

Case Number:	CM15-0084086		
Date Assigned:	05/06/2015	Date of Injury:	09/18/1998
Decision Date:	06/30/2015	UR Denial Date:	04/15/2015
Priority:	Standard	Application Received:	05/01/2015

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, Hawaii
 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 injured worker is a 74 year old male, who sustained an industrial injury on 09/18/1998. According to the most recent progress report submitted for review and dated 01/06/2015, chief complaints included low back pain, depression and muscle spasms. Symptoms of depression were controlled by the current treatment plan. He was not sleeping well. The provider recommended over the counter. Pain level with medications was rated 3 on a scale of 1-10 and 7 without medications. Current medications included Escitalopram Oxalate, Lunesta and Methadone. The provider noted that there was a signed opiate agreement on the chart. Patient activity reports and urine toxicology screens had been appropriate. Diagnoses included lumbar disc displacement, myalgia and myositis not otherwise specified, spasms of muscle, depressive disorder not elsewhere classified and back pain chronic. Prescriptions were given for Escitalopram, Hydrocodone/Acetaminophen and Methadone. Currently under review is the request for Escitalopram, Hydrocodone/Acetaminophen, Methadone and Lunesta. The oldest progress report submitted for review dated back to 09/15/2014 and shows that the injured worker was utilizing Escitalopram, Hydrocodone/Acetaminophen, Lunesta and Methadone at that time.

IMR ISSUES, DECISIONS AND RATIONALES

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

Escitalopram 10mg #30 with 2 refills: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Online, Mental Illness and Stress Chapter, Lexapro.

Decision rationale: The patient presents with lower back pain, depression and muscle spasm. The current request is for Escitalopram 10mg #30 with 2 refills. The treating physician report dated 1/6/15 (11b) states, "escitalopram oxalate (Dosage: 10 mg/tablet SIG: Take 1 tablet by mouth once a day 30 Dispense: 30." The MTUS guidelines for SSRIs state, "It has been suggested that the main role of SSRIs may be in addressing psychological symptoms associated with chronic pain." The ODG guidelines provide further discussion and state, "Recommended as a first-line treatment option for MDD and PTSD." The guidelines also go on to state that it is not recommended for mild symptoms. In this case, the treating physician does not indicate that the patient is suffering from major depression or from post-traumatic stress disorder. The treating physician has not diagnosed the patient with conditions outlined in ODG for the use of Lexapro. The ODG guidelines do not support the current request. The request is not medically necessary and the recommendation is for denial.

Hydrocodone/Acetaminophen 10/325mg #90: 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 Opioids Page(s): 74-96.

Decision rationale: The patient presents with lower back pain, depression and muscle spasm. The current request is for Hydrocodone / Acetaminophen 10/325mg #90. The treating physician states that the patient has been quite stable on current medications. Pain level with medications is 3/10 and without is 7/10. There are no adverse side effects or aberrant behaviors from the medications. Functional improvements, self-care ADLs and sleep quality are all improved with opioid usage. For chronic opiate use, 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 4A's (analgesia, ADLs, adverse side effects, and aberrant 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 this case, the treating physician has documented all 4A's and the patient has noted improvement in daily function on the current opioids. The current request is medically necessary and the recommendation is for authorization.

Methadone 10mg #180: 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 Opioids Page(s): 74-96.

Decision rationale: The patient presents with lower back pain, depression and muscle spasm. The current request is for Methadone 10mg #180. The treating physician states that the patient has been quite stable on current medications. Pain level with medications is 3/10 and without is 7/10. There are no adverse side effects or aberrant behaviors from the medications. Functional improvements, self-care ADLs and sleep quality are all improved with opioid usage. For chronic opiate use, 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 4A's (analgesia, ADLs, adverse side effects, and aberrant 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 this case, the treating physician has documented all 4A's and the patient has noted improvement in daily function on the current opioids. The current request is medically necessary and the recommendation is for authorization.

Lunesta 2mg #30 with 1 refill: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG online, Pain chapter, Lunesta.

Decision rationale: The patient presents with lower back pain, depression and muscle spasm. The current request is for Lunesta 2mg #30 with 1 refill. The treating physician states that the previously prescribed Lunesta has provided a 40% improvement in the patient's ability to sleep. The ODG guidelines state "Eszopicolone (Lunesta) has demonstrated reduced sleep latency and sleep maintenance. (Morin, 2007) The only benzodiazepine-receptor agonist FDA approved for use longer than 35 days. A randomized, double blind, controlled clinical trial with 830 primary insomnia patients reported significant improvement in the treatment group when compared to the control group for sleep latency, wake after sleep onset, and total sleep time over a 6-month period." Given the current accepted safety of the medication, the current request is medically necessary and the recommendation is for authorization.