

Case Number:	CM15-0224560		
Date Assigned:	11/20/2015	Date of Injury:	06/04/1993
Decision Date:	12/31/2015	UR Denial Date:	11/03/2015
Priority:	Standard	Application Received:	11/16/2015

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: 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 52 year old man sustained an industrial injury on 6-4-1993. Diagnoses include failed neck surgery, cervical spine degenerative disc disease, cervical radiculopathy, lumbar spine degenerative disc disease, lumbar radiculopathy, lumbar spinal stenosis, and chronic back pain. Treatment has included oral medications including Fentanyl patches, Oxycodone, Zolpidem, Sertraline, Tizanidine, and Amlodipine. Physician notes dated 9-1-2015 show complaints of neck pain. The worker states he ran out of Oxycodone four days ago. The worker has been tapering the Fentanyl patches and is tolerating this well. No physical examination or objective findings are included in the notes for this visit. Recommendations include Fentanyl patches to continue tapering, oxycodone, Tizanidine, Ambien, and Zoloft. Utilization Review denied requests for Levorphanol and Sertraline on 11-3-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Levorphanol 2mg #180: 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, criteria for use, Opioids, specific drug list.

Decision rationale: The current request is for LEVORPHANOL 2MG #180. The RFA is dated 10/27/15. Treatment has included oral medications, spinal cord stimulator, cervical spine surgery, and physical therapy. The patient's work status is not addressed. MTUS, Opioids, specific drug list, page 92 for Levorphanol states: Levorphanol (Levo-Dromoran; generic available): 2mg tablets. Used for moderate to severe pain, when an opioid is appropriate for therapy. MTUS Guidelines page 76 to 78, under the Criteria for initiating opioids, recommend that reasonable alternatives have been tried, concerning the patient's likelihood of improvement, likelihood of abuse, etc. MTUS goes on to state that baseline pain and functional assessment should be provided. Once the criteria have been met, a new course of opioids may be tried at this time MTUS states that Functional assessment should be made before initiating a new opioid. Function should include social, physical, psychological, daily and work activities. Per report 06/10/15, the patient presents with failed back surgery syndrome. Current medications include Fentanyl patches, Oxycodone, Zolpidem, Sertraline, Tizanidine, and Amlodipine. The patient is in agreement to start tapering medications. The treater states: taper over several days. Report 08/05/15 noted taper meds. There is a Request for Authorization dated 09/02/15 which requests refill of all medications. The pain management progress notes are handwritten and provides limited discussions regarding medications. In this case, over the past several months the patient has been tapering off medications. It is unclear why Levorphanol is being initiated at this time. There is no discussion of current pain levels. Recommendation for initiating a new opioid cannot be supported as there is no functional and baseline pain assessment. MTUS states that functional assessments should be made. Function should include social, physical, psychological, daily and work activities. Given the lack of documentation as required by guidelines, the request IS NOT medically necessary.

Setraline 100mg #30: 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): Antidepressants for chronic pain.

Decision rationale: The current request is for SERTRALINE 100MG #30. The RFA is dated 10/27/15. Treatment has included oral medications, spinal cord stimulator, cervical spine surgery, and physical therapy. The patient's work status is not addressed. MTUS Guidelines, Antidepressants, pages 13 to 15 state, Recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. Tricyclics are generally considered first-line agents unless they are ineffective, poorly tolerated, or contraindicated. Assessments 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. Per report 06/10/15, the patient presents with failed back surgery syndrome. Current medications include Fentanyl patches, Oxycodone, Zolpidem, Sertraline, Tizanidine, and Amlodipine. The patient is in agreement to start tapering medications. The treater states: taper over several days.

Report 08/05/15 noted taper meds. There is a Request for Authorization dated 09/02/15, which requests refill of all medications. The pain management progress notes are handwritten and provides limited discussions regarding medications. MTUS page 60 states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. In this case, the patient has been utilizing this medication since at least 06/10/15 with no documentation of functional improvement or reduction in pain. Therefore, the request IS NOT medically necessary.