

<b>Case Number:</b>	CM15-0182058		
<b>Date Assigned:</b>	09/23/2015	<b>Date of Injury:</b>	06/18/2003
<b>Decision Date:</b>	11/02/2015	<b>UR Denial Date:</b>	08/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/16/2015

### 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: North Carolina

Certification(s)/Specialty: Family Practice

### 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 54 year old male, who sustained an industrial injury on June 18, 2003. The progress notes provided did not include the injured worker's diagnoses. Treatment and diagnostic studies to date has included chiropractic therapy, medication regimen, and computed tomography of the head. In the progress noted dated August 14, 2015 the treating physician noted that the injured worker's condition "remained the same" since onset, but also noted that the injured worker's condition from the prior visit "has gotten worse" indicating that the injured worker was "unable to walk as much due to spine pain". On this date the treating physician noted that the injured worker's pain was to the low back and neck along with complaints of "bad headaches". The progress notes provided did not include examination findings. The injured worker's medication regimen included on August 14, 2015 was the medications of Lexapro (since at least March 12, 2015) and Percocet (start date unknown). On August 14, 2015, the injured worker's pain level was rated was rated a 2 to 3 on a scale of 0 to 10 with the use of his medication regimen and was rated an 8 on a scale of 0 to 10 without the use of his medication regimen. On August 14, 2015 the treating physician noted that the injured worker needed assistance with bathing and was able to make "some" of his own meals, but the progress note does not indicate if the injured worker experienced any functional improvement with performing activities of daily living with the use of his current medication regimen. The injured worker's pain level on June 12, 2015 was rated a 2 to 3 on a scale of 0 to 10 with the use of his medication regimen and was rated an 8 without the use of his medication regimen. On August 14, 2015 the treating physician requested the medications of Lexapro 20mg once a day for a one month

supply and Percocet 10-325mg four times a day for a one month supply with the treating physician noting current use of these medications as indicated above. On August 24, 2015 the Utilization Review determined the requests for Lexapro 20mg once a day for a one month supply and Percocet 10-325mg four times a day for a one month supplies to be non-certified.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Lexapro 20mg (Once a Day) 1 month supply: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chapter: Mental Illness & Stress.

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

**Decision rationale:** The California MTUS section on SSRIs states: Selective serotonin reuptake inhibitors (SSRIs), a class of antidepressants that inhibit serotonin reuptake without action on noradrenaline, are controversial based on controlled trials. (Finnerup, 2005) (Saarto-Cochrane, 2005) It has been suggested that the main role of SSRIs may be in addressing psychological symptoms associated with chronic pain. (Namaka, 2004) The requested medication is not a first line antidepressant in the treatment of pain and there is no documented failure of those first line agents. The patient does not have a primary psychiatric diagnosis due to industrial incident. Therefore the request is not medically necessary.

#### **Percocet 10/325mg (Four times a day) 1 month supply: 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 California chronic pain medical treatment guidelines section on opioids states for ongoing management: On-Going Management. Actions Should Include: (a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy. (b) The lowest possible dose should be prescribed to improve pain and function. (c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. 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. The 4 A's for Ongoing Monitoring: 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 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. (Passik, 2000)

(d) Home: To aid in pain and functioning assessment, the patient should be requested to keep a pain diary that includes entries such as pain triggers, and incidence of end-of-dose pain. It should be emphasized that using this diary will help in tailoring the opioid dose. This should not be a requirement for pain management.

(e) Use of drug screening or inpatient treatment with issues of abuse, addiction, or poor pain control.

(f) Documentation of misuse of medications (doctor-shopping, uncontrolled drug escalation, drug diversion).

(g) Continuing review of overall situation with regard to non-opioid means of pain control.

(h) Consideration of a consultation with a multidisciplinary pain clinic if doses of opioids are required beyond what is usually required for the condition or pain does not improve on opioids in 3 months. Consider a psych consult if there is evidence of depression, anxiety or irritability. Consider an addiction medicine consult if there is evidence of substance misuse.

When to Continue Opioids: (a) If the patient has returned to work; (b) If the patient has improved functioning and pain. (Washington, 2002) (Colorado, 2002) (Ontario, 2000) (VA/DoD, 2003) (Maddox-AAPM/APS, 1997) (Wisconsin, 2004) (Warfield, 2004)

The long-term use of this medication class is not recommended per the California MTUS unless there documented evidence of benefit with measurable outcome measures and improvement in function. There is documented significant improvement in VAS scores for significant periods of time with pain decreased from a 8/10 to a 2/10. There are no objective measurements of improvement in function or activity specifically due to the medication. Therefore all criteria for the ongoing use of opioids have not been met and the request is not medically necessary.