

Case Number:	CM15-0163669		
Date Assigned:	08/31/2015	Date of Injury:	11/05/1997
Decision Date:	10/08/2015	UR Denial Date:	07/28/2015
Priority:	Standard	Application Received:	08/20/2015

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, Hawaii

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 59-year-old male, who sustained an industrial injury on November 5, 1997, incurring mid back injuries after heavy lifting. He was diagnosed with thoracic disc disease with disc bulging, thoracic radiculopathy and thoracic stenosis. Treatment included physical therapy and home exercise program, topical analgesic patches, median branch blocks, pain medications, neuropathic medications, anti-anxiety medications, sleep aides, transcutaneous electrical stimulation unit and activity restrictions. He underwent a surgical thoracic spine fusion. Currently, the injured worker complained of persistent back pain radiating to the chest, breastbone, ribs and abdomen. He rated his pain 9 out of 10 without pain medications and 3 out of 10 with opiates. The treatment plan that was requested for authorization included prescriptions for Neurontin, Xanax, Trazadone, Duragesic, Norco and Oxycontin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurontin 200mg #60, prescribed 07/20/15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Medications for chronic pain.

Decision rationale: The patient presents with pain affecting the back with radiation to the chest, breast bone, ribs and abdomen. The current request is for Neurontin 200mg #60, prescribed 07/20/15. The requesting treating physician report dated 7/20/15 (9C) states, "She will increase the Neurontin to 200mg twice a day." The report provided no further rationale for the current request. The second most current report provided for review was dated 7/9/14 (24B). The MTUS guidelines support the usage of Gabapentin for the treatment of radicular pain. MTUS page 60 also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. In this case, while the patient presents with radicular pain, there is no evidence of functional improvement or any discussion of Neurontin's efficacy in the medical reports provided for review. The current request does not satisfy the MTUS guidelines as outlined on page 60. The current request is not medically necessary.

Xanax .5mg #30, prescribed 07/20/15: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs), Medications for chronic pain.

Decision rationale: The patient presents with pain affecting the back with radiation to the chest, breast bone, ribs and abdomen. The current request is for Xanax .5mg #30, prescribed 07/20/15. The requesting treating physician report dated 7/20/15 (9C) states, "Continue Xanax 0.5 mg twice a day." The report provided no further rationale for the current request. The second most current report provided for review was dated 7/9/14 (24B). The MTUS Guidelines do not recommend benzodiazepines for longer than 4 weeks. In this case, the treating physician prescribes Xanax BID. The amount is for 15 days if taken continuously. In addition, Xanax was not prescribed the previous month. Xanax is being prescribed within CA MTUS guidelines. Pain reduction and functional improvement is recommended for continued usage. The current request is medically necessary.

Trazodone 100mg #30, prescribed 07/20/15: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Insomnia treatment.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Medications for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) online, Pain, Trazodone.

Decision rationale: The patient presents with pain affecting the back with radiation to the chest, breast bone, ribs and abdomen. The current request is for Trazodone 100mg #30,

prescribed 07/20/15. The requesting treating physician report dated 7/20/15 (9C) states, "Continue trazodone 100mg a day." The report provided no further rationale for the current request. The second most current report provided for review was dated 7/9/14 (24B). MTUS and ACOEM are silent on this medication. ODG states the following on Trazodone (Desyrel), "Recommended as an option for insomnia, only for patients with potentially coexisting mild psychiatric symptoms such as depression or anxiety." MTUS page 60 also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. In this case, there is documentation of minimal to mild depression in the PHQ-9s provided for review. The current request is medically necessary.

Duragesic 50mcg #15, prescribed 07/20/15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

Decision rationale: The patient presents with pain affecting the back with radiation to the chest, breast bone, ribs and abdomen. The current request is for Duragesic 50mcg #15, prescribed 07/20/15. The treating physician report dated 7/20/15 (9C) states, "(The patient) notes 9/10 pain without the opiates and as low as 3/10 with the opiates. She requested a trial of a different opiate that she is fearful that she is developing tolerance to Duragesic 50 mcg every 48 hours and Norco 10/325 mg 6 tablets a day." The report provided no further rationale for the current request. The second most current report provided for review was dated 7/9/14 (24B). MTUS pages 88 and 89 states "document pain and functional improvement and compare to baseline. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS also requires documentation of the four A's (analgesia, ADL's, Adverse effects and Adverse behavior). The medical reports provided show the patient has been using a Duragesic patch since at least 7/9/14. The report dated 12/19/14 (266C) notes that the patient's pain level decreases from 9/10 to 3/10 while on current medication. The patient discussed no adverse effects. The patient's last urine drug screen was consistent. In this case, all four of the required A's are not addressed and functional improvement has not been documented. The current request is not medically necessary.

Norco 10/325mg #180, prescribed 07/20/15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

Decision rationale: The patient presents with pain affecting the back with radiation to the chest, breast bone, ribs and abdomen. The current request is for Duragesic 50mcg #15, prescribed 07/20/15. The treating physician report dated 7/20/15 (9C) states, "(The patient) notes 9/10 pain without the opiates and as low as 3/10 with the opiates. She requested a trial of a different opiate that she is fearful that she is developing tolerance to Duragesic 50 mcg every 48 hours and Norco 10/325 mg 6 tablets a day." The report provided no further rationale for the current request. The second most current report provided for review was dated 7/9/14 (24B). MTUS pages 88 and 89 states "document pain and functional improvement and compare to baseline. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS also requires documentation of the four A's (analgesia, ADL's, Adverse effects and Adverse behavior). The medical reports provided show the patient has been using a Duragesic patch since at least 7/9/14. The report dated 12/19/14 (266C) notes that the patient's pain level decreases from 9/10 to 3/10 while on current medication. The patient discussed no adverse effects. The patient's last urine drug screen was consistent. In this case, all four of the required A's are not addressed and functional improvement has not been documented. The current request is not medically necessary.

Oxycontin 10mg #3, prescribed 07/20/15: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

Decision rationale: The patient presents with pain affecting the back with radiation to the chest, breast bone, ribs and abdomen. The current is request for Oxycontin 10mg #3, prescribed 07/20/15. The treating physician report dated 7/20/15 (9C) states, "(The patient) notes 9/10 pain without the opiates and as low as 3/10 with the opiates. She requested a trial of a different opiate that she is fearful that she is developing tolerance to Duragesic 50 mcg every 48 hours and Norco 10/325 mg 6 tablets a day." The report goes on to state, "I also provided her Oxycontin 10 mg q.8 hours (Rx 3 tablets) to see if this is more effective on a day when she does not take the Norco." The MTUS Guidelines page 76 to 78 under criteria for initiating opioids recommend that reasonable alternatives have been tried, considering the patient's likelihood of improvement, likelihood of abuse, etc. MTUS goes on to states that baseline pain and functional assessment should be provided. Once the criteria have been met, a new course of opioids may be tried at this time. The medical reports provided do not show that the patient has been prescribed Oxycontin previously. In this case, the patient presents with a developing tolerance to Norco and Duragesic and the treating physician is prescribing a trial of Oxycontin in order to test its efficacy in treating the patient's symptoms. Furthermore, the physician has provided a baseline pain level and functional assessment. The current request is satisfies the MTUS guidelines as outlined on pages 76-78. The current request is medically necessary.