

Case Number:	CM15-0057134		
Date Assigned:	04/02/2015	Date of Injury:	12/15/1989
Decision Date:	06/03/2015	UR Denial Date:	03/19/2015
Priority:	Standard	Application Received:	03/25/2015

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: Arizona, Michigan

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 59 year old male, who sustained an industrial injury on 12/15/1989. The injured worker is currently diagnosed as having chronic pain syndrome, post lumbar laminectomy, lumbar back pain with bilateral radiculopathy, sacroiliac joint dysfunction, myofascial pain syndrome, chronic depression, chronic anxiety, chronic insomnia, status post lumbar arthrodesis, and lumbar degenerative disc disease. Treatment to date has included thoracic and lumbar spine MRI, daily exercises, physical therapy, aquatic therapy, transforaminal epidural steroid injection, and medications. In a progress note dated 03/12/2015, the injured worker presented with complaints of pain in his bilateral legs, bilateral buttocks, thoracic spine, bilateral low back, bilateral ankles/feet, and groin. The treating physician reported requesting authorization for transforaminal epidural steroid injection and medications to include Oxycontin, Trazodone, Lexapro, Wellbutrin, and Docusate Calcium.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Transforaminal Epidural Steroid Injection right T10: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection (ESI).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs) Page(s): 46.

Decision rationale: Per the MTUS, Epidural Steroid Injections are recommended as an option for the treatment of radicular pain. The purpose of the ESI is to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs and avoiding surgery. The treatment alone offers no significant long-term functional benefit. In the therapeutic phase, repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks with a general recommendation of no more than 4 blocks per region per year. A review of the injured workers medical records reveal subjective and objective documentation of radiculopathy and successful outcome with past ESI and therefore based on the injured workers response to the ESI and the guidelines the request for 1 Transforaminal Epidural Steroid Injection right T10 is medically necessary.

1 Prescription of Oxycontin 80 Mg #126: 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): 74-96 (78, 89, 95).

Decision rationale: Per the MTUS, opioids should be discontinued if there is no overall improvement in function, unless there are extenuating circumstances, Opioids should be continued if the patient has returned to work or has improved functioning and pain. Ongoing management actions should include prescriptions from a single practitioner, taken as directed and all prescriptions from a single pharmacy. The lowest possible dose should be prescribed to improve pain and function. Documentation should follow the 4 A's of analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors. Long term users of opioids should be regularly reassessed. In the maintenance phase the dose should not be lowered if it is working. Also, patients who receive opioid therapy may sometimes develop unexpected changes in their response to opioids, which includes development of abnormal pain, change in pain pattern and persistence of pain at higher levels than expected. When this happens opioids can actually increase rather than decrease sensitivity to noxious stimuli. It is important to note that a decrease in opioid efficacy should not always be treated by increasing the dose or adding other opioids, but may actually require weaning. A review of the injured workers medical records do not reveal documentation of pain or functional improvement with the use of opioids according to MTUS recommendations and without this information medical necessity for the continued use of OxyContin is not established.

1 Prescription of Trazodone HCL 50mg #60 with 3 refills: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Insomnia.

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 & Stress /Trazodone (Desyrel).

Decision rationale: The MTUS /ACOEM did not specifically address the use of trazodone therefore other guidelines were consulted. Per the ODG, trazodone is recommended as an option for insomnia, only for patients with potentially coexisting mild psychiatric symptoms such as depression or anxiety. Trazodone was approved in 1982 for the treatment of depression. It is unrelated to tricyclic or tetracyclic antidepressants and has some action as an anxiolytic. Off- label uses include alcoholism, anxiety, insomnia, and panic disorder. Although approved to treat depression, the American Psychiatric Association notes that it is not typically used for major depressive disorder. Over the period 1987 through 1996, prescribing trazodone for depression decreased throughout the decade, while off-label use of the drug for insomnia increased steadily until it was the most frequently prescribed insomnia agent. A review of the injured workers medical records reveal documentation of difficulty falling asleep and staying asleep that is improved with the use of trazodone and the continued use of trazodone for insomnia is appropriate and medically necessary in this injured worker.

1 Prescription of Lexapro 20mg #30 with 3 refills: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental Illness & Stress.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 14-16. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress / Escitalopram (Lexapro).

Decision rationale: Per the MTUS, antidepressants are recommended as a first line option in the treatment of neuropathic pain and also possibly for non- neuropathic pain. Per the ODG, Lexapro is recommended as a first-line treatment option for MDD and PTSD. A review of the injured workers medical records reveal that he is being treated for depression with Lexapro and the continued use of Lexapro is medically appropriate, therefore the request for 1 Prescription Of Lexapro 20mg #30 with 3 refills is medically necessary.

1 Prescription of Wellbutrin SR 150MG #90 with 3 refills: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental Illness & Stress.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 14-16. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress / Bupropion (Wellbutrin).

Decision rationale: Per the MTUS, antidepressants are recommended as a first line option in the treatment of neuropathic pain and also possibly for non- neuropathic pain. Per the ODG, wellbutrin is recommended as a first-line treatment option for major depressive disorder. A review of the injured workers medical records reveal that he is being treated for depression with Wellbutrin and the continued use of Wellbutrin is medically appropriate, therefore the request for 1 Prescription Of Wellbutrin SR 150MG #90 with 3 refills is medically necessary.

1 Prescription of Docusate calcium 240mg #120 with 3 refills: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Guideline Clearinghouse, Constipation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77.

Decision rationale: Per the MTUS, prophylactic treatment of constipation should be started when initiating therapy with opioids. A review of the injured workers medical records reveal that the injured worker has been on opioid therapy therefore the request for 1 Prescription of Docusate calcium 240mg #120 with 3 refills is medically necessary.