

<b>Case Number:</b>	CM15-0134278		
<b>Date Assigned:</b>	07/22/2015	<b>Date of Injury:</b>	07/04/2000
<b>Decision Date:</b>	09/24/2015	<b>UR Denial Date:</b>	07/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/10/2015

### 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, District of Columbia, Maryland  
 Certification(s)/Specialty: Anesthesiology, Pain Management

### 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 51 year old male, who sustained an industrial injury on July 4, 2000. The initial diagnosis and symptoms experienced, by the injured worker, were not included in the documentation. Treatment to date has included medications, surgery, x-ray, MRI, urine drug screens and home exercise program. Currently, the injured worker complains of severe back pain and muscle spasms that radiates pain down his right leg. He also reports left knee pain and instability. He rates his pain at 4-10 on 10. He is diagnosed with derangement of medial meniscus, post left knee replacement, lumbar disc herniation with chronic sciatic symptoms', right leg neuropathy (burning), insomnia, bipolar mood disorder (exacerbated by industrial injury). The injured worker has returned to work. A note dated September 30, 2014 states the injured worker reports Wellbutrin his helpful managing is symptoms of depression. In a note dated March 17, 2015 it states the injured worker reported inadequate relief from Baclofen. A note dated June 15, 2015 states the injured worker reported a 50% reduction in pain and functional improvement from his medication regimen. A note dated May 8, 2015 states the urine drug screens have been appropriate. The following medications and referral, MS Contin 60 mg #60 (pain relief), Oxycodone IR 30 mg #120 (break-through pain), Mobic 15 mg #30 (inflammation), Baclofen 10 mg #45 (muscle spasms), Wellbutrin XL 300 mg #30 (depression) and a referral (unknown specialty-per note dated June 15, 2015 the referral is for an orthopedic surgeon for continued left knee pain) is requested.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ms Contin 60mg #60:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78, 92.

**Decision rationale:** Per MTUS Chronic Pain Medical Treatment Guidelines p78 regarding ongoing management of opioids "Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: Pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug related behaviors. These domains have been summarized as the "4 A's" (Analgesia, activities of daily living, adverse side effects, and any aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs". Per progress report dated 6/15/15 it was noted that the injured worker was working driving a truck again. He stated he cannot function without the medication he is given. He reported 50% reduction in pain, 50% functional improvement with activities of daily living with the medications versus not taking them at all. He rated his pain 8/10, at best a 4/10 with the medications, and 10/10 without them. Efforts to rule out aberrant behavior (e.g. CURES report, UDS, opiate agreement) are necessary to assure safe usage and establish medical necessity. It was noted that UDS was appropriate, however, report was not available for review. CURES was not available for review. I respectfully disagree with the UR physician, the documentation submitted for review supports the ongoing use of this medication. The request is medically necessary.

**Oxycodone IR 30mg #120:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78, 92.

**Decision rationale:** Per MTUS Chronic Pain Medical Treatment Guidelines p78 regarding ongoing management of opioids "Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: Pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug related behaviors. These domains have been summarized as the "4 A's" (Analgesia, activities of daily living, adverse side effects, and any aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs". Per progress report dated 6/15/15 it was noted that the injured worker was working driving a truck again. He stated he cannot function without the medication he is given. He reported 50% reduction in pain, 50% functional

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**Mobic 15mg #30: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67, 72.

**Decision rationale:** With regard to NSAIDs the MTUS CPMTG states: "Low back pain (chronic): Both acetaminophen and NSAIDs have been recommended as first line therapy for low back pain. There is insufficient evidence to recommend one medication over the other. Selection should be made on a case-by-case basis based on weighing efficacy vs. side effect profile." The documentation submitted for review indicates that the injured worker has using this medication daily since 11/2014. As it is only recommended for short-term symptomatic relief, the request is not medically necessary.

**Baclofen 10mg #45: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-64.

**Decision rationale:** With regard to muscle relaxants, the MTUS CPMTG states: "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. (Chou, 2007) (Mens, 2005) (Van Tulder, 1998) (Van Tulder, 2003) (Van Tulder, 2006) (Schnitzer, 2004) (See, 2008) Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement." Regarding Baclofen: "It is recommended orally for the treatment of spasticity and muscle spasm related to multiple sclerosis and spinal cord injuries." As the documentation provided for review does not indicate that the injured worker has multiple sclerosis or spinal cord injury which is the conditions for which Baclofen is recommended, the request is not medically necessary.

**Wellbutrin XL 300mg #30: Overturned**

**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 Official Disability Guidelines (ODG) Mental Illness & Stress, Antidepressants for treatment of MDD.

**Decision rationale:** The MTUS is silent on the treatment of major depressive disorder. Per the ODG guidelines with regard to antidepressants: Recommended for initial treatment of presentations of Major Depressive Disorder (MDD) that are moderate, severe, or psychotic, unless electroconvulsive therapy is part of the treatment plan. Not recommended for mild symptoms. Professional standards defer somewhat to patient preference, allowing for a treatment plan for mild to moderate MDD to potentially exclude antidepressant medication in favor of psychotherapy if the patient favors such an approach. (American Psychiatric Association, 2006) The requested medication is indicated for the injured worker's depression. Per the documentation submitted for review, it is noted that it is helpful in managing his symptoms of depression. The request is medically necessary.

**1 Referral (specialty unknown):** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 330.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 27.

**Decision rationale:** The California MTUS Guidelines recommend a consultation to aid with diagnosis/prognosis and therapeutic management, recommend referrals to other specialist if a diagnosis is uncertain or exceedingly complex when there are psychosocial factors present, or when, a plan or course of care may benefit from additional expertise. In this instance, the specialty of the referral is unknown. Absent this information, medical necessity cannot be affirmed. The request is not medically necessary.