

Case Number:	CM15-0068653		
Date Assigned:	04/16/2015	Date of Injury:	03/02/2013
Decision Date:	05/19/2015	UR Denial Date:	03/23/2015
Priority:	Standard	Application Received:	04/10/2015

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, 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 54 year old male with an industrial injury dated March 2, 2013. The injured worker diagnoses include lumbar intervertebral disc x2, right knee joint effusion, cervical disc x4, right subacromial bursitis, thoracalgia, right elbow epicondylitis rule out cubital tunnel syndrome, unspecified abdominal pain, right groin pain, right hand-fingers tendonitis, right wrist/hand tenosynovitis, post traumatic anxiety/depression, lumbar myalgia/myofascitis, lumbar muscle spasms, cervical myalgia/myofascitis, and cervical muscle spasms. He has been treated with diagnostic studies, prescribed medications and periodic follow up visits. According to the progress note dated 3/19/2015, the injured worker reported center lower back pain, left knee pain, bilateral posterior neck pain, bilateral right shoulder pain, bilateral mid back pain, frontal headaches, corneal headaches, occipital headaches, probable post traumatic anxiety, depression, probable post traumatic insomnia, and right knee pain. Objective findings revealed pain with range of motion of the cervical and lumbar spine. Objective findings also revealed positive orthopedic shoulder test, positive Phalen test on the right and positive bilateral straight leg raises. The treating physician prescribed Butrans 5 mcg/hr and Escitalopram 10 mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Butrans 5 mcg/hr #4: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Buprenorphine Page(s): 26-27, 78.

Decision rationale: With regard to Buprenorphine, the MTUS CPMTG states: "recommended as an option for chronic pain, especially after detoxification in patients who have a history of opiate addiction (see below for specific recommendations). A schedule-III controlled substance, buprenorphine is a partial agonist at the mu-receptor (the classic morphine receptor) and an antagonist at the kappa-receptor (the receptor that is thought to produce alterations in the perception of pain, including emotional response). In recent years, buprenorphine has been introduced in most European countries as a transdermal formulation ("patch") for the treatment of chronic pain. Proposed advantages in terms of pain control include the following: (1) No analgesic ceiling; (2) A good safety profile (especially in regard to respiratory depression); (3) Decreased abuse potential; (4) Ability to suppress opioid withdrawal; & (5) An apparent antihyperalgesic effect (partially due to the effect at the kappa-receptor)." Per MTUS Chronic Pain Medical Treatment Guidelines p78 regarding on-going management of opioids "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 non-adherent) drug related behaviors. These domains have been summarized as the '4 A's' (Analgesia, activities of daily living, adverse side effects, and any 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." The documentation submitted for review contained no rationale as to why Butrans was recommended over a first-line opioid. The request is not medically necessary.

Escitalopram 10 mg #45: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Mental Illness & Stress, Antidepressants for treatment of MDD/ODG, Mental Illness & Stress, Escitalopram (Lexapro).

Decision rationale: The MTUS is silent on the treatment of major depressive disorder. Per the ODG guidelines Lexapro is recommended as a first-line treatment option for MDD and PTSD. Per the ODG guidelines with regard to antidepressants: Recommended for initial treatment of presentations of Major Depressive Disorder (MDD) that are moderate, severe, or psychotic, unless electroconvulsive therapy is part of the treatment plan. Not recommended for mild symptoms. Professional standards defer somewhat to patient preference, allowing for a treatment plan for mild to moderate MDD to potentially exclude antidepressant medication in favor of psychotherapy if the patient favors such an approach. (American Psychiatric Association, 2006) Per progress note dated 4/16/15, it was noted that the injured worker has to force herself up

out of bed in the morning. She states that she just wants to sleep and shut down her brain. She states that at her time she had. She states that she is more nervous around people. And she is losing her hair. She regards this complaint as moderate and rated the symptom as a 3 on a scale of 0 to 10 with 10 being the worst. Varies between 3-5. She states that she is forgetting things more frequently. She states that she has periodic anxiety attacks where her heart rate increases. She states she also has nightmares and wakes up crying. Lexapro is indicated for the injured worker's depression. The request is medically necessary.