recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. Tricyclics are generally considered first-line agents unless they are ineffective, poorly tolerated, or contraindicated. Assessments of treatment efficacy should include not only pain outcomes, but also an evaluation of function, changes in use of other analgesic medication, sleep quality and duration and psychological assessment." The record shows that the patient was prescribed amitriptyline on 10/17/2012. The utilization review modified the request to amitriptyline 50 mg quantity 30 with no refills. The 11/06/2014 report notes, "Medications do not provide adequate analgesia." In this case, while the MTUS guidelines support the use of antidepressants as first-line treatment for neuropathic and non-neuropathic pain, the provider does not document medication efficacy as it relates to the use of Amitriptyline. The request is not medically necessary.

Kadian 80 MG #120: 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)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids, On-going management Page(s): 88-89; 78.

Decision rationale: This patient presents with low back, neck pain and pain between her shoulder blades with pain radiating to her arms or legs. The provider is requesting Kadian 80mg quantity 120. For chronic opiate use, the MTUS guidelines page 88 and 89 on criteria for use of opioids states, "pain should be assessed at each visit, and functioning should be measured at six-month intervals using a numerical scale or validated instrument." MTUS page 78 On-Going Management also require documentation of the 4A's including analgesia, ADLs, adverse side effects, and aberrant drug seeking behavior, as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medications to work, and duration of pain relief. The utilization review modified the request to Kadian 80mg quantity 54. The record shows that the patient was prescribed Kadian on 10/17/2012. The 11/06/2014 notes that the patient's current opioid misuse measure was 16, which puts her "at risk." The provider further states, "Reviewing the four A's the medications do not provide adequate analgesia and would be less than 10%, and do not assist with significant activities, significant adverse side effects of cognitive impairment for the patient, including difficulty in focus, attention, and memory. The patient does not demonstrate any aberrant drug behaviors; however, the patient does drink a glass of wine per day, which is problematic and somebody on such high doses of opioids." In this case, the patient does not meet the criteria set by MTUS and she should now be slowly weaned as outline by the guidelines. The request is not medically necessary.

Nucynta 50 MG #210: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids, On-going management Page(s): 88-89 and 78.

Decision rationale: This patient presents with low back, neck pain and pain between her shoulder blades with pain radiating to her arms or legs. The provider is requesting Nucynta 50mg quantity 210. For chronic opiate use, the MTUS guidelines page 88 and 89 on criteria for use of opioids states, "pain should be assessed at each visit, and functioning should be measured at six-month intervals using a numerical scale or validated instrument." MTUS page 78 On-Going Management also require documentation of the 4A's including analgesia, ADLs, adverse side effects, and aberrant drug seeking behavior, as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medications to work, and duration of pain relief. The record shows that the patient was prescribed Nucynta on 10/08/2014. The 11/06/2014 notes that the patient's current opioid misuse measure was 16, which puts her "at risk." The provider further states, "Reviewing the four A's the medications do not provide adequate analgesia and would be less than 10%, and do not assist with significant activities, significant adverse side effects of cognitive impairment for the patient, Including difficulty in focus, attention, and memory. The patient does not demonstrate any aberrant drug behaviors; however, the patient does drink a glass of wine per day, which is problematic and somebody on such high doses of opioids." In this case, the patient does not meet the criteria set by the MTUS guidelines for continued use of this opioid and should now be slowly weaned. The request is not medically necessary.