

Case Number:	CM15-0013586		
Date Assigned:	02/02/2015	Date of Injury:	04/21/2009
Decision Date:	03/26/2015	UR Denial Date:	01/19/2015
Priority:	Standard	Application Received:	01/23/2015

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, Pain Management

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 36 year old male who sustained an industrial injury reported on 4/21/2009. He has reported continued pain not having pain medication x 7 weeks. The diagnoses have included internal injuries from a gunshot wound; status-post colostomy with supra pubic tube into the bladder - both removed after 3 months; and small bowel obstruction due to adhesions. Treatments to date have included consultations; diagnostic laboratory and imaging studies; surgeries; and medication management, with a pain patch prescribed by a different office. The work status classification for this injured worker (IW) was noted to be terminated on 3/28/2014. It was noted that the medical care had originally been taken care of by private insurance, up until 3/2014 when the IW was terminated, and that the IW had lived abroad for some time before presenting for re-examination on 1/7/2015. On 1/19/2015, Utilization Review (UR) non-certified, for medical necessity, the request, made on 1/12/2015, for Hydrocodone/acetaminophen 5/325mg 1 tab every 8 hours as needed (maximum of 3/day) for 90 days, #270; Abilify 30mg 1 daily for 90 days, #90, with 1 refill; and Fluoxetine 20mg, 1 daily for 90 days, #90, with 1 refill. The Medical Treatment Utilization Schedule, chronic pain medical treatment guidelines; and the Official Disability Guidelines, mental illness and stress chapter, pain chapter, were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/acetaminophen 5/325mg, take 1 q8h prn (max 3/day) for 90 days #270:
Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78, 91.

Decision rationale: Per MTUS Chronic Pain Medical Treatment Guidelines p78 regarding on-going management of opioids "Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: Pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug related behaviors. These domains have been summarized as the 4 As (Analgesia, activities of daily living, adverse side effects, and any aberrant drug-taking 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." Review of the available medical records reveals no documentation to support the medical necessity of hydrocodone/acetaminophen nor any documentation addressing the '4 A's' domains, which is a recommended practice for the on-going management of opioids. Specifically, the notes do not appropriately review and document pain relief, functional status improvement, appropriate medication use, or side effects. The MTUS considers this list of criteria for initiation and continuation of opioids in the context of efficacy required to substantiate medical necessity, and they do not appear to have been addressed by the treating physician in the documentation available for review. Furthermore, efforts to rule out aberrant behavior (e.g. CURES report, UDS, opiate agreement) are necessary to assure safe usage and establish medical necessity. There is no documentation comprehensively addressing this concern in the records available for my review. As MTUS recommends to discontinue opioids if there is no overall improvement in function, medical necessity cannot be affirmed. Furthermore, the request for 3 month supply does not allow for timely reassessment of efficacy.

Abilify 30mg, take 1 qd for 90 days #90 with 1 refill: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The MTUS is silent on the use of Abilify. Per the ODG guidelines: Not recommended as a first-line treatment. Abilify (aripiprazole) is an antipsychotic medication. Antipsychotics are the first-line psychiatric treatment for schizophrenia. There is insufficient evidence to recommend atypical antipsychotics for conditions covered in ODG. As the requested medication is not recommended, the request is not medically necessary.

Fluoxetine 20mg, take 1 qd for 90 days #90 with 1 refill: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The MTUS is silent on the use of Fluoxetine. Per the ODG guidelines: Recommended as a first-line treatment option for major depressive disorder and PTSD.I respectfully disagree with the UR physician's assertion that the documentation did not adequately diagnose depression. The injured worker related anxiety and depression secondary to chronic pain. The request is medically necessary.