

Case Number:	CM15-0004945		
Date Assigned:	01/16/2015	Date of Injury:	07/02/1999
Decision Date:	03/12/2015	UR Denial Date:	12/26/2014
Priority:	Standard	Application Received:	01/09/2015

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: Texas, California
 Certification(s)/Specialty: Family Practice

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 60 year old male patient, who sustained an industrial injury on 7/2/99. He has reported low back pain and spasms. The diagnoses have included status post failed interbody fusion at L3-L4 and L4-L5, depression and insomnia. Per the progress note dated 12/11/14, he had chronic back pain with radiation to the both legs; severe back spasm. He reported 50% pain reduction with the current pain medications and feels he was on the lowest dose to maintain his level of function. Physical examination revealed muscle spasm in the lumbar trunk, flexion 30 and extension 5 degrees; positive straight leg raising test at 80 degrees bilaterally, decreased sensation in the right lateral calf and bottom of the foot. The medications list includes oxycodone, oxycontin, zantac, ibuprofen and seroquel. He has undergone back surgery. He has had joint injections and TENS unit for this injury. Per the records urine drug screen reports have been appropriate. Any prior urine drug screen report is not specified in the records provided. The treating physician is requesting to continue the Oxycontin 80mg #90 and Oxycodone IR 30mg #90. Also, to start Seroquel 50mg #30 for depression and insomnia. On 12/26/14 Utilization Review modified a request for Oxycontin 80mg #90 to Oxycontin 80mg #67 and non-certified a request for Oxycodone IR 30mg #90 and Seroquel 50mg #30. The UR physician cited the MTUS chronic pain medical treatment guidelines and medical necessity. On 1/9/15, the injured worker submitted an application for IMR for review of Oxycontin 80mg #90, Oxycodone IR 30mg #90 and Seroquel 50mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

(1) Prescription of Oxycodone IR 30mg, #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: Request: (1) Prescription of Oxycodone IR 30mg, #90
CRITERIA FOR USE OF OPIOIDS Page 76-80 Non MTUS Guidelines Official Disability Guidelines (ODG) Chapter: Pain (updated 02/23/15) Opioids, criteria for use Oxycodone contains Oxycodone which is an opioid analgesic. According to CA MTUS guidelines cited above, "A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals." The records provided do not specify that that patient has set goals regarding the use of opioid analgesic. Other criteria for ongoing management of opioids are: "The lowest possible dose should be prescribed to improve pain and function. Continuing review of overall situation with regard to nonopioid means of pain control. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects... Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs." The records provided do not provide a documentation of response in regards to pain control and functional improvement to opioid analgesic for this patient. As recommended by the cited guidelines a documentation of pain relief, functional status, appropriate medication use, and side effects should be maintained for ongoing management of opioid analgesic, these are not specified in the records provided. Per the records urine drug screen reports have been appropriate. Any prior urine drug screen report is not specified in the records provided. This patient does not meet criteria for ongoing continued use of opioids analgesic. The medical necessity of 1 Prescription of Oxycodone IR 30mg, #90 is not established for this patient.

(1) Prescription of Oxycodone IR 30mg, #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
CRITERIA FOR USE OF OPIOIDS Page(s): Page 76-80. Decision based on Non-MTUS Citation Chapter: Pain (updated 02/23/15) Opioids, criteria for use

Decision rationale: Request: (1) Prescription of Oxycodone IR 30m, #90 Oxycodone is an opioid analgesic. According to CA MTUS guidelines cited above, "A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals." The records provided do not specify that that patient has set goals regarding the use of opioid analgesic. Other criteria for ongoing management of opioids are: "The lowest possible dose should be prescribed to improve pain and function. Continuing

review of overall situation with regard to nonopioid means of pain control. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects...Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs." The records provided do not provide a documentation of response in regards to pain control and functional improvement to opioid analgesic for this patient. As recommended by the cited guidelines a documentation of pain relief, functional status, appropriate medication use, and side effects should be maintained for ongoing management of opioid analgesic, these are not specified in the records provided. Per the records urine drug screen reports have been appropriate. Any prior urine drug screen report is not specified in the records provided. This patient does not meet criteria for ongoing continued use of opioids analgesic. The medical necessity of 1 Prescription of Oxycodone IR 30mg, #90 is not established for this patient.

(1) Prescription of Seroquel 50mg, #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 (ODG), Mental Illness & Stress

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chapter: Mental Illness & Stress (updated 02/23/15) Quetiapine (Seroquel) Atypical antipsychotics

Decision rationale: Request: (1) Prescription of Seroquel 50mg, #30 Seroquel contains Quetiapine which is an atypical antipsychotic. ACOEM and CAMTUS do not address this request. Per the ODG guidelines, atypical antipsychotics are "Not recommended as a first-line treatment. There is insufficient evidence to recommend atypical antipsychotics (eg, quetiapine, risperidone) for conditions covered in ODG. See PTSD pharmacotherapy. Adding an atypical antipsychotic to an antidepressant provides limited improvement in depressive symptoms in adults, new research suggests. The meta-analysis also shows that the benefits of antipsychotics in terms of quality of life and improved functioning are small to nonexistent, and there is abundant evidence of potential treatment-related harm. The authors said that it is not certain that these drugs have a favorable benefit-to-risk profile. Clinicians should be very careful in using these medications. (Spielmans, 2013) The American Psychiatric Association (APA) has released a list of specific uses of common antipsychotic medications that are potentially unnecessary and sometimes harmful. Antipsychotic drugs should not be first-line treatment to treat behavioral problems. Antipsychotics should be far down on the list of medications that should be used for insomnia, yet there are many prescribers using quetiapine (Seroquel), for instance, as a first line for sleep, and there is no good evidence to support this. Antipsychotic drugs should not be first-line treatment for dementia, because there is no evidence that antipsychotics treat dementia." The patient has diagnoses depression and insomnia. There is no high grade scientific evidence to support the use of seroquel for this diagnosis. Failure of first line antidepressants is not specified in the records provided. There is no evidence of a psychotic disorder in this patient. With this it is deemed that the medical necessity of Prescription of Seroquel 50mg, #30 is not established for this patient at this time.