MAXIMUS Federal Services

Case Number:	CM15-0003086		
Date Assigned:	01/14/2015	Date of Injury:	09/07/2000
Decision Date:	03/24/2015	UR Denial Date:	12/29/2014
Priority:	Standard	Application Received:	01/07/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: New York
Certification(s)/Specialty: Internal Medicine

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 43 year old male, who sustained an industrial injury on September 7, 2000. He has reported fell off a forklift, then the forklift fell on top of him, resulting in multiple injuries. The diagnoses have included thoracic intervertebral thoracic disc disorder with myelopathy, lumbar intervertebral lumbar disc disorder, lumbar sprain and strain, dysthymic disorder, sleep disturbance, and gastritis. Treatment to date has included multiple spinal fusions and revision, medications, crutches and a cane for ambultation. Currently, the IW complains of the cold rainy weather causing an increase in lumbar spine pain. The Utilization Review indicates on December 8, 2014, weaning the injured worker off of the medication Oxycontin was recommended, and non-certification of Ondansetron due to lack of supporting documentation. On December 29, 2014, Utilization Review non-certified the request for Cymbalta 60 mg, quantity #60, with two (2) refills; and Ondansetron 8 mg, quantity #30; and Oxytrol patch 3.9 mg, quantity #10, with two (2) refills; and Trazadone 50 mg, quantity #60, with two (2) refills; and Oxycontin 80 mg, quantity #30; and Oxycontin 60 mg, quantity #30, based on MTUS, Chronic Pain Medical Treatment, and ODG guidelines. On January 6, 2015, the injured worker submitted an application for IMR for review of Cymbalta 60 mg, quantity #60, with two (2) refills; and Ondansetron 8 mg, quantity #30; and Oxytrol patch 3.9 mg, quantity #10, with two (2) refills; and Trazadone 50 mg, quantity #60, with two (2) refills; and Oxycontin 80 mg, quantity #30; and Oxycontin 60 mg, quantity #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cymbalta 60mg #60 x2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13 & 16.

Decision rationale: MTUS states that antidepressants may be used as a first line option for neuropathic pain, but long-term effectiveness of these drugs has not been established. Cymbalta is FDA-approved for anxiety, depression, diabetic neuropathy, and fibromyalgia. The use of this drug for neuropathic pain and radiculopathy is off label. Documentation fails to indicate that the injured worker has had significant improvement in the lumbar spine pain on his current medications. The request for Cymbalta 60 mg, quantity #60, with two (2) refills is not medically necessary based on MTUS.

Ondansetron 8mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines nonspecific. Decision based on Non-MTUS Citation Medications

Decision rationale: Ondansetron (Zofran) is FDA-approved for nausea and vomiting that may be caused by chemotherapy and radiation treatment and for postoperative use. ODG states that this medication is not recommended for nausea and vomiting secondary to chronic opioid use. The request for Ondansetron 8 mg, quantity #30 is not medically necessary per guidelines.

Oxytrol patch 3.9mgl #10 x2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines nonspecific. Decision based on Non-MTUS Citation UpToDate

Decision rationale: Oxytrol is an antispasmodic agent used to treat symptoms associated with overactive neurogenic bladder such as urgency, frequency, leakage, urge incontinence and dysuria. Chart documentation indicates that the injured worker's diagnoses include Incontinence without sensory awareness. However, there is no rationale provided for initiating the medication on 9/2/14, as no urinary symptoms were reported or addressed at that visit. In addition, documentation fails to demonstrate that this diagnosis is associated with the injured worker's

chronic pain syndrome or injury. The request for Oxytrol patch 3.9 mg, quantity #10, with two (2) refills is not medically necessary.

Trazadone 50mg #60 x2 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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13 & 16. Decision based on Non-MTUS Citation Medications

Decision rationale: ODG recommends that Trazodone may be used as an option for treating insomnia, only for patients with potentially coexisting mild psychiatric symptoms such as depression or anxiety. Documentation shows that Ambien CR is prescribed for Sleep Disturbance and chart notes fail to show that the injured worker exhibits symptoms of depression or anxiety requiring treatment with Trazodone. The request for Trazadone 50 mg, quantity #60, with two (2) refills is not medically necessary.

Oxycontin 80mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74 - 82.

Decision rationale: MTUS states that opioids are not generally recommended as a first-line therapy for some neuropathic pain. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects must be documented during treatment. Documentation indicates that the injured worker has not had consistent or significant improvement in pain level or physical limitations. Furthermore, the injured worker is being treated for side effect of nausea. MTUS guidelines recommend assessment for the likelihood that the patient could be weaned from opioids. The request for Oxycontin 80 mg, quantity #30 is not medically necessary per MTUS.

Oxycontin 60mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74 - 82.

Decision rationale: MTUS states that opioids are not generally recommended as a first-line therapy for some neuropathic pain. Ongoing review and documentation of pain relief, functional

status, appropriate medication use, and side effects must be documented during treatment. Documentation indicates that the injured worker has not had consistent or significant improvement in pain level or physical limitations. Furthermore, the injured worker is being treated for side effect of nausea. MTUS guidelines recommend assessment for the likelihood that the patient could be weaned from opioids. The request for Oxycontin 80 mg, quantity #30 is not medically necessary per MTUS.