

Case Number:	CM13-0020018		
Date Assigned:	04/25/2014	Date of Injury:	12/28/2001
Decision Date:	06/10/2014	UR Denial Date:	08/27/2013
Priority:	Standard	Application Received:	09/04/2013

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 Occupational Medicine, 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic pain syndrome, chronic neck pain, chronic wrist pain, chronic elbow pain, and chronic shoulder pain associated with an industrial injury sustained on December 28, 2001. Thus far, the applicant has been treated with: analgesic medications, shoulder surgery, transfer of care to and from various providers in various specialties, psychotropic medications, and cervical epidural steroid injection therapy. A March 28, 2014 progress note stated that the applicant reported persistent 7/10 pain without medications and 1/10 pain with medications. The applicant's quality of sleep was reportedly fair. The applicant was on Lexapro, Celebrex, Buspar, Lyrica, Norco, Oxycodone, Rozerem, Skelaxin, Coumadin, and aspirin. The applicant was using Buspar once daily or as needed. It was stated that the applicant had pain secondary to cumulative trauma. The applicant was described as slowly healing from right foot surgery on October 24, 2013. The applicant was given an eight-week supply of Oxycodone. It was stated that Rozerem was working well for the applicant's sleep. The applicant was using Buspar and Lexapro for anxiety and depression. The applicant was asked continue Lyrica for neuropathic pain. The applicant was described as permanent and stationary, and was reportedly not working. It was stated that the applicant's function was improved with activities of daily living, although this not detailed or expounded upon. In another section of the report, it was stated that the applicant's activity level was unchanged. A January 31, 2014 progress note was again notable for comments that the applicant was not working. The applicant was receiving physical therapy and psychological counseling. The applicant was using both Oxycodone and Norco on an as-needed basis. It was stated that the applicant could consider Oxycontin at a later point in time. It was stated that the applicant's usage of Lyrica had diminished symptoms of neuropathic pain. An earlier note of January 16, 2014 suggested that the applicant had retired, at age 51.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 10/325MG #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): 78, 80.

Decision rationale: As noted on page 78 of the MTUS Chronic Pain Medical Treatment Guidelines, the lowest possible dose of opioids should be prescribed to improve pain and functioning. In this case, the attending provider has not provided a compelling rationale to use two separate short acting opioids, Norco and Oxycodone. It is further noted that page 80 of the MTUS Chronic Pain Medical Treatment Guidelines suggests that the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved. In this case, however, only one of the aforementioned criteria has clearly been met. Specifically, the attending provider has documented a reduction in pain scores as a result of ongoing opioid usage. However, the applicant is not working. The attending provider has not elaborated upon which activities of daily living have specifically been ameliorated as a result of ongoing opioid therapy. As such, the request is not medically necessary.

OXYCODONE 15MG #105: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78, 80.

Decision rationale: As noted on page 78 of the MTUS Chronic Pain Medical Treatment Guidelines, the lowest possible dose of opioids should be prescribed to improve pain and functioning. In this case, the attending provider has not provided a compelling rationale to use two separate short acting opioids, Norco and Oxycodone. It is further noted that page 80 of the MTUS Chronic Pain Medical Treatment Guidelines suggests that the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved. In this case, however, only one of the aforementioned criteria has clearly been met. Specifically, the attending provider has documented a reduction in pain scores as a result of ongoing opioid usage. However, the applicant is not working. The attending provider has not elaborated upon which activities of daily living have specifically been ameliorated as a result of ongoing opioid therapy. As such, the request is not medically necessary.

LYRICA 100MG #90: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 99.

Decision rationale: As noted on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines, Lyrica is considered a first-line treatment for neuropathic pain, as is present here. The applicant has issues with median neuropathy/carpal tunnel syndrome and superimposed cervical radiculopathy, both of which have been electrodiagnostically confirmed. The attending provider has seemingly postulated that the applicant's neuropathic symptoms have been attenuated as a result of ongoing Lyrica usage. Continuing the same, on balance, is therefore indicated. As such, the request is medically necessary.

BUSPAR 5MG #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402.

Decision rationale: As noted on page 402 of the MTUS-adopted ACOEM guidelines, anxiolytics may be appropriate for brief periods in cases of overwhelming symptoms to allow an applicant to recuperate emotional and physical resources. In this case, however, the attending provider has indicated that the applicant is employing Buspar on a once daily basis. This is not an approved indication for Buspar, per the ACOEM. As such, the request is not medically necessary.