

Case Number:	CM15-0053833		
Date Assigned:	03/27/2015	Date of Injury:	11/22/2004
Decision Date:	06/05/2015	UR Denial Date:	03/05/2015
Priority:	Standard	Application Received:	03/20/2015

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, Pain Management

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 33 year old male, who sustained an industrial injury on 11/22/2004. He reported low back pain. The injured worker was diagnosed as having lumbago, and lumbar degenerative disc disorder. Treatment to date has included medications, urine drug screening, and acupuncture, physical therapy, and chiropractic treatment. The request is for Fentanyl patches 75mcg #10, Lexapro 20mg #30 with 2 refills, and a referral to a pain Psychologist. On 2/23/2015, reports his pain level as 6/10 with the use of Fentanyl patches only. He indicates his last dose of Methadone 60mg was on 2/22/2015, and reduced his pain to 4-5/10 and lasted for 12 hours. He indicated no changes in his mood using Lexapro, and had failed Prozac. The record is dark and difficult to read. The record indicates he failed lumbar epidural steroid injection, physical therapy, acupuncture, and chiropractic treatment. The treatment plan included the requested medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fentanyl Patches 75 mcg, #10: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 44, 47, 75-79, 120.

Decision rationale: Regarding the request for fentanyl, California Pain Medical Treatment Guidelines state that this is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, while there are reports of some mild subjective pain relief with a significantly high dose of opiates, there is no indication that the medication is improving the patient's function (in terms of specific examples of functional improvement) and no discussion regarding absent aberrant use. As such, there is no clear indication for ongoing use of the medication. Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In light of the above issues, the currently requested fentanyl is not medically necessary.

Lexapro 20mg #30 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain. Decision based on Non-MTUS Citation <http://www.nlm.nih.gov/medlineplus/druginfo/meds/a603005.html>.

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

Decision rationale: Regarding the request for Lexapro (escitalopram), Chronic Pain Medical Treatment Guidelines state that selective serotonin reuptake inhibitors may have a role in treating secondary depression. Additionally, guidelines recommend follow-up evaluation with mental status examinations to identify whether depression is still present. Guidelines indicate that a lack of response to antidepressant medications may indicate other underlying issues. Within the documentation available for review, it appears that the medication is not providing any significant benefit in the patient's psychological symptoms. The patient has a pending psychiatric consultation and, while short-term use of the medication would be appropriate pending that evaluation, the use of the medication with two refills is not supported and, unfortunately, there is no provision to modify the current request to allow for an appropriate amount of medication. In light of the above issues, the currently requested Lexapro is not medically necessary.

Pain Psychologist Referral: 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 Psychological Evaluations Page(s): 100-102.

Decision rationale: Regarding the request for a pain psychologist referral, Chronic Pain Medical Treatment Guidelines state that psychological evaluations are recommended. Psychological evaluations are generally accepted, well-established diagnostic procedures not only with selected using pain problems, but also with more widespread use in chronic pain populations. Diagnostic evaluations should distinguish between conditions that are pre-existing, aggravated by the current injury, or work related. Psychosocial evaluations should determine if further psychosocial interventions are indicated. Within the documentation available for review, it is noted that the patient has a pending psychiatric consultation and there is no clear indication for referral to a pain psychologist prior to that consultation, as the results of the psychiatric consultation may obviate the need for such a referral. In light of the above issues, the currently requested pain psychologist referral is not medically necessary.