MAXIMUS Federal Services

Case Number:	CM15-0122911		
Date Assigned:	07/07/2015	Date of Injury:	11/18/1999
Decision Date:	08/04/2015	UR Denial Date:	06/02/2015
Priority:	Standard	Application Received:	06/25/2015

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
Certification(s)/Specialty: Preventive Medicine, Occupational 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:

This injured worker is a 60-year-old male, who reported an industrial injury on 11/18/1999. His diagnoses, and or impression, were noted to include: shoulder pain. No current imaging studies were noted. His treatments were noted to include medication management. The progress notes of 5/26/2015 reported a follow-up visit for constant, moderate right shoulder pain that radiated to the arm/wrist/hand/neck/upper-back, and for bruxism, which is associated with temporal-mandibular joint pain, which disrupts his sleep; and for refills of his medications. Objective findings were noted to include irritability without apparent distress; and arthralgia's/joint stiffness. The physician's requests for treatments were noted to include the continuation of Oxycodone, Oxycontin, and Pristiq.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription for Oxycodone HCL 10mg with 1 refill: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. The MTUS states that opioids may be continued: (a) If the patient has returned to work; or (b) If the patient has improved functioning and pain. There is no documentation that the patient fits either of these criteria. A previous utilization review decision provided the patient with sufficient quantity of medication to be weaned slowly off narcotic. 1 prescription for Oxycodone HCL 10mg with 1 refill is not medically necessary.

1 prescription for Oxycontin 40mg #90 with 1 refill: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: According to the MTUS about medications for chronic pain, only one medication should be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. A record of pain and function with the medication should be recorded. According to this citation from the MTUS, medications should not be initiated in a group fashion, and specific benefit with respect to pain and function should be documented for each medication. There is no documentation of the above criteria for either of the narcotics that the patient has been taking. A previous utilization review decision provided the patient with sufficient quantity of medication to be weaned slowly off narcotic. 1 prescription for Oxycontin 40mg #90 with 1 refill is not medically necessary.

1 prescription for Pristiq 100mg #30 with 5 refills: 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), Mental Illness & Stress: Devenlafaxine (Pristiq) (2015).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Venlafaxine (Effexor®).

Decision rationale: Pristiq, generic name desvenlafaxine, is an antidepressant of the serotonin-norepinephrine reuptake inhibitor. It has FDA approval for treatment of depression and anxiety disorders. It is off-label recommended for treatment of neuropathic pain, diabetic neuropathy, fibromyalgia, and headaches. According to the Official Disability Guidelines SNRIs are not recommended as a treatment for chronic pain, but SNRIs may have a role in treating secondary depression. The patient does not carry a diagnosis of depression or neuropathic pain.1 prescription for Pristiq 100mg #30 with 5 refills is not medically necessary.