

Case Number:	CM15-0101256		
Date Assigned:	06/03/2015	Date of Injury:	06/16/2003
Decision Date:	07/08/2015	UR Denial Date:	04/29/2015
Priority:	Standard	Application Received:	05/26/2015

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: Physical Medicine & Rehabilitation

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 42 year old male, who sustained an industrial injury on 6/16/2003. He reported falling from scaffolding with a loss of consciousness. Diagnoses have included headaches/facial pain and low back pain. Treatment to date has included physical therapy, acupuncture and medication. According to the progress report dated 3/26/2015, the injured worker complained of back pain radiating from the low back down both legs. He also complained of facial pain and headaches. He reported that his quality of sleep was poor and that his activity level had decreased. He also stated that he felt his hands were getting weaker. Exam of the cervical spine revealed tenderness and restricted range of motion. Exam of the lumbar spine revealed restricted range of motion. The injured worker reported that he used Oxycodone very sparingly for severe pain, 5-10 times a month. He reported that Seroquel and Zoloft helped his mood and helped him sleep better. Authorization was requested for Oxycodone, Zoloft and Seroquel.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone 15 mg #90: 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 Page(s): 76-78, 88-89.

Decision rationale: The patient presents with low back pain radiating to the lower extremities and facial pain. The request is for Oxycodone 15 MG #90. Physical examination to the lumbar spine on 04/23/15 revealed a restricted range of motion with flexion limited to 80 degrees and extension limited to 10 degrees. Patient's treatments have included medications and acupuncture without benefits. Per 03/26/15 progress report, patient's diagnosis include headache/facial pain and low back pain. Patient's medications, per 05/21/15/ progress report include Norco, Naproxen, Soma, Seroquel, Zoloft, Neurontin, and Oxycodone. Patient is permanent and stationary. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse 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 medication to work and duration of pain relief. MTUS p90 states, "Hydrocodone has a recommended maximum dose of 60mg/24hrs." Patient has received prescriptions for Oxycodone from 08/03/12 and 04/23/15. UR letter dated 04/29/15 has modified the request from 30 tablets with 1 refill. In progress report dated 05/21/15, treater states that the patient uses Oxycodone very sparingly or severe pain, 5-10 times a month, and helps him to bring his pain down to his baseline and that this medication is not refilled every visit. However, the request is for #90. In this case, the 4A's are not appropriately addressed, as required by MTUS. There are no discussions regarding adverse side effects, aberrant behavior, specific ADL's, etc. UDS results dated 12/28/12 were positive for Oxycodone; however, there were no recent UDS's and no opioid pain agreement or CURES reports. MTUS requires appropriate discussion of the 4A's. Given the lack of documentation as required by guidelines, the request IS NOT medically necessary.

Zoloft 100 mg #28 with 3 refills: Overturned

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: The patient presents with low back pain radiating to the lower extremities and facial pain. The request is for Zoloft 100 mg #28 with 2 refills. Physical examination to the lumbar spine on 04/23/15 revealed a restricted range of motion with flexion limited to 80 degrees and extension limited to 10 degrees. Patient's treatments have included medications and acupuncture without benefits. Per 03/26/15 progress report, patient's diagnosis include headache/facial pain and low back pain. Patient's medications, per 05/21/15/ progress report include Norco, Naproxen, Soma, Seroquel, Zoloft, Neurontin, and Oxycodone. Patient is permanent and stationary. MTUS guidelines page 13 to 15 under 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." Patient has received prescriptions for Zoloft from 02/22/13 and 04/23/15. UR letter dated 04/29/15 modified the request to 28 tablets with one refill. In progress report dated 05/21/15 and subsequent reports, treater states, "these medications [Seroquel & Zoloft] help his mood. He states that it makes him feel more calm, and sleep better. He states that with these medications, he doesn't "freak out" as much, and his mood is more stable, and he is not as overwhelmed with things." Given the patient's chronic pain, depression and documentation of its efficacy, the request appears reasonable. The request IS medically necessary.

Seroquel 25 mg #30 with 3 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 Medications for chronic pain Page(s): 60. Decision based on Non-MTUS Citation Official disability guidelines Mental Illness and Stress chapter under Atypical Antipsychotics.

Decision rationale: The patient presents with low back pain radiating to the lower extremities and facial pain. The request is for Seroquel 25 mg #30 with 3 refills. Physical examination to the lumbar spine on 04/23/15 revealed a restricted range of motion with flexion limited to 80 degrees and extension limited to 10 degrees. Patient's treatments have included medications and acupuncture without benefits. Per 03/26/15 progress report, patient's diagnosis include headache/facial pain and low back pain. Patient's medications, per 05/21/15/ progress report include Norco, Naproxen, Soma, Seroquel, Zoloft, Neurontin, and Oxycodone. Patient is permanent and stationary. ODG guidelines, Mental Illness and Stress chapter under Atypical Antipsychotics section states: "Not recommended as a first-line treatment. There is insufficient evidence to recommend atypical antipsychotics; e.g., quetiapine, risperidone; for conditions covered in ODG." "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. (Spielman, 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." The guidelines go on and state "off-label use of these drugs in people over 40 should be short-term, and undertaken with caution. (Jin, 2013)." MTUS page 60 require documentation of pain and function when medications are used for chronic pain. Patient has received prescriptions for Seroquel from 02/22/13 and 04/23/15. In progress report dated 05/21/15 and subsequent reports, treater states, "these medications [Seroquel & Zoloft] help his mood. He states that it makes him feel more calm, and sleep better. He states that with these medications, he doesn't "freak out" as much, and his mood is more stable, and he is not as overwhelmed with things." ODG classifies Seroquel as an atypical antipsychotic which is not recommended for conditions covered in ODG, and further states that adding atypical antipsychotic to an antidepressant provides "limited improvement in depressive symptoms in adults." Moreover, the patient is 42 years old and ODG states "off-label use of these drugs in people over 40 should be short-term, and undertaken with caution." The request for #30 with 3 refills does not imply short-term use. Therefore, the request IS NOT medically necessary.