MAXIMUS Federal Services

Case Number:	CM14-0184964		
Date Assigned:	11/12/2014	Date of Injury:	11/01/2000
Decision Date:	12/19/2014	UR Denial Date:	10/17/2014
Priority:	Standard	Application Received:	11/06/2014

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 Adult Psychiatry and is licensed to practice in Illinois and Wisconsin. 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:

This is a 61 year old female who was injured in November of 2000. The patient has had complaints of pain in her lower back, left hip and both legs. She has undergone spinal decompression of L1-2 and L3-4 and has a diagnosis of depression secondary to the pain which has been treated variously with Celexa, Trazodone and Pristiq. The provider is requesting coverage for the following: 6 CBT sessions, a urine drug screen, Pristiq 100 mg, and Theramine, Kava, Opana, Opana IR, and NESP-R program. The previous reviewed modified the request for Opana from #60 to #45 and denied all of the other above requests due to lack of medical necessity. This is an independent review of the previous review decision to deny coverage for Pristiq 100 mg #30, a UDS, 6 CBT sessions, Theramine #120, Kava #90, Opana 40 mg #60, Opana IR 10 mg #120, and NESP-R program.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 cognitive behavioral sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Part 2 Pain Interventions and Treatments Page(s): 23.

Decision rationale: It does not appear that the patient has had therapy. While Cognitive Behavioral Therapy is recommended by the State of California MTUS, the recommendation is for 3-4 sessions at the outset with additional sessions (up to 13-20) being contingent on evidence of objective functional improvement. As such the requested 6 CBT sessions should be considered as not medically necessary according to the evidence based guideline cited.

1 urine drug screen: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine Drug Screen (UDS) Tests.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine Drug Screen (UDS) Tests.

Decision rationale: Urine drug screens should be a routine part of monitoring in patients who are on high doses for prolonged periods to ensure compliance and rule out use of illicit substances. The State of California MTUS indicates that drug monitoring is recommended as an option. Thus a UDS is supported according to currently accepted clinical best practice standards as well as the evidence based guideline cited above.

1 prescription of Pristiq 100mg #30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental Illness & Stress

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Treatments Page(s): 13-16.

Decision rationale: The above indicate that the above are recommended as a first line option for neuropathic pain. While this particular medication is not mentioned, its precursor, venlafaxine, is indicated although the use for this indication is off label. As such, use of Pristiq 100 mg #30 appears to be supported by the State of California MTUS. Therefore, the requested medication is medically necessary and appropriate.

1 prescription of Theramine #120: 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 (Chronic)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment Guidelines, Pain

Decision rationale: First tier resources are silent regarding Theramine. ODG indicate that this medication is not recommended for treatment of chronic pain indicating the lack of high quality

clinical studies which support its use. Theramine should therefore be considered as medically unnecessary according to current clinical research; evidence based best practice standards and expert consensus as set forth in the Official Disability Guidelines. Therefore, the requested medication is not medically necessary and appropriate.

1 prescription of Kava #90: 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: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress, Summary of Medical Evidence

Decision rationale: State of California MTUS and ACOEM are silent regarding Kava. ODG indicates that this is recommended as an option despite concerns about hepatotoxicity. As such the requested Kava #90 appears to be supported by the evidence based guideline cited and should be considered as medically necessary.

1 prescription of Opana 40mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Treatments Page(s): 76-87.

Decision rationale: According to the above opioids are not recommended as a first line therapy for neuropathic pain. It is not clear from the records what alternatives have been tried and what the results have been as it is clear that the patient has been on opioids since at least 2012 and no records are available from prior to that time. Additionally the above do not recommend more than 120 MED's per day. The amount of Opana requested appears to far exceed that amount. The proceeding reviewer modified the request to #45 which will allow for ongoing monitoring and potential additional authorization as indicated. However the requested 60 Opana 40 mg tabs do not appear to be medically necessary according to the State of California MTUS. Therefore, the medication is not medically necessary and appropriate.

1 prescription of Opana IR 10mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Treatments Page(s): 76-87.

Decision rationale: See above. As noted and detailed State of California MTUS do not recommend opioids for neuropathic pain. Additionally, although the request does not exceed the maximum recommended daily MED's, the combined dose of Opana and Opana IR do exceed this amount. As such, the request is not supported by the evidence based guideline cited and thus should not be considered as medically necessary.

1 prescription of NESP-R program: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Treatments Page(s): 34.

Decision rationale: It appears that the patient's opioid use has been problematic and not highly successful in controlling pain. It is the writer's understanding that the purpose of the request is to implement and complete an opiate withdrawal. The State of California MTUS seems to indicate that while there is need for further study; outcomes are improved with adjunctive pain management programs. As such the request appears to be medically necessary according to the above cited evidence based resource as there is likelihood that it will facilitate alternative coping skills and thus abet the process of tapering the opioids. Therefore, 1 prescription of NESP-R program is medically necessary and appropriate.