

Case Number:	CM13-0021483		
Date Assigned:	07/11/2014	Date of Injury:	02/08/1980
Decision Date:	08/18/2014	UR Denial Date:	08/14/2013
Priority:	Standard	Application Received:	09/09/2013

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 neck pain, low back pain, anxiety, depression, dyspepsia, and sleep disturbance reportedly associated with an industrial injury of February 8, 1980. Thus far, the applicant has been treated with the following: Analgesic medications; opioid therapy; topical agents; earlier knee surgery; earlier shoulder surgery; and transfer of care to and from various providers in various specialties. In a Utilization Review Report dated August 14, 2013, the claims administrator failed to approve or partially approved a request for Norco, MS Contin, Valium, Neurontin, Protonix, MiraLax, Senna, Bentyl, lactulose, Medrox, baclofen, and Mobic. The claims administrator uses an outlined format, which was extremely difficult to follow. The applicant's attorney subsequently appealed. On September 12, 2013, the applicant represented with persistent complaints of diffuse neck, bilateral shoulder and low back, and bilateral extremity and bilateral knee pain. The applicant was placed off of work, on total temporary disability, owing to reported pain complaints. The attending provider posited that ongoing medication usage had nevertheless been beneficial but did not outline specifically what activities of daily living had been ameliorated. On October 11, 2013, the applicant reported heightened pain complaints, throughout his entire body. The applicant was described as permanently disabled. While the attending provider stated that the medications are beneficial, the attending provider does not outline what activities of daily living have specifically been ameliorated with ongoing medication use. On November 25, 2013, the applicant presented with multifocal low back, neck, arm, elbow, bilateral knee, and bilateral ankle pain. The applicant was reportedly reporting 7-8/10 pain. The applicant had been detoxified twice, it was stated, and had failed both epidural steroid injection therapy and radiofrequency ablation procedure. The applicant reportedly had issues with poor pain coping. The applicant was on morphine, Norco, Valium,

and Neurontin. The applicant reported that his pain was distressing and horrible. The applicant was distressed but receiving support from his sister and mother, it was stated. The applicant was using a walker to move about. Electrodiagnostic testing was sought. The attending provider stated that he was going to discontinue Valium and baclofen, as he was reluctant to continue these medications with opioids owing to fears of respiratory arrest. Permanent work restrictions were endorsed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco (10/325mg, #90): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids Page(s): 80.

Decision rationale: As noted in the Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, however, the applicant is off of work. The applicant has been deemed permanently disabled. The applicant's pain complaints appear to be heightened from visit to visit as opposed to reduce from visit to visit. The attending provider has not outlined what (if any) activities of daily living had specifically been ameliorated with ongoing opioid therapy. Therefore, the request for Norco is not medically necessary.

Valium (10mg, #90): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines (Valium).

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

Decision rationale: While the ACOEM Practice Guidelines do acknowledge that usage of benzodiazepine may be appropriate for brief periods, in cases of overwhelming symptoms, so as to afford an applicant with the opportunity to recoup emotional or physical resources. In this case, however, the applicant appears to be using Valium, a benzodiazepine anxiolytic, for thrice daily, regular, and scheduled-use purposes. This is not indicated. Therefore, the request is not medically necessary.

Gabapentin (600mg #180): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin) Page(s): 49.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin Page(s): 19.

Decision rationale: As noted in the Chronic Pain Medical Treatment Guidelines, it is incumbent upon the attending provider prescribing gabapentin to document improvements in pain and/or function on each visit with ongoing usage of the same. In this case, however, the progress notes provided suggested that the applicant is having difficulty performing even basic activities of daily living and is likewise reporting heightened complaints, despite ongoing usage of gabapentin. Continuing the same, on balance, is not indicated. Therefore, the request is not medically necessary.

Meloxicam (15mg, #30): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (nonsteroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory Medications Page(s): 22.

Decision rationale: While the Chronic Pain Medical Treatment Guidelines do acknowledge that anti-inflammatory medications, such as gabapentin, do represent a traditional first line of treatment for various chronic pain conditions, including the chronic pain syndrome reportedly present here. In this case, however, there has been no clear demonstration of medication efficacy insofar as meloxicam is concerned. The applicant is off of work and has reportedly been declared permanently disabled. The applicant has heightened pain complaints from visit to visit, as opposed to reduce pain complaints from visit to visit, despite ongoing meloxicam usage. The applicant remains highly reliant and highly dependent on various forms of medical treatment, including opioid agents. Thus, meloxicam has not seemingly generated any functional improvement. Therefore, the request is not medically necessary.

Protonix DR (40mg, #30): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk Page(s): 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk Page(s): 69.

Decision rationale: While the Chronic Pain Medical Treatment Guidelines does support provision of proton pump inhibitors such as Protonix to combat NSAID-induced dyspepsia. In this case, however, the provided progress notes make no mention of any ongoing issues with dyspepsia, reflux, and/or heartburn, either NSAID-induced or stand-alone. On progress notes of October 11, 2013 and September 17, 2013, the applicant specifically denied any positive gastrointestinal review of systems. Therefore, the request for Protonix is not medically necessary.

Baclofen (20mg): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Baclofen, Muscle Relaxants (for pain) Page(s): 63.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Baclofen, Muscle Relaxants (for pain) Page(s): 64.

Decision rationale: While the Chronic Pain Medical Treatment Guidelines do acknowledge that baclofen is recommended only for the treatment of spasticity and muscle spasm related to multiple sclerosis and/or spinal cord injuries, in this case, however, the applicant does not carry either diagnosis of multiple sclerosis and/or spinal cord injuries for which baclofen is explicitly recommended. Although guidelines do tepidly recommend usage of baclofen off label for neuropathic pain in this case, however, baclofen has failed to generate any lasting benefit or functional improvement. Despite ongoing usage of the same, the applicant remains off of work. The applicant has been deemed permanently disabled. As noted on progress note of September 17, 2013, the applicant reportedly spends most of his time lying in bed all day owing to extreme pain, despite ongoing baclofen usage. Baclofen, in short, has failed to generate any lasting benefit or functional improvement. Therefore, the request is not medically necessary.

Medrox Ointment (0.0375-20-5% 120): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

Decision rationale: As noted in the Chronic Pain Medical Treatment Guidelines, topical analgesics and topical compounds such as Medrox are deemed largely experimental. No rationale for selection and/or ongoing usage of Medrox was provided so as to offset the unfavorable MTUS recommendation. It is further noted that the applicant's failure to return to any form of work, continued complaints of severe pain, and failure to diminish opioid consumption, taken together, imply a lack of functional improvement despite ongoing Medrox usage. Therefore, the request for Medrox is not medically necessary.

Bentyl (20mg, #90): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Library of Medicine's DailyMed Database (dailymed.nlm.nih.gov).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 7-8. Decision based on Non-MTUS Citation Food and Drug Administration (FDA) Bentyl Medication Guide.

Decision rationale: While the California MTUS guidelines do not specifically address the topic of Bentyl usage, the Chronic Pain Medical Treatment Guidelines do stipulate that an attending provider using a drug for non-FDA label purpose has a responsibility to be well informed regarding the usage of the same and should, furthermore, furnish some evidence to support such usage. The Food and Drug Administration (FDA) notes that Bentyl is an antispasmodic agent indicated in the treatment of functional bowel or irritable bowel syndrome. In this case, however, the applicant does not clearly carry a diagnosis of irritable bowel syndrome for which Bentyl would be indicated. It is further noted that, the attending provider has failed to outline any mention of medication efficacy into any recent progress note provided. It is not clearly stated for what purpose Bentyl has been employed here, nor has been stated how (or if) Bentyl has been effective. Therefore, the request for Bentyl is not medically necessary.

Lactulose (10g/15 ml): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Library of Medicine Medline Plus' Database (www.nlm.nih.gov/medlineplus).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Initiating Therapy Page(s): 77.

Decision rationale: While the Chronic Pain Medical Treatment Guidelines do support prophylactic initiation of treatment for constipation in applicants using opioids, the attending provider should take into consideration applicant-specific variables such as other medications and efficacy of medications into his choice of recommendations. In this case, however, the attending provider has not stated how (or if) lactulose has been effective. It is not clearly stated whether or not the applicant is still having residual symptoms of constipation. Finally, the attending provider has not stated why the applicant needs to use multiple laxatives. For all of the stated reasons, then the request is not medically necessary.