

Case Number:	CM15-0118814		
Date Assigned:	06/30/2015	Date of Injury:	09/11/2000
Decision Date:	08/06/2015	UR Denial Date:	06/12/2015
Priority:	Standard	Application Received:	06/19/2015

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, Arizona, Maryland
 Certification(s)/Specialty: Psychiatry

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 56 year old male who sustained a work related injury September 11, 2000. While pulling a 50 pound chart from a shelf; he experienced a flare-up of lower back pain. He was treated with 24 physical therapy sessions, 3-4 acupuncture sessions, and medication. Past history included kidney disease, hypertension, GERD (gastroesophageal reflux disease), depression and anxiety. An MRI of the lumbar spine, dated January 29, 2015, is present in the medical record. A request for authorization for Tussionex and narrative report on medication provided by physician, dated May 20, 2015, stated the injured worker has been provided with psychological evaluation and treatment for diagnoses of major depressive disorder, single episode and generalized anxiety disorder with panic attacks. According to a physician's office visit, dated May 29, 2015, the injured worker presented for a follow-up visit with reports of upper and lower back pain which radiates to groin and legs. The back is noted to be stiff and tender in the morning and in long car rides. Physical examination reveals tenderness and spasms over the facets in the lumbar region. Range of motion in the lumbar spine is 80 degrees in anterior flexion with pain, 10 degrees in extension with pain, 10 degrees of left and right lateral rotation with pain. Gait and station are stable. Diagnoses are myalgia and myositis, unspecified; degeneration of the lumbar spine or lumbosacral intervertebral disc; lumbosacral spondylosis without myelopathy. Treatment plan included to continue with medication including comprehensive pain management; relaxation training, cognitive behavioral therapy, physical therapy. At issue, is the request for authorization for Tussionex.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tussionex 8mg/cc, 480cc with 2 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.drugs.com/tussionex.html>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation FDA.gov: Tussionex.

Decision rationale: Per FDA.gov: Tussionex Penn kinetic Extended-Release Suspension is indicated for relief of cough and upper respiratory symptoms associated with allergy or a cold in adults and children 6 years of age and older. Each teaspoonful (5 mL) of Tussionex Penn kinetic Extended-Release Suspension contains hydrocodone polistirex equivalent to 10 mg of hydrocodone bitartrate and chlorpheniramine polistirex equivalent to 8 mg of chlorpheniramine maleate. Tussionex Penn kinetic Extended-Release Suspension provides up to 12-hour relief per dose. Hydrocodone is a centrally-acting narcotic anti-tussive. Chlorpheniramine is an antihistamine. The injured worker suffers from lower back pain secondary to work related injury and developed major depressive disorder, single episode and generalized anxiety disorder with panic attacks secondary to the chronic pain. There is no indication for the use of Tussionex in this case as it is indicated for relief of cough and upper respiratory symptoms associated with allergy or a cold in adults and children 6 years of age and older. The request for Tussionex 8mg/cc, 480cc with 2 refills is not medically necessary.