

Case Number:	CM14-0205319		
Date Assigned:	12/17/2014	Date of Injury:	12/09/2012
Decision Date:	02/09/2015	UR Denial Date:	11/13/2014
Priority:	Standard	Application Received:	12/08/2014

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 Internal Medicine, has a subspecialty in Nephrology 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 is a 55-year-old male with a 12/9/12 date of injury. According to a progress report dated 12/3/14, the patient stated that he continued to find his medications helpful and well-tolerated. His medications allowed him to stay active and walk daily for 20-30 minutes. Without his medications, his pain was too severe for him to get out of bed. His medications included MS Contin for chronic pain, gabapentin for neuropathic pain, Norco for breakthrough pain, ibuprofen for inflammation, and Effexor XR for depression due to chronic pain. His family has noticed an improvement of his depression since he started Effexor. He rated his pain as an 8-9/10 without pain medications and as a 3-4/10 with medications. The patient has signed an opioid contract with the office. Objective findings: tenderness to palpation noted at paraspinal muscles, limited AROM at all fields of lumbar spine due to pain, sensation diminished in the left lower leg and foot in the lateral aspect, sciatic notches painful to palpation, straight leg raise positive on the left. Diagnostic impression: low back pain, lumbar radiculitis, muscle pain, numbness, lumbar degenerative disc disease. Treatment to date: medication management, activity modification. A UR decision dated 11/13/14 denied the requests for Effexor, Morphine, and Norco. Regarding Effexor, there is no evidence of objective functional gains supporting the subjective improvement. Regarding Morphine and Norco, there is no evidence of objective functional improvement supporting the subjective improvement. While there is documentation of a urine drug screen and signed opiate agreement, there is still no documentation of efficacy with prior use of this medication, a risk assessment profile, and attempt at weaning/tapering.

IMR ISSUES, DECISIONS AND RATIONALES

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

Effexor XR 75mg #60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 15, 105. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: FDA (Effexor)

Decision rationale: CA MTUS recommends SNR as an option in first-line treatment of neuropathic pain, especially if tricyclics are ineffective, poorly tolerated, or contraindicated. Venlafaxine (Effexor) is FDA-approved for anxiety, depression, panic disorder, and social phobias. Off-label use for fibromyalgia, neuropathic pain, and diabetic neuropathy. In the present case, it is noted that this patient is taking Effexor XR for depression due to chronic pain. In addition, his family has noticed an improvement of his depression since he started Effexor. Therefore, the request for Effexor XR 75mg #60 is medically necessary.

Morphine 15mg #60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 78-81.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In the present case, it is noted that his medications allowed him to stay active and walk daily for 20-30 minutes. Without his medications, his pain was too severe for him to get out of bed. Medications reduced his pain intensity from an 8-9/10 to a 3-4/10. Guidelines support the continued use of opioid medications with evidence of significant pain reduction and improved activities of daily living. In addition, it is documented that this patient has signed an opioid contract with the office. Therefore, the request for Morphine 15mg #60 is medically necessary.

Norco 10/325mg #60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 78-81.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In the present case, it is noted that his medications allowed him to stay active and walk daily for 20-30 minutes. Without his medications, his pain was too severe for him to get out of bed. Medications reduced his pain intensity from an 8-9/10 to a 3-4/10. Guidelines support the continued use of opioid medications with evidence of significant pain reduction and improved activities of daily living. In addition, it is documented that this patient has signed an opioid contract with the office. Therefore, the request for Norco 10/325mg #60 is medically necessary.