

Case Number:	CM14-0147882		
Date Assigned:	09/15/2014	Date of Injury:	02/02/1994
Decision Date:	10/23/2014	UR Denial Date:	08/27/2014
Priority:	Standard	Application Received:	09/11/2014

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. The expert reviewer is Board Certified in Physical Medicine, has a subspecialty in Pain Management and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 records presented for review indicate that this 51 year old male was reportedly injured on 2/2/1994. The claimant underwent a lumbar fusion at L5/S1 in 1994. The previous utilization review references a progress note dated 8/18/2014, but that progress note is not provided for this independent medical review. A progress note documented ongoing complaints of low back and left lower extremity pain. Examination found no change in strength or exercise tolerance; moderate lumbar tenderness and tightness across the lumbosacral region and into the bilateral sacroiliac joint and a left straight leg raise test that caused pain across the lower back and down the posterolateral right leg from the hip and buttock to the calf; lumbar range of motion included flexion restricted to 30 degrees by pain over L4/L5/sacrum, which was greater on the left than on the right, with pain radiating down posterolateral left thigh and calf; lumbar extension limited to neutral with pain in the same area; and lumbar rotation limited to 20-25 degrees. No recent diagnostic imaging studies available for review. Previous treatment includes Mobic, MSContin, Oxycodone and Escitalopram. A request was made for Morphine Sulfate MSContin 30 milligrams quantity 450 (modified for quantity 210), Oxycodone 5 milligrams quantity 180, Mobic 15 milligrams quantity 30 with 3 refills (modified for quantity 30), Escitalopram 20 milligrams quantity 30 with 3 refills (modified for quantity 30 with two refills), which were not certified in the utilization review on 8/26/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

MS Contin 30mg #450: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 75, 78, 92, & 97.

Decision rationale: MTUS guidelines support long acting opiates in the management of chronic pain when continuous around the clock analgesia is needed for an extended period of time. Management of opiate medications should include the lowest possible dose to improve pain and function, as well as the ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The claimant suffers from chronic back pain since a work related injury in 1994; however, there is no documentation of improvement in their pain level or function with the current treatment regimen. In addition, the medical records indicate that the claimant is taking MSContin every 8 hours; however, treatment guidelines recommend MSContin be dosed every 12 to 24 hours. The current request for quantity 450 is not considered medically necessary.

Oxycodone 5mg #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74, 78, 93.

Decision rationale: MTUS treatment guidelines support short acting opiates for the short term management of moderate to severe breakthrough pain. Management of opiate medications should include the lowest possible dose to improve pain and function, as well as the ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The claimant suffers from chronic pain after a work related injury in 1994. Given the lack of clinical documentation of improvement in pain or function with the current regimen, this request is not considered medically necessary.

Mobic 15mg #30 Three Refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22, 67-70, 72.

Decision rationale: Meloxicam (Mobic) is a nonsteroidal anti-inflammatory. MTUS guidelines support NSAIDs for first line treatment of moderate to severe pain associated with osteoarthritis. The guidelines caution against long term use and recommend that the lowest effective dose be used for all NSAIDs for the shortest duration of time consistent with the individual patient

treatment goals. Patients on long term NSAIDs should have periodic laboratory screening tests performed to include kidney and liver function testing as well as routine blood pressure monitoring. Review of the available medical records, fails to document any recent routine laboratory testing as recommended by the guidelines. As such, it is not considered medically necessary.

Escitalopram 20mg #30 Three Refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation National Collaborating Centre for Mental Health , Depression in adults with a chronic physical health problem. Treatment and management. London (UK): National Institute for Health and Clinical Excellence (NICE); 2009 Oct, page 54.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13-16 & 107.

Decision rationale: Selective serotonin reuptake inhibitors (SSRIs) are a class of antidepressants that inhibit serotonin reuptake without action on noradrenaline. They have not shown to be effective for low back pain; however, it has been suggested that they have a role in addressing psychological symptoms associated with chronic pain. MTUS guidelines support the use of SSRIs, to include Escitalopram (Lexapro), for neuropathic pain after failure to a first line agent (tricyclic antidepressants) has been documented. The previous utilization review indicates that the claimant has been on Escitalopram for over two years for depression, anxiety; however, there is no documentation of an intolerance and/or failure to a first line agent as recommended by the MTUS treatment guidelines. As such, this request is not considered medically necessary.