

Case Number:	CM15-0014621		
Date Assigned:	02/02/2015	Date of Injury:	03/07/2009
Decision Date:	03/30/2015	UR Denial Date:	01/19/2015
Priority:	Standard	Application Received:	01/26/2015

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, Washington

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 46-year-old female who reported an injury on 03/07/2009. Her diagnoses included chronic low back pain, lumbar degenerative disc disease, right sciatica, pain related depression, and pain related insomnia. Her medications included Flector 1.3% patch, oxycodone 15 mg, amitriptyline 25 mg, promethazine 25 mg, diclofenac 75 mg, BuSpar 10 mg, and bupropion 150 mg. Treatments have included psychiatric counseling, epidural steroid injections to L5 and S1, and physical therapy. Her surgical history included an L5-S1 discectomy with partial vertebrectomy and disc replacement on 07/18/2011. The progress note of 01/21/2015 documented the injured worker reported a 50% reduction in her pain with the use of oxycodone and Flector patches. She describes an 8/10 intensity without her medications. It was noted that the injured worker has opiate related nausea and Phenergan reduces that by 40% to 50%. There is documentation of a signed pain contract.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flector 1.3% #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines Pain Procedure Summary

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

Decision rationale: The request for Flector 1.3% #30 was not medically necessary. The California MTUS guidelines state diclofenac is indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip or shoulder. Maximum dose should not exceed 32 g per day (8 g per joint per day in the upper extremity and 16 g per joint per day in the lower extremity). There is a lack of documentation regarding a proper pain assessment and objective functional improvement with the use of the Flector patches. The request does not include dosing instructions for the Flector patch, nor does it include placement instructions. The request for Flector 1.3% #30 is not medically necessary.

Oxycodone 15mg #120: Upheld

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

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

Decision rationale: The request for Oxycodone 15mg #120 is not medically necessary. The California MTUS guidelines state there are 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 A's" (analgesia, activities of daily living, adverse side effects, and 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. There is a lack of documentation regarding a proper pain assessment, side effects, recent urine drug screen results, documentation of a recent review of CURES report, or objective functional improvement with this medication. The request does not include dosing instructions. This medication is recommended for weaning purposes. The request for oxycodone 15mg #120 is not medically necessary.

Amitriptyline HCl 25mg #30 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental Illness and Stress Procedure Summary

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13-16.

Decision rationale: The request for Amitriptyline HCl 25mg #30 with 1 refill is not medically necessary. The California MTUS guidelines state tricyclics are generally considered a first-line agent unless they are ineffective, poorly tolerated, or contraindicated. Analgesia generally occurs within a few days to a week, whereas antidepressant effect takes longer to occur. There is no indication to provide refills of any medication without interval evaluation of its efficacy. There is a lack of documentation of objective functional improvement with this medication. The request does not include dosing instructions. Therefore, the request for amitriptyline HCL 25mg #30 with 1 refill is not medically necessary.

Promethazine 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 Pain Procedure Summary

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain, Antiemetics (for opioid nausea)

Decision rationale: The request for Promethazine 25mg #90 is not medically necessary. The Official Disability guidelines state antiemetics are not recommended for nausea and vomiting secondary to chronic opioid use. It is recommended as a sedative and antiemetic in pre-operative and post-operative situations. There is a lack of documentation regarding frequency of nausea and vomiting, as well as objective improvement while taking this medication. The guidelines clearly state that Phenergan is recommended as a sedative and antiemetic in preoperative and postoperative situations. Therefore, the request for promethazine 25mg #90 is not medically necessary.

Diclofenac Sodium 75mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-72.

Decision rationale: The request for Diclofenac Sodium 75mg #30 is not medically necessary. The California MTUS guidelines state NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. There should be documentation of objective functional improvement and an objective decrease in pain. There is a lack of documentation regarding the length of time the injured worker has been on this medication. There is also a lack of documentation regarding objective functional improvement. The request for diclofenac sodium 75mg #30 is not medically necessary.

Buspirone HCl 10mg #60 with 1 refill: 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 Procedure Summary

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

Decision rationale: The request for Buspirone HCl 10mg #60 with 1 refill is not medically necessary. The Official Disability Guidelines state Buspirone (Buspar, generic available) is approved for short-term relief of anxiety symptoms. Efficacy is decreased in patients with recent prior benzodiazepine use. (Chessick, 2006) Dosing information: 5-15 mg three times daily. There is no indication to provide refills of any medication without interval evaluation of its efficacy. There is a lack of documentation of relief of anxiety symptoms. The guidelines state this medication is to be used for short term relief. Therefore, the request for buspirone HCL 10mg #60 with 1 refill is not medically necessary.

Bupropion HCl 150mg #60 with 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13-16.

Decision rationale: The request for Bupropion HCl 150mg #60 with 1 refill is not medically necessary. The California MTUS guidelines state Bupropion (Wellbutrin), a second-generation non-tricyclic antidepressant (a noradrenaline and dopamine reuptake inhibitor) has been shown to be effective in relieving neuropathic pain of different etiologies in a small trial (41 patients). (Finnerup, 2005) While bupropion has shown some efficacy in neuropathic pain there is no evidence of efficacy in patients with nonneuropathic chronic low back pain. (Katz, 2005) Furthermore, a recent review suggested that bupropion is generally a third-line medication for diabetic neuropathy and may be considered when patients have not had a response to a tricyclic or SNRI. There is no indication to provide refills of any medication without interval evaluation of its efficacy. There was a lack of documentation regarding objective relief of depression symptoms and pain relief. Therefore, the request for bupropion HCL 150mg #60 with 1 refill is not medically necessary.