

Case Number:	CM15-0239219		
Date Assigned:	12/16/2015	Date of Injury:	07/12/1997
Decision Date:	01/25/2016	UR Denial Date:	12/01/2015
Priority:	Standard	Application Received:	12/08/2015

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:

This is a 64 year old male who sustained a work-related injury on 7-12-97. Medical record documentation on 11-9-15 revealed the injured worker was being treated for chronic intractable neck pain, status post multiple lumbar surgeries, multi-level cervical degenerative disc disease status post cervical fusion, opioid dependence, chronic pain syndrome, anxiety and depression. The evaluating physician noted that the injured worker was looking forward to beginning a functional restoration program and he had a change in circumstances due to his chronic intractable neck pain. The injured worker had a poor coping mechanism and was currently on methadone. He used his methadone to help manage his chronic intractable neck pain. The injured worker rated his pain a 3 on a 10-point scale. He reported continued to have severe sharp pain with constant, dull, achy pain to the cervical paraspinals and bilateral upper trapezius. He had numbness and a burning sensation in the upper extremities. Objective findings included palpable taut bands to the cervical paraspinals and bilateral upper trapezius muscles. He had multiple triggers and limited cervical range of motion. The injured worker appeared stiff and ambulated slowly. His bilateral upper extremity motor strength was 5-5. The evaluating physician noted that it was not in the injured worker's best interest to increase his narcotics dose and that he had tapered down his Ativan dosage. His methadone would continue to be monitored. Other medications included Seroquel 200 mg, Cymbalta 60 mg, and Ativan 1 mg. A request for Quetiapine tab 200 mg #120 and Methadone tab 10 mg #120 was received on 11-20-15. On 12-1-15, the Utilization Review physician determined Quetiapine tab 200 mg #120 and Methadone tab 10 mg #120 was not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Quetiapine tab 200mg #120: Overturned

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 and Stress.

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

Decision rationale: The patient presents with neck and upper extremity pain. The current request is for Quetiapine tab 200g #120. The report making the request was not made available. Medical records show that the patient was prescribed Quetiapine prior to 08/2015. The ODG Guidelines under the Mental Illness and Stress Chapter on Quetiapine (Seroquel) states, Not recommended as a first-line treatment. There is insufficient evidence to recommend atypical antipsychotics (e.g., quetiapine, risperidone) as monotherapy for conditions covered in ODG. It may be useful to augment antidepressant treatment in treatment refractory patients. The MTUS Guidelines page 60 and 61 states that pain assessment and functional changes must also be noted when medications are used for chronic pain. The 08/19/2015 (16B) report notes, His psych meds are in good combo. Ativan reduces his anxiety, Seroquel and Cymbalta are used in combo for his depression. They are all working well. Anxiety and depression are self-rated at 5/10, but he is labile, and a formal tool was done today. In this case, Seroquel is being used in conjunction with Cymbalta to treat the patient's depression with noted benefit. Continued use is warranted and the current request is medically necessary.

Methadone tab 10mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Methadone.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

Decision rationale: The patient presents with neck and upper extremity pain. The current request is for Methadone tablet 10mg #120. The report making the request was not made available. However, the 11/09/2015 (9B) report notes, He is using his methadone to help manage his chronic intractable neck pain. His pain on the visual analog scale today is 3/10. The urine drug screen from 06/04/2015 (162B) show inconsistent results to prescribed medications. Medical records show that the patient was prescribed Methadone prior to 08/2015. For chronic opiate use, the MTUS guidelines page 88 and 89 on criteria for use of opioids states, "pain should be assessed at each visit, and functioning should be measured at six-month intervals using a numerical scale or validated instrument." MTUS page 78 On-Going Management also require documentation of the 4A's including analgesia, ADLs, adverse side effects, and aberrant drug

seeking 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 medications to work, and duration of pain relief. There are no before and after pain scales to show analgesia. The physician does not provide specific examples of ADLs to demonstrate medication efficacy. There are no pain management issues discussed such as CURES report, pain contract, etc. No outcome measures were provided as required by MTUS Guidelines. In addition, the patient's recent urine drug screen shows inconsistent results. In this case, the physician has not provided the proper documentation of the required criteria based on the MTUS Guidelines for continued opiate use. The current request is not medically necessary.