

Case Number:	CM15-0171352		
Date Assigned:	09/11/2015	Date of Injury:	01/04/2012
Decision Date:	11/06/2015	UR Denial Date:	08/25/2015
Priority:	Standard	Application Received:	08/31/2015

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: New York

Certification(s)/Specialty: Internal 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 36-year-old female who sustained an industrial injury on January 4, 2012. Diagnoses have included chronic pain, left ankle instability, depression secondary to chronic pain, and history of glomerulonephritis. Documented treatment includes arthroscopic repair of anterior talofibular ligament 3-6-201; use of a cane; acupuncture completed in March of 2014 which is stated to have not been helpful; progress note of 3-10-2015 and subsequent notes reference engagement in an unspecified amount of physical therapy and that it has been "helpful"; and, she has received an unspecified number of steroid injections to her ankle which is stated to have helped in conjunction with Norco. She has expressed concern about continuing injections due to fear of impact on unrelated kidney diagnosis. The injured worker continues to take Sertraline, which she began in April of 2015 for her depressive symptoms and the medication has been reported to help her "feel calmer." The treating physician's plan of care includes Sertraline 50 mg and Norco 5-325 mg which were modified for weaning, Mirena IUD denied due to lack of proven necessity, Diclofenac gel with rationale that there is no evidence that oral pain medication failed, and Ducosate 100 mg was partially certified for one month. She is not working.

IMR ISSUES, DECISIONS AND RATIONALES

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

Sertraline 50mg: Overturned

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): SSRIs (selective serotonin reuptake inhibitors). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental & Stress Chapter.

Decision rationale: Sertraline is a selective serotonin re-uptake inhibitor (SSRI). SSRIs are not recommended as a treatment for chronic pain, but 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, but more information is needed regarding the role of SSRIs and pain. In addition, SSRIs have not been shown to be effective for low back pain. As per ODG-The American Psychiatric Association's diagnostic manual (American Psychiatric Association: Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition Text Revision. Washington, D.C., American Psychiatric Association, 2000) defines Major Depressive Disorder as a mental illness that is characterized by one or more Major Depressive Episodes without a history of Manic, Mixed, or Hypomanic Episodes (some details that will help to provide an understanding of what this definition means are provided below). (American Psychiatric Association, 2000) This mental illness is typically manifested in phases the person is mentally ill for a period of time, and is then typically free from the symptoms of the mental illness for a period of time, but will probably develop additional episodes of symptoms in the future. In this case, there is documentation of depression and evidence that it is helping in controlling the depression in this injured worker. Medical necessity for the requested medication has been established. The requested medication is medically necessary and appropriate.

Docusate 100mg: 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 Chapter-- Opioid-induced constipation treatment.

Decision rationale: According to ODG, if opioids are determined to be appropriate for the treatment of pain then prophylactic treatment of constipation should be initiated. First-line: When prescribing an opioid, and especially if it will be needed for more than a few days, there should be an open discussion with the patient that this medication may be constipating, and the first steps should be identified to correct this. Simple treatments include increasing physical activity, maintaining appropriate hydration by drinking enough water, and advising the patient to follow a proper diet, rich in fiber. These can reduce the chance and severity of opioid-induced constipation and constipation in general. In addition, some laxatives may help to stimulate gastric motility. Other over-the-counter medications can help loosen otherwise hard stools, add bulk, and increase water content of the stool. Second-line: If the first-line treatments do not

work, there are other second-line options. About 20% of patients on opioids develop constipation, and some of the traditional constipation medications don't work as well with these patients, because the problem is not from the gastrointestinal tract but from the central nervous system, so treating these patients is different from treating a traditional patient with constipation. In this case of injured worker, discussion about first line treatment cannot be located within the submitted medical records. Also, with non-approval of opioid use, the medical necessity of Senna Docusate is not established. The requested medication is not medically necessary.

Norco 5/325mg: 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, California Controlled Substance Utilization Review and Evaluation System (CURES) [DWC], Opioids for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter--Opioids.

Decision rationale: The California MTUS chronic pain medical treatment guidelines recommend specific guidelines for the ongoing use of narcotic pain medication to treat chronic pain. "Recommendations include the lowest possible dose be used as well as ongoing review and documentation of pain relief, functional status, appropriate medication use and its side effects. It is also recommends that providers of opiate medication document the injured worker's response to pain medication including the duration of symptomatic relief, functional improvements, and the level of pain relief with the use of the medication." The CA MTUS Guidelines define functional improvement as "a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management and a reduction in the dependency on continued medical treatment." Therapies should be focused on functional restoration rather than the elimination of pain. The medical records submitted for review does not include the above recommended documentation. There were no functional improvements noted with the use of the medications. The injured worker's work status remains unchanged and there is no change on medical dependence. Therefore, the request for one prescription of Hydrocodone 5/325mg is not medically necessary.

Mirena IUD: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <https://www.nlm.nih.gov/medlineplus/druginfo/meds.a613047.html>.

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

Decision rationale: CA MTUS and ODG do not address this; therefore, alternate guidelines including Uptodate were reviewed. Intrauterine contraception is the most commonly used method of long-acting reversible contraception because of its high efficacy and safety, ease of use, and low cost. It provides a nonsurgical option for pregnancy prevention that is as effective as surgical sterilization. Modern intrauterine contraceptives are made of plastic and release either copper or a progestin to enhance the contraceptive action of the device. Within the submitted documentation medical necessity has not been established, and there is also lack of information that supports any relationship of this treatment with the nature of industrial injury of this worker. The Requested Treatment: Mirena IUD is not medically necessary and appropriate.

Diclofenac gel: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)- TWC Pain Procedure Summary last updated 07/15/2015.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter--Diclofenac, topical (Flector®, Pennsaid®, Voltaren® Gel).

Decision rationale: According to the California MTUS Guidelines (2009), topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These agents are applied topically to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. Many agents are compounded as monotherapy or in combination for pain control including, for example, NSAIDs, opioids, capsaicin, muscle relaxants, local anesthetics or antidepressants. As per Official Disability Guidelines (ODG) it is not recommended as a first-line treatment, but recommended as an option for patients at risk of adverse effects from oral NSAIDs, after considering the increased risk profile with diclofenac. The treating provider's notes do not provide documentation that meets these guidelines. Medical necessity has not been established. The Requested Treatment: Diclofenac gel is not medically necessary and appropriate.