

Case Number:	CM15-0035251		
Date Assigned:	03/03/2015	Date of Injury:	09/17/1993
Decision Date:	04/14/2015	UR Denial Date:	01/27/2015
Priority:	Standard	Application Received:	02/25/2015

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: Texas, California
 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 67 year old male, who sustained an industrial injury reported on 9/17/1993. He reported increased pain that remains severe on medication, poor sleep, and decreased activity. The diagnoses were noted to include lumbar or lumbosacral intervertebral degenerative disc disease; low back pain; and mood disorder. Treatments to date have included consultations; diagnostic imaging studies; and medication management. The work status classification for this injured worker (IW) was noted to be permanent and stationary and currently not working. The medication list include Valium, Ambien, Lexapro, Duragesic patch, Norco, Neurontin and Percocet. The patient has had MRI of the lumbar spine on 9/5/12 that revealed disc protrusion and positive EMG. Per the doctor's note dated 1/15/15 patient had complaints of pain at 8/10. Physical examination of the low back revealed tenderness on palpation, limited range of motion, positive SLR and antalgic gait, 4/5 strength and decreased sensation in LE. Patient has received an unspecified number of PT visits for this injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325 mg 1 every 4-5 hours #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines -Opioids, criteria for use: page 76-80, CRITERIA FOR USE OF OPIOIDS, Therapeutic Trial of Opioids.

Decision rationale: Request: Percocet 10/325 mg 1 every 4-5 hours #180. Percocet contains acetaminophen and oxycodone which is an opioid analgesic. According to CA MTUS guidelines cited below, "A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals." The records provided do not specify that patient has set goals regarding the use of opioid analgesic. A treatment failure with non-opioid analgesics is not specified in the records provided. Other criteria for ongoing management of opioids are: "The lowest possible dose should be prescribed to improve pain and function. Continuing review of the overall situation with regard to nonopioid means of pain control. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs." The records provided do not provide a documentation of response in regards to pain control and functional improvement to opioid analgesic for this patient. The continued review of overall situation with regard to nonopioid means of pain control is not documented in the records provided. As recommended by MTUS a documentation of pain relief, functional status, appropriate medication use, and side effects should be maintained for ongoing management of opioid analgesic, these are not specified in the records provided. MTUS guidelines also recommend urine drug screen to assess for the use or the presence of illegal drugs in patients using opioids for long term. A recent urine drug screen report is not specified in the records provided. Whether improvement in pain translated into objective functional improvement including ability to work is not specified in the records provided. With this, it is deemed that, this patient does not meet criteria for ongoing continued use of opioids analgesic. The medical necessity of Percocet 10/325 mg 1 every 4-5 hours #180 is not established for this patient.

Lexapro 20 mg take 1 daily #30: Overturned

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

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

Decision rationale: Lexapro 20 mg take 1 daily #30. Escitalopram also known by the brand names Lexapro and Ciprallex among others, is an antidepressant of the selective serotonin reuptake inhibitor (SSRI) class. According to the CA MTUS chronic pain guidelines cited below SSRIs (selective serotonin reuptake inhibitors) are Not recommended as a treatment for chronic pain, but SSRIs may have a role in treating secondary depression. It has been suggested that the main role of SSRIs may be in addressing psychological symptoms associated with chronic pain. He reported increased pain that remains severe on medication, poor sleep, and decreased activity.

The diagnoses were noted to include lumbar or lumbosacral intervertebral degenerative disc disease; low back pain; and mood disorder. The patient has had MRI of the lumbar spine on 9/5/12 that revealed disc protrusion and positive EMG. Per the doctor's note dated 1/15/15 patient had complaints of pain at 8/10. Physical examination of the low back revealed tenderness on palpation, limited range of motion, positive SLR and antalgic gait, 4/5 strength and decreased sensation in LE. The pt has chronic pain with significant objective findings, sleep disturbance, decreased activity and a mood disorder. The cited guidelines support the use of a SSRI for addressing psychological symptoms associated with chronic pain. The request for Lexapro 20 mg take 1 daily #30 is medically necessary and appropriate.