

Case Number:	CM15-0169318		
Date Assigned:	09/15/2015	Date of Injury:	01/08/2002
Decision Date:	11/03/2015	UR Denial Date:	07/27/2015
Priority:	Standard	Application Received:	08/27/2015

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:

The injured worker is a 49 year old male, who sustained an industrial-work injury on 1-8-02. He reported initial complaints of low back pain. The injured worker was diagnosed as having degeneration of lumbosacral intervertebral disc and spondylosis with neuritis and depression. Treatment to date has included medication and home exercise program (HEP). Currently, the injured worker complains of low back pain. He continues to work and is able to ride a bike a few miles a day. There is some difficulty sleeping with moderate relief with Nortriptyline. Meds taken include Lexapro, Lidoderm patch Lisinopril, Lyrica, Nortriptyline, OxyContin 20 mg, Percocet 10 mg for breakthrough pain, Trileptal, and Vicoprofen. Per the primary physician's progress report (PR-2) on 7-17-15, exam notes anxiety, slow antalgic gait, and tearful facial appearance. Psychiatric evaluation lists no depression, anxiety, alcohol abuse, or suicidal ideation. Current plan of care includes pain management with medication. The Request for Authorization date was 7-20-15 and requested service included Vicoprofen 7.5mg-200mg #60, Oxycontin 20mg #30, Trileptal 150mg #120 with 1 refill, and Lexapro 20mg #30 with 1 refill, Nortriptyline 10mg #90, and Lyrica 50mg #120 with 1 refill. The Utilization Review on 7-27-15 is a partial certification for Nortriptyline 10 mg #45, Lyrica 50 mg #60 and Lexipro 20 mg #15. In regard to Lexapro, documentation does not support clinical use for mild symptoms. Nortriptyline was order for sleep disorder was not supported due to lack of documentation of duration of use and use is not substantiated. Lyrica was not warranted due to lack of documentation of neuropathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vicoprofen 7.5mg-200mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

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. Despite the long-term use of narcotics, the patient has reported very little, if any, functional improvement or pain relief over the course of the last 6 months. Vicoprofen 7.5mg-200mg #60 is not medically necessary.

Oxycontin 20mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

Decision rationale: The MTUS recommends Oxycontin for moderate to moderately severe pain. Opioids for chronic pain appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear, but also appears limited. If the patient does not respond to a time limited course of opioids it is suggested that an alternate therapy be considered. For the on-going management of opioids there should be documentation of pain relief, functional improvement, appropriate use and side effects. Oxycontin 20mg #30 is not medically necessary.

Trileptal 150mg #120 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs).

Decision rationale: Oxcarbazepine is an anticonvulsant (AED) and mood-stabilizing drug, used primarily in the treatment of epilepsy. It is also used to treat anxiety and mood disorders, and benign motor tics. According to the MTUS, a good response to the use of AEDs has been defined as a 50% reduction in pain and a moderate response as a 30% reduction. It has been reported that a 30% reduction in pain is clinically important to patients and a lack of response of this magnitude may be the trigger for the following: (1) a switch to a different first-line agent;

or (2) combination therapy if treatment with a single drug agent fails. After initiation of treatment there should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with use. The continued use of AEDs depends on improved outcomes versus tolerability of adverse effects. There is no documentation of any of the above criteria. Trileptal 150mg #120 with 1 refill is not medically necessary.

Nortriptyline 10mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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), Nortriptyline.

Decision rationale: According to the Official Disability Guidelines, Nortriptyline is a tricyclic antidepressant that is recommended for chronic pain. Tricyclics are generally considered a first-line agent unless they are ineffective, poorly tolerated, or contraindicated. The records did not document how long the patient has been taking this antidepressant or if there were any positive benefits in treating the patient's insomnia. There is no documentation supporting any functional improvement with the continued long-term use of Nortriptyline. Nortriptyline 10mg #90 is not medically necessary.

Lyrica 50mg #120 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Pregabalin (Lyrica).

Decision rationale: The MTUS states that Lyrica has FDA approval for painful diabetic neuropathy, post-herpetic neuralgia, and fibromyalgia. The patient is not diagnosed with the above indications. In addition, a recent review has indicated that there is insufficient evidence to recommend for or against antiepileptic drugs for axial low back pain. Lyrica 50mg #120 with 1 refill is not medically necessary.

Lexapro 20mg #30 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.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): SSRIs (selective serotonin reuptake inhibitors).

Decision rationale: According to the Official Disability Guidelines SSRIs are not recommended as a treatment for chronic pain, but SSRIs may have a role in treating secondary depression. It has been suggested that the main role of SSRIs may be in addressing psychological symptoms associated with chronic pain. The manner and severity of the patient's depressive symptoms were not documented in the records. Additionally, there was no documentation of functional improvement. Lexapro 20mg #30 with 1 refill is not medically necessary.