MAXIMUS Federal Services

Case Number:	CM15-0140123		
Date Assigned:	07/29/2015	Date of Injury:	12/17/2012
Decision Date:	08/31/2015	UR Denial Date:	07/10/2015
Priority:	Standard	Application Received:	07/20/2015

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: Emergency 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:

This 43 year old man sustained an industrial injury on 12-17-2012. The mechanism of injury is not detailed. Diagnoses include lumbosacral degenerative changes, right lower extremity radiculopathy, sacroiliac joint dysfunction, and pain induced depression. Treatment has included oral medications. Physician notes dated 5-6-2015 show complaints of low back and right leg pain. Recommendations include continue current medication regimen including Hysingla, Zohydro, increase Gralise, Butrans patch, Gabapentin, radio frequency rhizotomy, Duloxetine, cognitive behavioral therapy, Brintellix, and follow up in four weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone 10mg #240: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-79.

Decision rationale: Oxycontin is long acting Oxycodone, an opioid. As per MTUS Chronic pain guidelines, documentation requires appropriate documentation of analgesia, activity of daily living, adverse events and aberrant behavior. Documentation fails to meets the appropriate documentation of criteria. A complete medication list was not provided. Patient takes a huge amount of opioids which include Butrans and Oxycodone. Oxycodone alone exceed 120MED (Morphine Equivalent Dose) a day, and in combination with other opioids exceeds to maximum safe amount of 120MED as per MTUS guidelines. Patient has chronic pain and has not shown any objective improvement in pain or function with current opioid therapy. There is no documentation of long term plan. Patient has noted side effects from oxycodone. Documentation fails to support prescription for Oxycodone. The request is not medically necessary.

Brintellix 10mg #60: 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: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Stress: Anti-depressants.

Decision rationale: MTUS Chronic pain and ACOEM Guidelines do not have any sections that relate to this topic. MTUS sections on anti-depressants deal with use of those medications as pain medications. As per Official Disability Guidelines, anti-depressants may be recommended but not in isolation. Patient has noted to be on Duloxetine with poor improvement despite being psychological counseling. Provider stared Brintellix because of increasing severity of depressive symptoms despite being on an anti-depressant. Brintellix is a new (FDA approved in 2013) atypical antidepressant. It is not considered a 1st line or even 2nd line anti-depressant. It was started on 5/6/15 with some subjective improvement in symptoms. It is unclear from documentation why the provider started this medication and not a multitude of other well established available medications. The requesting provider is not a psychiatrist. Any additional anti-depressants especially 2nd or 3rd line medications after failure of a first line anti-depressant should be managed by a psychiatrist. Requested Brintellix is not medically necessary.