

Case Number:	CM15-0093087		
Date Assigned:	05/19/2015	Date of Injury:	06/21/2001
Decision Date:	07/02/2015	UR Denial Date:	05/01/2015
Priority:	Standard	Application Received:	05/14/2015

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: Physical Medicine & Rehabilitation

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 61 year old male, who sustained an industrial/work injury on 6/21/01. He reported initial complaints of neck, upper extremities, low back and lower extremity pain. The injured worker was diagnosed as having chronic pain syndrome. Treatment to date has included medication and prior surgery (ganglionectomy, trigger fingers, Dupuytren's contracture, right rotator cuff repair). Currently, the injured worker complains of recent nausea and low back pain. Per the primary physician's progress report (PR-2) on 4/23/15, the medication was effective for pain management and progress was being made. There was still stiffness with range of motion to shoulder and slow movement. Current plan of care included medication management. The requested treatments include Levo Dromoran 2 mg, Seroquel 100 mg, and Klonopin 1 mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Levo Dromoran 2 mg Qty 180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Levorphanol (Levo-Dromoran) page(s): 92, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list criteria for use of opioids page(s): 92, 76-78, 88-89.

Decision rationale: The patient presents with neck, upper and lower extremity, and low back pain. The physician is requesting LEVO DROMORAN 2MG #180. The RFA dated 04/23/2015 shows a request for Levo Dromoran 2gm #180. The UR letter modified the request to Levo Dromoran 2mg #135. The patient's work status was not made available. MTUS, Opioids, specific drug list, page 92 for Levorphanol states: Levorphanol (Levo-Dromoran; generic available): 2mg tablets. Used for moderate to severe pain, when an opioid is appropriate for therapy. For chronic opiate use, the MTUS guidelines page 88 and 89 on criteria for use of opioids states, "pain should be assessed at each visit, and functioning should be measured at six-month intervals using a numerical scale or validated instrument." MTUS page 78 On-Going Management also require documentation of the 4A's including analgesia, ADLs, adverse side effects, and aberrant drug seeking behavior, as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medications to work, and duration of pain relief. Medical records show that the patient was prescribed Levo Dromoran since around 09/2014. Reports show that the patient's pain level without medication is 8/10 and 3-4/10 with medication use. The handwritten treatment report from 03/24/2015 notes that the patient is "feeling ill." He still has anxiety and is having more days of feeling better. The patient reports 3-4 days of nausea and 3-4 days of "feeling ok." He has gained weight and feels bloated. The patient is still very depressed. Right heel pain is bad that he can't walk on it. The physician notes, "Levo Dromoran buries the pain." Exam shows mild to moderate muscle tension in the neck and shoulders. Right foot has a flattened arch. He is limping. His pain is getting a "little better with opiate." He is extremely de-conditioned. Complete opiate weaning is recommended. The MTUS guidelines state that Levorphanol is for moderate to severe pain. The guidelines also state for long-term users of opioids, that pain should be assessed each visit and functioning should be measured in 6-month intervals using a numeric scale or validated instrument. There is no indication that the patient has moderate to severe pain. The urine drug screen from 10/27/2014 show inconsistent results. There are no examples of ADLs which demonstrate medication efficacy, nor are there any discussions provided on adverse behavior/side effects. No validated instruments are used either. No outcome measures are provided as required by MTUS Guidelines. The treating physician does not provide proper documentation that is required by MTUS Guidelines for continued opiate use. The request IS NOT medically necessary.

Seroquel 100 mg Qty 60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Mental Illness & Stress - Quetiapine (Seroquel); Atypical Anti-psychotics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain page(s): 60. Decision based on Non-MTUS Citation Official disability guidelines Mental Illness and Stress chapter under Atypical Antipsychotics.

Decision rationale: The patient presents with neck, upper and lower extremity, and low back pain. The physician is requesting SEROQUEL 100MG #60. The RFA dated 04/23/2015 shows a request for Seroquel 100mg #60. The patient's work status was not made available. ODG guidelines, Mental Illness and Stress chapter under Atypical Antipsychotics section states: "not recommended as a first-line treatment. There is insufficient evidence to recommend atypical antipsychotics (eg, quetiapine, risperidone) for conditions covered in ODG." "Adding an atypical antipsychotic to an antidepressant provides limited improvement in depressive symptoms in adults, new research suggests. The meta-analysis also shows that the benefits of antipsychotics in terms of quality of life and improved functioning are small to nonexistent, and there is abundant evidence of potential treatment-related harm. The authors said that it is not certain that these drugs have a favorable benefit-to-risk profile. Clinicians should be very careful in using these medications. (Spielmans, 2013) The American Psychiatric Association (APA) has released a list of specific uses of common antipsychotic medications that are potentially unnecessary and sometimes harmful. Antipsychotic drugs should not be first-line treatment to treat behavioral problems." The guidelines go on and state "off-label use of these drugs in people over 40 should be short-term, and undertaken with caution. (Jin, 2013)." MTUS page 60 require documentation of pain and function when medications are used for chronic pain. The patient was prescribed Seroquel on 02/25/2015. His medications include, Zoloft, Abilify, Seroquel, Klonopin, Levo Dromoran, and Wellbutrin. ODG classifies Seroquel as an atypical antipsychotic which is not recommended for conditions covered in ODG, and further states that adding atypical antipsychotic to an antidepressant provides "limited improvement in depressive symptoms in adults." Moreover, the patient is 61 years old and ODG states "off-label use of these drugs in people over 40 should be short-term, and undertaken with caution." The treater does not discuss medication efficacy and why it is being prescribed. MTUS page 60 require documentation of pain and function when medications are used for chronic pain. This request is not in accordance with guidelines. Therefore, the request IS NOT medically necessary.

Klonopin 1 mg Qty 120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain (chronic) Benzodiazepines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines benzodiazepines page(s): 24. Decision based on Non-MTUS Citation Official disability guidelines Pain (chronic) chapter, Benzodiazepine.

Decision rationale: The patient presents with neck, upper and lower extremity, and low back pain. The physician is requesting KLONOPIN 1MG #120. The RFA dated 04/23/2015 shows a request for Klonopin 1MG #120. The UR dated 05/01/2015 modified the requested to Klonopin 1mg #108. The patient's work status was not made available. ODG guidelines, chapter 'Pain (chronic)' and topic 'Benzodiazepine', have the following regarding insomnia treatments: "not recommended for long-term use (longer than two weeks), because long-term efficacy is unproven and there is a risk of psychological and physical dependence or frank addiction. Most guidelines limit use to 4 weeks." The MTUS Guidelines page 24 states, "benzodiazepines are not recommended for long-term use because long-term efficacies are unproven and there is a risk of dependence." Medical records show that the patient was prescribed Klonopin

on 01/06/2015. The handwritten 04/23/2015 report notes that the patient is "feeling better." He states that he has more "good" days. Zoloft is helping. Abilify is "great stuff." He is slowing moving. Range of motion is still stiff. The physician is strongly recommending Zoloft and Abilify seeing that the patient is making progress for the first time. No discussion about Klonopin was documented. The rationale for the request is unclear. Both MTUS and ODG guidelines do not support the long-term use of benzodiazepine. The request IS NOT medically necessary.

Wellbutrin XL (extended) 150 mg Qty 30: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions page(s): 402, Chronic Pain Treatment Guidelines Bupropion (Wellbutrin) Page(s): 27.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SPECIFIC ANTIDEPRESSANTS Bupropion (Wellbutrin) page(s): 13-16.

Decision rationale: The patient presents with neck, upper and lower extremity, and low back pain. The physician is requesting WELLBUTRIN XL EXTENDED 150MG #30. The RFA dated 04/23/2015 shows a request for Wellbutrin XL 150mg #30. The patient's work status was not made available. MTUS guidelines under: SPECIFIC ANTIDEPRESSANTS, page 16, for Bupropion (Wellbutrin) states this is a second-generation non-tricyclic antidepressant (a noradrenaline and dopamine reuptake inhibitor) has been shown to be effective in relieving neuropathic pain. MTUS Guidelines regarding antidepressants page 13 to 15 states, "while bupropion has shown some efficacy in neuropathic pain, there is no evidence of efficacy on patient with non-neuropathic chronic low back pain." Medical records show that the patient was prescribed Wellbutrin prior to 09/02/2014. The handwritten 01/06/2015 report shows a diagnosis of severe depression and anxiety. Wellbutrin was changed to Zoloft. Zoloft helps with the anxiety in the morning. DTRs are pronounced but not pathologic. No Hoffman's or Babinski's. Neck muscles are tight & radiates to the right eye. Medication efficacy as it relates to the use of Wellbutrin was not documented. MTUS page 60 require recording of pain and function when medications are used for chronic pain. Furthermore, the physician has documented that the patient was switched to Zoloft from Wellbutrin. Therefore, the request IS NOT medically necessary.