

Case Number:	CM15-0008469		
Date Assigned:	01/26/2015	Date of Injury:	04/15/2005
Decision Date:	03/16/2015	UR Denial Date:	01/14/2015
Priority:	Standard	Application Received:	01/14/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 (IW) is a 69 year old male, who sustained an industrial injury on 04/15/2005. He has reported chronic pain in the spine, right knee, and neck that he rates as an 8/10 with medication and a 9-10/ without. The diagnoses have included herniation of disc-lumbar, knee/lower leg pain, other chronic pain and depression. Treatment to date has included a total left knee replacement, injections to the lumbar spine, and medication. He is on a pain medication regimen of Percocet, Flexeril, Mirtazapine, Relistor and generic Remeron for insomnia. Other medications the claimant is currently taking include Fortesta, Amitiza, Soma, Lidoderm and Cymbalta . He participates in a patient drug compliance monitoring program. Currently, the IW complains of chronic pain in the back knee and lower leg. He has submitted requests for retrospective refill s of Relistor, Percocet, and Mirtazapine. On 01/14/2015 Utilization Review non-certified a prescription for Retrospective Percocet 10mg-325mg #120 (DOS: 01/05/15), noting there were limited pain scores and no evidence provided of improved function or decreased pain with the use of the Percocet. The MTUS Chronic Pain Opioids Guidelines, was cited. On 01/14/2015, the injured worker submitted an application for IMR for review of the non-certified Percocet.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Relistor 12mg/0.6ml #30 (DOS: 01/05/2015): 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 Pain (chronic)

Decision rationale: Retrospective Relistor 12mg/0.6ml #30 (DOS: 01/05/2015) is not medically necessary per the MTUS and the ODG. The MTUS Chronic Pain Medical Treatment Guidelines recommend that prophylactic treatment of constipation be initiated when initiating opioids. The ODG states that when prescribing an opioid, and especially if it will be needed for more than a few days, there should be an open discussion with the patient that this medication may be constipating, and the first steps should be identified to correct this. Simple treatments include increasing physical activity, maintaining appropriate hydration by drinking enough water, and advising the patient to follow a proper diet, rich in fiber. These can reduce the chance and severity of opioid-induced constipation and constipation in general. In addition, some laxatives may help to stimulate gastric motility. Other over-the-counter medications can help loosen otherwise hard stools, add bulk, and increase water content of the stool. Relistor is recommended as a second line agent if the above first line options are not effective in treating constipation. The documentation does not reveal failure of first line treatment for constipation therefore Relistor is not medically necessary.

Retrospective Percocet 10mg-325mg #120 (DOS: 01/05/15): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing management Page(s): 78-80.

Decision rationale: Retrospective Percocet 10mg-325mg #120 (DOS: 01/05/15) is not medically necessary per the MTUS Guidelines. The MTUS Chronic Pain Medical Treatment Guidelines state that a pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The MTUS does not support ongoing opioid use without improvement in function or pain. The documentation submitted reveals that the patient has been on long term opioids without documentation of significant functional improvement therefore the request for retrospective Percocet is not medically necessary.

Retrospective Mirtazapine 30mg #60 (DOS: 01/05/15): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Physician's Desk reference (PDR) - Remeron

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

Decision rationale: Retrospective Mirtazapine 30mg #60 (DOS: 01/05/15) is not medically necessary per the ODG. The MTUS does not address this issue. The ODG states that Mirtazapine is not recommended as a first-line treatment. There is insufficient evidence to recommend atypical antipsychotics (eg, quetiapine, risperidone) for conditions covered in ODG. The ODG states that antipsychotics should be far down on the list of medications that should be used for insomnia, yet there are many prescribers using quetiapine (Seroquel), for instance, as a first line for sleep, and there is no good evidence to support this. The documentation indicates that this was being prescribed for insomnia. There are no extenuating circumstances in the submitted documentation going against the guideline recommendations that do not support this medication for sleep. The request for Mirtazapine is not medically necessary.