

Case Number:	CM15-0199015		
Date Assigned:	10/14/2015	Date of Injury:	06/18/2003
Decision Date:	11/23/2015	UR Denial Date:	09/25/2015
Priority:	Standard	Application Received:	10/09/2015

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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

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 6-18-2003. Documented treatment includes chiropractic treatment and medication. On 9-18-2015 the injured worker reported increasing neck and shoulder pain, and stated that his activity has declined. He reported requiring assistance with dressing and bathing, and his low back would "lock up" when trying to reach his feet. VAS pain rating was 9 out of 10 without medication, and 3 out of 10 when taking them. He reported that he had not been performing exercise or therapy due to "too much pain, stress, and depression from being denied treatment." He said he was having difficulties walking and requested an extended release "pain pill." At the visit, the physician noted they would begin Oxycontin 20 mg twice a day. It was also noted that the dosage of Percocet would be dropped from 120 to 90 per month, and they would continue with Lexapro. On 3-12-2015 it was noted that Lexapro had been reduced from 40 mg to 20 mg daily. Onset of Lexapro and Percocet were not provided in the documentation. CURES was checked as reviewed 9-16-2015, but there is no mention of recent urine drug screening, pain contract or medication behaviors. The treating physician's plan of care includes 30 tabs of Lexapro 20 mg which were modified to 15 tabs; 60 tabs of Oxycontin 20 mg modified to 30 tabs; and, 90 tabs of Percocet 10-325 mg modified to 30 tabs. Determination was made on 9-25-2015. Current work status is retired.

IMR ISSUES, DECISIONS AND RATIONALES

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

30 Tabs of Lexapro 20 MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.drugs.com/lexapro.

Decision rationale: This 54 year old male has complained of low back pain, neck pain and shoulder pain since date of injury 6/18/2003. He has been treated with physical therapy and medications to include Lexapro for at least several months duration. The current request is for Lexapro. Lexapro is a selective serotonin reuptake inhibitor used for the treatment of major depressive disorder and generalized anxiety disorder. The available medical records do not contain documentation that adequately supports either of these conditions. Additionally, the provider rationale for continued use of this medication is not documented nor is the patient's response to this medication thus far. On the basis of the available medical documentation and per the guidelines cited above, Lexapro is not medically necessary.

60 Tabs Oxycontin 20 MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

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

Decision rationale: This 54 year old male has complained of low back pain, neck pain and shoulder pain since date of injury 6/18/2003. He has been treated with physical therapy and medications to include opioids since at least 11/2014. The current request is for Oxycontin. No treating physician reports adequately assess the patient with respect to function, specific benefit, return to work, signs of abuse or treatment alternatives other than opioids. There is no evidence that the treating physician is prescribing opioids according to the MTUS section cited above which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract and documentation of failure of prior non-opioid therapy. On the basis of this lack of documentation and failure to adhere to the MTUS guidelines, Oxycontin is not medically necessary.

90 Tabs Percocet 10/325 MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

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

Decision rationale: This 54 year old male has complained of low back pain, neck pain and shoulder pain since date of injury 6/18/2003. He has been treated with physical therapy and medications to include opioids since at least 11/2014. The current request is for Percocet. No treating physician reports adequately assess the patient with respect to function, specific benefit, return to work, signs of abuse or treatment alternatives other than opioids. There is no evidence

that the treating physician is prescribing opioids according to the MTUS section cited above which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract and documentation of failure of prior non-opioid therapy. On the basis of this lack of documentation and failure to adhere to the MTUS guidelines, Percocet is not medically necessary.