

Case Number:	CM15-0049855		
Date Assigned:	03/23/2015	Date of Injury:	03/01/2010
Decision Date:	07/07/2015	UR Denial Date:	02/27/2015
Priority:	Standard	Application Received:	03/16/2015

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:

The 55-year-old male injured worker suffered an industrial injury on 03/01/2010. The diagnoses included chronic intractable lower back pain secondary to lumbosacral degenerative disc disease, lumbar disc protrusion, lumbar fusion, severe insomnia and depression. The injured worker had been treated with medications and spinal surgery. On the treating provider reported he had not been sleeping at night despite increase in Seroquel. Without medications the injured worker it was difficult for him to get out of bed. On exam there was an impaired gait and tenderness to the lumbar spine with reduced range of motion. The treatment plan included Methadone, Oxycodone and Seroquel.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methadone 10mg, #150: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Methadone Page(s): 61-62.

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

Decision rationale: The patient presents on 09/09/15 with inability to sleep at night, otherwise the patient does not possess any pain complaints. The patient's date of injury is 03/01/10. Patient is status post anterior and lumbar fusion at L4-5 and L5-S1 levels at a date unspecified. The request is for Methadone 10mg #150 (1 tab 5x day). The RFA was not provided. Physical examination dated 02/09/15 reveals limited lumbar range of motion in all planes, a short stride, and normal motor function in the lower extremities. No other positive physical findings are included. The patient is currently prescribed Methadone, Oxycodone, and Methadone. Diagnostic imaging was not included. Patient's current disability status is not provided; though progress note dated 02/09/15 indicates that this patient currently engages in volunteer work. MTUS Guidelines pages 88 and 89 under Criteria for Use of Opioids (Long-Term Users of Opioids): "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 under Criteria For Use of Opioids - Therapeutic Trial of Opioids, also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse 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 medication to work and duration of pain relief. In regard to the requested Methadone for the management of this patient's intractable lumbar pain, the provider has not supplied adequate documentation of medication compliance. Documentation of pain relief is vague, progress note dated 02/09/15 states: "he has no other issues. He has not been having neck major flare ups." There is some evidence of functional benefits, namely that this patient is able to do volunteer work and would otherwise be bedridden. There is mention of a lack of aberrant behavior in the 01/22/15 progress note. However, a careful review of the records provided does not find evidence that this patient is subjected to urine drug screenings to ensure medication compliance. There is no mention of medication consistency in the progress notes, either. MTUS requires at least annual urine drug screenings with evidence of medication compliance to substantiate continued use of narcotic medications, no such documentation is provided. Owing to a lack of 4A's documentation as required by MTUS, the request is not medically necessary.

Oxycodone IR 15mg, #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Page(s): 92, 78-80.

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

Decision rationale: The patient presents on 09/09/15 with inability to sleep at night, otherwise the patient does not possess any pain complaints. The patient's date of injury is 03/01/10. Patient is status post anterior and lumbar fusion at L4-5 and L5-S1 levels at a date unspecified. The request is for Oxycodone IR 15mg #120 (1 tab 4x day). The RFA was not provided. Physical examination dated 02/09/15 reveals limited lumbar range of motion in all planes, a short stride, and normal motor function in the lower extremities. No other positive physical findings are included. The patient is currently prescribed Methadone, Oxycodone, and Methadone. Diagnostic imaging was not included. Patient's current disability status is not provided; though

progress note dated 02/09/15 indicates that this patient currently engages in volunteer work. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse 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 medication to work and duration of pain relief. In regard to the requested Oxycodone IR for the management of this patients intractable lumbar pain, the provider has not supplied adequate documentation of medication compliance. Documentation of pain relief is vague, progress note dated 02/09/15 states: "he has no other issues. He has not been having neck major flare ups." There is some evidence of functional benefits, namely that this patient is able to do volunteer work and would otherwise be bedridden. There is mention of a lack of aberrant behavior in the 01/22/15 progress note. However, a careful review of the records provided does not find evidence that this patient is subjected to urine drug screenings to ensure medication compliance. There is no mention of medication consistency in the progress notes, either. MTUS requires at least annual urine drug screenings with evidence of medication compliance to substantiate continued use of narcotic medications, no such documentation is provided. Owing to a lack of 4A's documentation as required by MTUS, the request is not medically necessary.

Seroquel 100mg, #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & 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), Mental Illness Chapter, Atypical Antipsychotics.

Decision rationale: The patient presents on 09/09/15 with inability to sleep at night, otherwise the patient does not possess any pain complaints. The patient's date of injury is 03/01/10. Patient is status post anterior and lumbar fusion at L4-5 and L5-S1 levels at a date unspecified. The request is for Seroquel 100mg #30 (po qhs). The RFA was not provided. Physical examination dated 02/09/15 reveals limited lumbar range of motion in all planes, a short stride, and normal motor function in the lower extremities. No other positive physical findings are included. The patient is currently prescribed Methadone, Oxycodone, and Methadone. Diagnostic imaging was not included. Patient's current disability status is not provided; though progress note dated 02/09/15 indicates that this patient currently engages in volunteer work. Regarding atypical antipsychotics, ODG mental illness chapter states there is insufficient evidence to recommend - olanzapine, quetiapine, risperidone, ziprasidone, aripiperazole - for the treatment of PTSD. ODG does not recommend them as a first-line treatment. "Adding an atypical antipsychotic to an antidepressant provides limited improvement in depressive symptoms in adults, new research suggests. The meta-analysis also shows that the benefits of antipsychotics in terms of quality of life and improved functioning are small to nonexistent, and there is abundant evidence of potential treatment-related harm. The authors said that it is not certain that these drugs have a favorable benefit-to-risk profile. Clinicians should be very careful in using these medications.

The American Psychiatric Association -APA- has released a list of specific uses of common antipsychotic medications that are potentially unnecessary and sometimes harmful.

Antipsychotic drugs should not be first-line treatment to treat behavioral problems." In regard to the request for Seroquel, the provider has not substantiated that such a medication is appropriate for further use. This patient is currently prescribed Seroquel for his chronic insomnia, though there is insufficient evidence that this medication is effective in controlling these symptoms.

Progress note dated 02/09/15 states: "Patient has been on Seroquel and he is not starting to respond very well. I have recommended to continue Seroquel and added Trazodone to help with his insomnia." Furthermore, ODG indicates that such medications offer few benefits and uncertain benefit-to-risk profiles. Therefore, this request is not medically necessary.