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| Case Number: | CM15-0076251 | | |
| Date Assigned: | 04/27/2015 | Date of Injury: | 10/10/2011 |
| Decision Date: | 07/02/2015 | UR Denial Date: | 04/15/2015 |
| Priority: | Standard | Application Received: | 04/21/2015 |

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, Pulmonary Disease

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 47 year old female, who sustained an industrial injury on 10/10/2011. The initial complaints or symptoms included low back pain/injury while lifting a heavy box. The initial diagnoses were not mentioned in the clinical notes. Treatment to date has included conservative care, x-rays, MRIs, CT scans, medications, conservative therapies, lumbar fusion, injections, and psychological evaluation/therapy. Currently, the injured worker complains of continued chronic low back pain with radiating pain into the left hip. The clinical notes revealed that the injured worker had been prescribe oxycodone, klonopin and Prozac since 10/06/2014, and tramadol and cyclobenzaprine since 12, 2014 with continued pain. The diagnoses include status post lumbar fusion, post laminectomy syndrome, lumbar radiculopathy, and associated anxiety and depression. The request for authorization consisted of tramadol, Prozac, oxycodone, klonopin and cyclobenzaprine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg, #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids On-Going Management page(s): 78 - 79.

Decision rationale: The patient is a 47 year old female with an injury on 10/10/2011. She had low back pain lifting a heavy box. She had a lumbar fusion. MTUS, chronic pain guidelines for continued treatment with opiates require objective documentation of improved functionality with respect to the ability to do activities of daily living or work and monitoring for efficacy, adverse effects and abnormal drug seeking behavior. The documentation provided for review does not meet these criteria. Therefore the request is not medically necessary.

Prozac 20mg, #90: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants page(s): 13 - 16.

Decision rationale: The patient is a 47 year old female with an injury on 10/10/2011. She had low back pain lifting a heavy box. She had a lumbar fusion. MTUS, chronic pain guidelines note that there are some antidepressants (tricyclic) that are first line drugs to treat neuropathic pain. The optimal duration of treatment is not known as most double-blind trials have been of short duration. Side effects such as excessive sedation need to be assessed. Also the effects of this class of drugs on other medications has not been assessed. Long term effectiveness of antidepressants on chronic pain have not been established. The requested antidepressant is not medically necessary for this patient.

Oxycodone 15mg, #120: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids On-Going Management page(s): 78 - 79.

Decision rationale: The patient is a 47 year old female with an injury on 10/10/2011. She had low back pain lifting a heavy box. She had a lumbar fusion. MTUS, chronic pain guidelines for continued treatment with opiates require objective documentation of improved functionality with respect to the ability to do activities of daily living or work and monitoring for efficacy, adverse effects and abnormal drug seeking behavior. The documentation provided for review does not meet these criteria. Therefore the request is not medically necessary.

Klonopin 1mg, #30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants page(s): 13 - 16.

Decision rationale: The patient is a 47 year old female with an injury on 10/10/2011. She had low back pain lifting a heavy box. She had a lumbar fusion. MTUS, chronic pain guidelines note that there are some antidepressants (tricyclic) that are first line drugs to treat neuropathic pain. The optimal duration of treatment is not known as most double-blind trials have been of short duration. Side effects such as excessive sedation need to be assessed. Also the effects of this class of drugs on other medications has not been assessed. Long term effectiveness of antidepressants on chronic pain have not been established. The requested antidepressant is not medically necessary for this patient.

Cyclobenzaprine 7.5mg, #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants page(s): 63 - 66.

Decision rationale: The patient is a 47 year old female with an injury on 10/10/2011. She had low back pain lifting a heavy box. She had a lumbar fusion. MTUS, chronic pain guidelines note that muscle relaxants decrease both mental and physical ability. Also, the addition of muscle relaxants to patients already treated with NSAIDS do not improve pain relief. Long term treatment with muscle relaxants is not consistent with MTUS guidelines and the requested medication is not medically necessary.