

Case Number:	CM15-0029881		
Date Assigned:	02/23/2015	Date of Injury:	11/04/2009
Decision Date:	04/09/2015	UR Denial Date:	01/16/2015
Priority:	Standard	Application Received:	02/17/2015

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

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:

This 51-year-old male reported a work-related injury his head, neck and right shoulder on 11/04/2009. According to the Medical-Legal Evaluation from the treating provider dated 2/9/15, the injured worker (IW) reports improved neck pain from 8/10 to 6/10 with opioid use. The diagnoses include cervical pain and post cervical laminectomy syndrome. Previous treatments include medications and surgery. The treating provider requests Brintellix 10mg one tablet daily, #30 with no refills; Cialis 5mg tablet one tablet as needed, #15 with no refills; Oxycodone 15mg one tablet 3 times daily as needed for pain, #90 with no refills; Oxycontin ER 12 hour 40mg one tab twice daily, #60 with no refills (MED 120). The Utilization Review on 01/16/2015 non-certified the request for Brintellix 10mg one tablet daily, #30 with no refills, Oxycodone 15mg one tablet 3 times daily as needed for pain, #90 with no refills and Oxycontin ER 12 hour 40mg one tab twice daily, #60 with no refills. The request for Cialis 5mg tablet one tablet as needed, #15 with no refills was modified to allow for a quantity of 10. References cited were CA MTUS guidelines and <http://www.nlm.nih.gov/medlineplus/druginfo/meds/a604008.html>.

IMR ISSUES, DECISIONS AND RATIONALES

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

Brintellix 10mg 1 tablet daily, #30 with no refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti depressants for chronic pain Page(s): 13,14.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SSRI selective serotonin reuptake inhibitors Page(s): 107.

Decision rationale: This patient presents with erectile dysfunction, depression, and chronic pain symptoms. The treater is requesting BRINTELLIX 10 MG ONE TABLET DAILY QUANTITY 30 NO REFILLS. The RFA was not made available for review. The patient's date of injury is from 11/04/2009 and his current work status was not made available. The MTUS guidelines page 107 on SSRI selective serotonin reuptake inhibitors states that it is not recommended as a treatment for chronic pain, but SSRIs may have a role in treating secondary depression. Selective serotonin reuptake inhibitors are a class of antidepressants that inhibit serotonin reuptake without action on noradrenaline, are controversial based on controlled trials. It has been suggested that the main role of SSRIs maybe in addressing psychological symptoms associated with chronic pain. The post UR Progress report from 02/09/2015 shows that the patient was prescribed Brintellix for depression. He continues to complain of poor sleep quality as a result of his pain symptoms. The patient reports decreased pain when utilizing his current medication regimen. In this case, given the patient's diagnosis of depression, the continued use of Brintellix is supported by the MTUS guidelines. The request IS medically necessary.

Cialis 5mg tablet 1 tablet as needed, #15 with no refills: 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 FDA indications/boxed label state AETNA Guidelines Clinical Policy Bulletin No. 0007 regarding erectile dysfunction.

Decision rationale: This patient presents with erectile dysfunction, depression, and chronic pain symptoms. The treater is requesting CIALIS 5 MG TABLET AS NEEDED QUANTITY 50 WITH NO REFILLS. The RFA was not made available for review. The patient's date of injury is from 11/04/2009 and his current work status was not made available. The MTUS, ODG and ACOEM are silent on Cialis. FDA indications/boxed label state that Cialis is approved to treat erectile dysfunction. AETNA Guidelines Clinical Policy Bulletin No. 0007 regarding erectile dysfunction state that a comprehensive physical/examination and lab workup for the diagnosis of erectile dysfunction (ED) including medical, sexual, and psychosocial evaluation is required. It is unclear from the medical records when the patient was prescribed Cialis. The post UR progress report from 02/09/2015 shows that the patient was prescribed Cialis to address his erectile dysfunction. There are no medical records provided to establish that the patient has received the required laboratory testing per AETNA to support a diagnosis of ED. The current request is not medically necessary as there are no objective findings to support a diagnosis of ED.

Oxycodone 15mg 1 tablet 3 times daily as needed for pain, #90 with no refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines criteria for use of opioids Page(s): 76-78, 88-89.

Decision rationale: This patient presents with erectile dysfunction, depression, and chronic pain symptoms. The treater is requesting OXYCODONE 15 MG ONE TABLET THREE TIMES DAILY AS NEEDED FOR PAIN QUANTITY 90 NO REFILLS. The RFA was not made available for review. The patient's date of injury is from 11/04/2009 and his current work status was not made available. For chronic opiate use, the MTUS guidelines page 88 and 89 on criteria for use of opioids states, "pain should be assessed at each visit, and functioning should be measured at six-month intervals using a numerical scale or validated instrument." MTUS page 78 On-Going Management also require documentation of the 4A's including analgesia, ADLs, adverse side effects, and aberrant drug seeking behavior, as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medications to work, and duration of pain relief. The post UR report from 02/09/2015 shows that the patient's pain level without medication is 8/10 and 6/10 with medication use, the patient states that decreased pain is attained when utilizing his medications. He is able to complete his activities of daily living, care for himself, sit for 30 to 40 minutes and walk for 25 minutes. The patient does not demonstrate any evidence of abuse. No side effects were reported. There is no urine drug screen or CURES report provided for review. In this case, the treater has provided sufficient documentation to show analgesia and the continued use of oxycodone is warranted. The request IS medically necessary.

Oxycontin 40mg tablet ER 12 hour take one twice a daily #60 with no refills (MED 120):
Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines criteria for use of opioids Page(s): 76-78, 88-89.

Decision rationale: This patient presents with erectile dysfunction, depression, and chronic pain symptoms. The treater is requesting OXYCONTIN 40MG TABLET ER 12 HOUR TAKE ONE TWICE A DAY #60 WITH NO REFILLS MED 120. The RFA was not made available for review. The patient's date of injury is from 11/04/2009 and his current work status was not made available. For chronic opiate use, the MTUS guidelines page 88 and 89 on criteria for use of opioids states, "pain should be assessed at each visit, and functioning should be measured at six-month intervals using a numerical scale or validated instrument." MTUS page 78 On-Going Management also require documentation of the 4A's including analgesia, ADLs, adverse side effects, and aberrant drug seeking behavior, as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medications to work, and duration of pain relief. The post UR report from 02/09/2015

shows that the patient's pain level without medication is 8/10 and 6/10 with medication use, the patient states that decreased pain is attained when utilizing his medications. He is able to complete his activities of daily living, care for himself, sit for 30 to 40 minutes and walk for 25 minutes. The patient does not demonstrate any evidence of abuse. No side effects were reported. There is no urine drug screen or CURES report provided for review. In this case, the treater has provided sufficient documentation to show analgesia and the continued use of oxycontin is warranted. The request IS medically necessary.