

Case Number:	CM15-0182163		
Date Assigned:	09/23/2015	Date of Injury:	03/02/1998
Decision Date:	11/19/2015	UR Denial Date:	09/03/2015
Priority:	Standard	Application Received:	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: New York
 Certification(s)/Specialty: Internal 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 75 year old male injured worker suffered an industrial injury on 3-2-1998. The diagnoses included non-union of 5 level lumbar fusion 4-2014, degenerative disc disease and low back pain. On 8-26-2015, the treating provider reported low back pain. The reintroductions of Lyrica and Mirtazapine had improved the nerve pain. The Morphine and Percocet was reduced to an MED of 85 a day. On exam, the gait was stooped over and used a cane for mobility. The lumbar spine was tenderness. The documentation provided did not include evidence of a comprehensive pain evaluation with pain levels with and without medications, no evidence of functional improvement with treatment and no aberrant risk assessment. The Utilization Review on 9-3-2015 determined modification for Morphine 15 mg #90 to 60, Percocet 10/325 mg #120 to #6, non-certification for Lyrica 10 mg #60 and Mirtazapine 15 mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Morphine 15 mg #90: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: According to ODG and MTUS, Morphine Elixer is an opioid analgesic, and is in a class of drugs that has a primary indication to relieve symptoms related to pain. Opioid drugs are available in various dosage forms and strengths. They are considered the most powerful class of analgesics. These medications are generally classified according to potency and duration of dosage. The treatment of chronic pain with any opioid analgesic requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. A pain assessment should include current pain, intensity of pain after taking the opiate, and the duration of pain relief. There is no compelling evidence presented by the treating provider that indicates this injured worker, had any significant improvements from use of this medication, and also review of Medical Records do not indicate that previous use of this medication has been effective in maintaining any measurable objective evidence of functional improvement. Medical necessity of the requested item has not been established. Of note, discontinuation of an opioid analgesic should include a taper, to avoid withdrawal symptoms. The requested medication is not medically necessary.

Percocet 10/325 mg #120: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: According to the CA MTUS and ODG, Percocet 10/325mg (oxycodone/Acetaminophen) is a short-acting opioid analgesic indicated for moderate to moderately severe pain, and is used to manage both acute and chronic pain. The treatment of chronic pain with any opioid analgesic requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. A pain assessment should include current pain, intensity of pain after taking the opiate, and the duration of pain relief. Of note, discontinuation of an opioid analgesic should include a taper, to avoid withdrawal symptoms. In this case, there is no documentation of the medication's functional benefit. Medical necessity of the requested item has not been established.

Lyrica 10 mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Anti-epilepsy drugs (AEDs).

Decision rationale: According to California MTUS Guidelines, anti-epilepsy drugs (AEDs) are a first-line treatment for neuropathic pain. Lyrica is FDA approved for diabetic neuropathy and post-herpetic neuralgia and has been used effectively for the treatment of other neuropathic pain. The guidelines indicate a good to moderate response to the use of Lyrica is a 30-50% reduction in pain. This patient has been taking Lyrica, in addition to narcotic analgesics, with no significant improvement documented. Without evidence of improvement, the guidelines recommend changing to a different first-line agent. There is no evidence presented by the treating provider that indicates in this injured worker, continuing this medication has been effective in maintaining any measurable objective evidence of functional improvement. Medical necessity for the requested medication has not been established. Of note, discontinuation of Lyrica should include a taper, to avoid withdrawal symptoms.

Mirtazapine 15 mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 chapter, Antidepressants.

Decision rationale: According to California MTUS Chronic Pain Medical Treatment Guidelines, Antidepressants for chronic pain are "recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. Tricyclics are generally considered a first-line agent unless they are ineffective, poorly tolerated, or contraindicated. Analgesia generally occurs within a few days to a week, whereas antidepressant effect takes longer to occur. Assessment of treatment efficacy should include not only pain outcomes, but also an evaluation of function, changes in use of other analgesic medication, sleep quality and duration, and psychological assessment". In addition, Guidelines also state that no studies have specifically studied the use of antidepressants to treat pain from osteoarthritis. In depressed patients with osteoarthritis, improving depression symptoms was found to decrease pain and improve functional status. According to Official Disability Guidelines (ODG), Antidepressants are recommended, although not generally as a stand-alone treatment. Antidepressants have been found to be useful in treating depression including depression in physically ill patients There is no compelling evidence presented by the treating provider that indicates this injured worker, had any significant improvements from use of this medication. Also review of Medical Records do not indicate that in this injured worker, previous use of this medication, has been effective in maintaining any measurable objective evidence of functional improvement. Discontinuation of the medication may need weaning. The requested treatment: Mirtazapine 15 mg #30 is not medically necessary.