

Case Number:	CM14-0145179		
Date Assigned:	09/12/2014	Date of Injury:	06/09/2011
Decision Date:	10/14/2014	UR Denial Date:	08/27/2014
Priority:	Standard	Application Received:	09/08/2014

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. The expert reviewer is Board Certified in Family Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 61-year-old female who has submitted a claim for Chronic L5 Radiculopathy, Lumbar Spondylosis with Myelopathy, and Failed Back Syndrome, associated with an industrial injury dated 06/09/2011. Medical Records from 2013 to 2014 were reviewed which showed constant aching, throbbing, and shooting low back pain as well as knee pain, 7-8/10. With opioid medications, the patient reported sitting tolerance improved by 60%, standing tolerance improved by 60%, and walking tolerance improved by 60%. Patient had frustrated mood as well as increased anxiety, depression, and irritability. From progress notes dated 02/04/2014, patient reported that Lexapro had not adequately controlled her depression. She also had difficulty falling asleep and difficulty staying asleep due to pain. Physical examination showed antalgic gait with limping. There was noted spasm of the lumbar spine. Tenderness was noted in her right and left lumbar paravertebral regions L2-L3, L3-L4, and L4-L5 levels. Extension and lateral rotation of the lumbar spine was positive for back pain. Straight leg raising test was positive on both sides at 60 degrees. Sensation was diminished in the left lower extremity in a diffuse distribution. EMG-NCV study on January 2013 demonstrated chronic L5 radiculopathy. Treatment to date has included anterior posterior fusion from L4 to S1 last April 2012, right L2, L3, L4 radiofrequency rhizotomy last June 21, 2013, TENS, acupuncture, and physical therapy. Medications include Lexapro 20mg/tablet, atenolol, and Norco 10mg/325mg tablet. Patient likewise had undergone cognitive behavior therapy. The patient has been recommended for a spinal cord stimulator trial for failed back syndrome however patient refused to undergo another invasive procedure. A peer review dated February 2014 modified the request for Norco 10mg/325mg tablet for weaning purposes then to discontinue. Utilization review from 08/27/2014 denied the request for Lexapro 20mg/tablet once a day for 30 days #30 and Norco 10mg/325mg tablet 5 times a day PRN #150 since the patient denies improvement with Lexapro.

Although attempts should be made to emphasize analgesic adjuvants for chronic and neuropathic pain such as TCA and SNRI antidepressants, the patient has not demonstrated improvement with the use of Lexapro. Efficacy can be optimized by providing a different adjuvant such as gabapentin or Cymbalta or by adding a second analgesic adjuvant. Likewise, the patient reports high levels of pain despite long-term use of Norco and long-term use of opioids in not recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lexapro 20 mg tablet, 1 tablet every morning PRN for 30 days, #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, Pain Chapter and Mental illness and stress Escitalopram (Lexapro)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressant for Chronic Pain Page(s): 16.

Decision rationale: As stated on page 16 of the CA MTUS Chronic Pain Medical Treatment Guidelines, SSRI's (Lexapro) are controversial based on controlled trials. It has been suggested that the main role of SSRIs may be in addressing psychological symptoms associated with chronic pain. More information is needed regarding the role of SSRIs and pain. In this case, from medical records provided, it is unclear when the patient started taking Lexapro. More importantly, the patient still reports frustrated mood as well as increased anxiety, depression, and irritability. From progress notes dated 02/04/2014, patient reported that Lexapro had not adequately controlled her depression but still it remains to be prescribed. There is no documentation concerning functional improvement derived from its use. Therefore, the request for LEXAPRO 20mg/tablet, 1 tablet every morning PRN for 30 days, #30 is not medically necessary.

Norco 10 mg-325 mg 1 tablet 5 times daily PRN for 30 days, #150: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-91.

Decision rationale: As stated on page 78 of CA MTUS Chronic Pain Medical Treatment Guidelines, there are 4 A's for ongoing monitoring of opioid use: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant drug-related behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. The use of opioids for chronic low back pain is only recommended for short-term pain relief. In this case, it is unclear when the patient started taking Norco, however from medical

records provided, the patient has been taking this drug since 2013. Despite the use of this medication, the patient continued to report constant low back pain 7-8/10. Peer review dated 02/04/2014 also mentioned tapering the dose of Norco for discontinuation however the same dose has been prescribed since. There are no documented functional gains with the continued use of Norco. MTUS guidelines require clear and concise documentation for ongoing opioid management. Therefore, the request for Norco 10mg-325mg tablet 1 tablet 5 times daily PRN for 30 days, #150 is not medically necessary.