

Case Number:	CM15-0105224		
Date Assigned:	06/09/2015	Date of Injury:	04/05/2013
Decision Date:	07/16/2015	UR Denial Date:	04/29/2015
Priority:	Standard	Application Received:	06/01/2015

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 59 year old male, who sustained an industrial injury on April 5, 2013, incurring back and psychological injuries. He was diagnosed with a cervical spine ligament strain, lumbar sprain, and facet arthrosis. Treatment included physical therapy, chiropractic sessions, bracing, cortisone injections, transcutaneous electrical stimulation, pain medications, antidepressants, sleep aides and work restrictions. Currently, the injured worker complained of persistent back pain, depression, difficulty sleeping with severe nightmares and loss of memory. He was diagnosed with posttraumatic stress disorder and depression. The treatment plan that was requested for authorization included prescriptions for Norco, Docusate Sodium, Lyrica, Omeprazole and Seroquel.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg, #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list: Hydrocodone/Acetaminophen; Criteria for use of Opioids: 7) When to Continue Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-94.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. Despite the long-term use of Norco, the patient has reported very little, if any, functional improvement or pain relief over the course of the last 6 months. Norco 10/325mg, #180 is not medically necessary.

Docusate Sodium 100mg, #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), Pain Chapter, Opioid-induced constipation treatment.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 77.

Decision rationale: The Chronic Pain Medical Treatment Guidelines makes provision for the prophylactic treatment of constipation secondary to chronic opiate use. However, there is no mention in the medical records supplied for review that the patient is suffering from constipation as a side effect of chronic opioid use. Docusate Sodium 100mg, #30 is not medically necessary.

Lyrica 50mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs); Specific Anit-Epilepsy Drugs: Pregabalin (Lyrica, no generic available).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 19-20.

Decision rationale: The MTUS states that Lyrica has FDA approval for painful diabetic neuropathy, postherpetic neuralgia, and fibromyalgia. The patient is not diagnosed with the above indications. In addition, a recent review has indicated that there is insufficient evidence to recommend for or against antiepileptic drugs for axial low back pain. Lyrica 50mg, #60 is not medically necessary.

Omeprazole DR (delayed release) 20mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Proton pump inhibitors (PPIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines GI symptoms & cardiovascular risk, Proton Pump Inhibitor (PPIs) Page(s): 68.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, prior to starting the patient on a proton pump inhibitor, physicians are asked to evaluate the patient and to determine if the patient is at risk for gastrointestinal events. Criteria used are: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID. There is no documentation that the patient has any of the risk factors needed to recommend the proton pump inhibitor Omeprazole. Omeprazole DR (delayed release) 20mg, #60 is not medically necessary.

Seroquel 25mg, #60 with 2 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), Mental Illness and Stress Chapter, Atypical antipsychotics.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pain (Chronic), Anxiety medications in chronic pain.

Decision rationale: Seroquel has been prescribed as a sleep aid for this patient. The MTUS is silent, but the Official Disability Guidelines state that atypical antipsychotic such as Seroquel can sometimes be recommended as a second-line agent in the treatment of anxiety disorders which sometimes produce poor sleep. There is no documentation that the patient carries a diagnosis of anxiety disorder. Other uses for Seroquel are for treating schizophrenia and bipolar disorder, neither of which the patient suffers from based on the medical record. Seroquel 25mg, #60 with 2 refills is not medically necessary.