

Case Number:	CM15-0202327		
Date Assigned:	10/19/2015	Date of Injury:	11/06/1998
Decision Date:	12/04/2015	UR Denial Date:	10/12/2015
Priority:	Standard	Application Received:	10/14/2015

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: Florida

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 53-year-old male, who sustained an industrial injury on 11-6-1998. Diagnoses include cervical sprain, cervical radiculopathy, status post cervical fusion non-union and re-fusion, pseudoarthrosis, lumbar strain with radiculopathy, status post multiple lumbar surgeries including lumbar fusion. Treatments to date include activity modification, medication therapy, physical therapy, chiropractic therapy, and insertion of a spinal cord pain pump, pain blocks and Botox injections to the esophagus. The records indicated a long history of significant esophageal spasms and nausea leading to anorexia, treated with Marinol as well as chronic pain in multiple body parts treated with opioid medication (Norco 10-325mg), neuroleptic (Neurontin), anti-depressant and psychological therapy all since 2005. On 9-24-15, he complained of no change in chronic neck and low back pain with radiation to bilateral upper and bilateral lower extremities. He reported ongoing "extreme difficulties swallowing due to esophageal spasming" developed after cervical surgery. There was additional weight loss noted of "several pounds" and was 156.2 pounds with a height of 6 feet 4 inches. It was noted the weight loss was secondary to the inability to obtain Marinol. Percocet was noted to be taken five times daily with increased functional ability and decreased pain. Current medications included Ibuprofen, Marinol, Ondansetron, Percocet 10-325mg, and Quetiapine Fumarate, all prescribed at these doses for greater than one year. The record documented a current opioid agreement, the 4 A's, and compliance were addressed. The physical examination documented observation of periodic difficulty attempting to swallow while talking. The plan of care included ongoing medication therapy. The appeal requested authorization for Marinol 5mg #120 with four refills, Percocet 10-325mg #150, and Quetiapine Fumarate 50mg #60 with four

refills. The Utilization Review dated 10-12-15, modified the request to allow Percocet 10-325mg #100, and denied the request for Marinol and Quetiapine Fumarate.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325mg #150: 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: In accordance with California MTUS guidelines, narcotics for chronic pain management should be continued if (a) If the patient has returned to work, (b) If the patient has improved functioning and pain. MTUS guidelines also recommend that narcotic medications only be prescribed for chronic pain when there is evidence of a pain management contract being upheld with proof of frequent urine drug screens. Regarding this patient's case, there is no objective evidence of continued functional improvement. Likewise, this requested chronic narcotic pain medication is not considered medically necessary.

Marinol 5mg #120 with 4 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Cannabinoids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Cannabinoids.

Decision rationale: Marinol is Dronabinol, a form of cannabis. MTUS guidelines clearly state that cannabinoids are not recommended. In this case, this medication is being prescribed as an appetite stimulant medication. However, the provided medical records do not explain how this medication will help the patient's work related injury. There is no discussion of other first line measures used to treat this patient's decreased appetite either. Likewise, this request is not considered medically necessary.

Quetiapine Fumarate 50mg #60 with 4 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, mental Illness and Stress, Atypical antipsychotics.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Atypical Antipsychotics, mental illness and stress chapter. 2015 online edition.

Decision rationale: MTUS guidelines do not address this request for Quetiapine, and therefore the ODG guidelines were referenced. The ODG states that such atypical antipsychotics are not recommended as a first line treatment. The ODG states that there is insufficient evidence to recommend atypical antipsychotics for conditions covered in ODG. No compelling rationale for an exception has been presented in the provided medical records. The provided records do not discuss what exactly are the patient's exact psychological diagnoses, and what other medications he may have been tried on before Quetiapine was prescribed. This request is not considered medically necessary.