

Case Number:	CM14-0216369		
Date Assigned:	02/04/2015	Date of Injury:	02/08/1999
Decision Date:	03/24/2015	UR Denial Date:	12/18/2014
Priority:	Standard	Application Received:	12/24/2014

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. 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: New York, Pennsylvania, Washington
 Certification(s)/Specialty: Internal Medicine, Geriatric 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 64 year old female, who sustained an industrial injury on 2/8/1999. The current diagnoses are cervical and lumbar disc with radiculitis and post- laminectomy syndrome of the cervical and lumbar region. Currently, in a 11/19/14 visit, the injured worker complains of neck pain with radiation to bilateral shoulders and to left upper extremity with tingling and numbness in the fingers. Additionally, she reports low back pain with radiation along the left lower extremity with weakness and falls. The treating physician is requesting Oxycodone 15mg #90, Celexa 10mg #60, Trazadone 50mg #90, Methadone 10mg #120, Orphenadrine ER 100mg #60, Lactulose liquid 10g/15ml #900, Phenergan 25mg #90, and multidisciplinary evaluation, which is now under review. On 12/18/2014, Utilization Review had non-certified a request for Oxycodone 1mg #90, Celexa 10mg #60, Trazadone 50mg #90, Methadone 10mg #120, Orphenadrine ER 100mg #60, Lactulose liquid 10g/15ml #900, Phenergan 25mg #90, and multidisciplinary evaluation. The California MTUS Chronic Pain and Official Disability Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone 1mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 74-80.

Decision rationale: This injured worker has chronic pain with an injury sustained in 1999. The medical course has included numerous treatment modalities including surgery and use of several medications including narcotics and muscle relaxants. Per the guidelines, in opioid use, ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects is required. Satisfactory response to treatment may be reflected in decreased pain, increased level of function or improved quality of life. The MD visit of 11/14 fails to document any significant improvement in pain, functional status or a discussion of side effects specifically related to oxycodone to justify use per the guidelines. Additionally, the long-term efficacy of opioids for chronic back pain is unclear but appears limited. The medical necessity of oxycodone is not substantiated in the records.

Celexa 10mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic) Chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 107.

Decision rationale: Per the guidelines, SSRIs are not recommended as a treatment for chronic pain, but they may have a role in treating secondary depression. It has been suggested that the main role of SSRIs may be in addressing psychological symptoms associated with chronic pain. SSRIs have not been shown to be effective for low back pain. It is not clear why celexa was prescribed and the note of 11/14 does not document a rationale, efficacy or side effects. The medical necessity of celexa is not substantiated in the records.

Trazodone 50mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic) Chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 13-14.

Decision rationale: This injured worker has chronic pain with an injury sustained in 1999. The medical course has included numerous treatment modalities including surgery and use of several medications including narcotics, trazodone and muscle relaxants. Trazodone is an anti-depressant and a serotonin antagonist and reuptake inhibitor. Per the guidelines, anti-depressants can be

used as a first line option for neuropathic pain and as a possibility for non-neuropathic pain. Long-term effectiveness of anti-depressants has not been established and the effect of this class of medication in combination with other classes of drugs has not been well researched. In this case, it is not clear from the records if it is being prescribed for depression, difficulty sleeping or pain. There is no documentation of a discussion of rationale, side effects or efficacy. The records do not support medical necessity for trazodone.

Methadone 10mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 74-80.

Decision rationale: This injured worker has chronic pain with an injury sustained in 1999. The medical course has included numerous treatment modalities including surgery and use of several medications including narcotics and muscle relaxants. Per the guidelines, in opioid use, ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects is required. Satisfactory response to treatment may be reflected in decreased pain, increased level of function or improved quality of life. The MD visit of 11/14 fails to document any significant improvement in pain, functional status or a discussion of side effects specifically related to methadone to justify use per the guidelines. Additionally, the long-term efficacy of opioids for chronic back pain is unclear but appears limited. The medical necessity of methadone is not substantiated in the records.

Orphenadrine ER 100mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 63-66.

Decision rationale: This injured worker has chronic pain with an injury sustained in 1999. The medical course has included numerous treatment modalities including surgery and use of several medications including narcotics and muscle relaxants. Per the guidelines, non-sedating muscle relaxants are recommended for use with caution as a second-line option for short-term treatment of acute exacerbation in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use can lead to dependence. The MD visit of 11/14 fails to document any improvement in pain, functional status or a discussion of side effects specifically related to orphenadrine to justify use. The medical necessity of orphenadrine is not substantiated in the records.

Lactulose liq 10g/15ml #900ml: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic) Chapter, Opioids

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Management of chronic constipation in adults - uptodate

Decision rationale: Lactulose can be used as a laxative in the management/prevention of constipation. In this injured worker, she is prescribed several opioids which can cause constipation. However, the review of systems, history and physical exam do not document any issue with constipation to justify medical necessity for the lactulose.

Phenergan 25mg #90: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic) Chapter

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation uptodate: phenergan drug information

Decision rationale: This medication can be used in the prevention of nausea and vomiting. In the case of this injured worker, there is no documented rationale, discussion of efficacy or side effects. The review of systems and physical exam do not document any abdominal symptoms. The records do not document the medical necessity for phenergan.

Multidisciplinary evaluation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic) Chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 7.

Decision rationale: This injured worker has chronic pain with an injury sustained in 1999. The worker has been treated with multiple modalities of pain management including surgery and medications with little subjective or objective improvement in her symptoms yet stable functional status. A comprehensive multidisciplinary approach to pain management is indicated for patients with more complex or refractory problems. The physical exam and medical notes do not support this complexity. The medical necessity of a multidisciplinary evaluation is not substantiated in the records.