

Case Number:	CM15-0008365		
Date Assigned:	01/23/2015	Date of Injury:	01/08/2002
Decision Date:	03/17/2015	UR Denial Date:	12/17/2014
Priority:	Standard	Application Received:	01/14/2015

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: California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 49 year old male with an industrial injury dated 01/08/2002. His diagnoses include degeneration of the lumbosacral intervertebral disc, lumbosacral spondylosis without myelopathy, low back pain, depressive disorder, lumbosacral neuritis, and opioid dependence. Recent diagnostic testing was not provided or discussed. He has been treated with Percocet, Lidoderm patches, Lexapro, nortriptyline, Lyrica, Vicoprofen, and OxyContin for several months. In a progress note dated 12/02/2014, the treating physician reports chronic low back pain (with a recent increase in pain due to lifting of children) which radiated to both ankles, heel and dorsum of both feet and numbness of both feet, and noted that the current medications were resulting in a 50% decrease in pain and depression. The pain was rated as 6/10 in severity and constant with variable degrees of intensity. The objective examination revealed normal mood and affect, normal gait, a forward flexed body posture, and tenderness over the lumbar paraspinal muscles overlying the facet joints and S1 joints bilaterally. The treating physician is requesting Lexapro, Trileptal, and Vicoprofen medications which were denied by the utilization review. On 12/17/2014, Utilization Review non-certified a prescription for Trileptal 150mg#90 with 1 refill (3 tablets at bedtime), noting the lack of documented functional improvement and qualitative reduction in pain. The MTUS Chronic Pain guidelines were cited. On 12/17/2014, Utilization Review non-certified a prescription for Lexapro 20mg #30 with 1 refill (1 tablet by mouth daily), noting that this type of medication is controversial and is not recommended for the treatment of chronic pain. The MTUS Chronic Pain guidelines were cited. On 12/17/2014, Utilization Review non-certified a prescription for Vicoprofen 7.5/200mg #120 (1 tablet every 3-

4 hours as needed for pain), noting the lack of documented functional improvement, qualitative reduction in pain and absence of current drug screening. The MTUS Chronic Pain guidelines were cited. On 01/14/2015, the injured worker submitted an application for IMR for review of Trileptal 150mg#90 with 1 refill, Lexapro 20mg #30 with 1 refill, and Vicoprofen 7.5/200mg #120.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trileptal 150mg #90 with 1 refill (3 tabs at bedtime): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epileptic Drugs Page(s): 16-22.

Decision rationale: Trileptal (oxcarbazepine) is classified as an anti-epileptic drug indicated in the treatment of epilepsy, anxiety, mood disorders, benign motor tics and neuropathic pain from either trigeminal neuralgia and diabetic neuropathy etiologies. Presently, there are no good clinical trials for use of this type of medication for treating axial low back pain but as this type of pain may have a neuropathic origin suggests it may be effective for this condition, too. The MTUS suggests use of anti-epileptic drugs as a first line therapy for neuropathic pain from nerve damage and further describes the goal of therapy to be when the pain decreases 30-50% or more and the patient's level of functioning improves. Interesting for this patient is that the provider has prescribed two anti-epileptic drugs, Lyrica and Trileptal. Although the provider documents the patient has responded well to these anti-epileptic medications there is no indication for the patient to be on two such medications. Medical necessity for continuation of Trileptal has not been established.

Lexapro 20mg # 30 with 1 refill (1 tab PO OD): Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): Chapter 15, page(s) 388, 402.

Decision rationale: Lexapro (escitalopram) is a selective serotonin reuptake inhibitor (SSRI). It is indicated for use in the treatment of depression. As a class SSRIs are not recommended for the treatment of chronic pain although the MTUS does describe its use to treat psychological depression that arises from chronic pain. The patient has a recognized industrial accident-related depression related to chronic pain. As such, there is medical necessity in continuing use of this medication in this patient.

Vicoprofen 7.5mg/200mg #120 (1 tab 3-4 hrs. PRN pain): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 49,Chronic Pain Treatment Guidelines Opioids; NSAIDs Page(s): 67-73, 74-96.

Decision rationale: Vicoprofen is a mixed medication made up of the opioid, hydrocodone, and the Non-Steroidal Anti-Inflammatory drug (NSAID), ibuprofen. It is recommended for moderate to moderately severe pain with usual dosing of 7.5 mg hydrocodone per 200 mg of ibuprofen taken as 1-2 tablets every 4-6 hours. Maximum dose according to the MTUS is limited to 5 tablets per day and therapy should be for less than 10 days. According to the MTUS, opioid therapy for control of chronic pain, while not considered first line therapy, is considered a viable alternative when other modalities have been tried and failed. Success of this therapy is noted when there is significant improvement in pain or function. The risk with this therapy is the development of addiction, overdose and death. The pain guidelines in the MTUS directly address this issue and has a number of recommendations required for providers to document safe use of these medications. It is important to note, however, the maximum daily dose of opioids, calculated as morphine equivalent dosing from use of all opioid medications, is 120 mg per day. Although the care for this patient does not document recent urine drug testing to rule out abnormal drug-seeking behavior the provider appears to be appropriately monitoring this patient and notes the improvement in pain control with the use of opioid preparations. However, the total dose of opioids (from Percocet, OxyContin and Vicoprofen use) is 180 mg of morphine equivalents. This far exceeds the MTUS recommended morphine equivalent daily dose and thus increases the patient's risk for overdose and possibly death. The continuous use of Vicoprofen while the patient is using the other opioids noted above is not consistent with patient safety. Medical necessity for continued use of this medication has not been established.