

Case Number:	CM13-0024794		
Date Assigned:	06/16/2014	Date of Injury:	03/08/2010
Decision Date:	08/15/2014	UR Denial Date:	08/13/2013
Priority:	Standard	Application Received:	09/16/2013

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, chronic bilateral upper extremity pain, chronic bilateral shoulder pain, rheumatoid arthropathy, and anxiety disorder reportedly associated with an industrial injury of March 8, 2010. Thus far, the applicant has been treated with the following: Analgesic medications; antidepressant medications; anxiolytic medications; Humira injections; opioid therapy; sleep aid; topical agents; and anxiolytic medications. In a utilization review report dated August 13, 2013, the claims administrator denied a request for Valium, Terocin, Zofran, and Pennsaid. Temazepam and Ativan were partially certified. Ambien was denied outright. Celebrex was partially certified as a two month supply of the same. Gabapentin was denied outright. Oxycodone and OxyContin were partially certified seemingly for weaning purposes. In many instances, the claims administrator simply stated that the attending provider had failed to demonstrate benefits or efficacy with the medications in question and did not incorporate cited guidelines into its rationale. The applicant's attorney subsequently appealed. In a March 21, 2013 progress note, the applicant reported 9/10 pain with medication. The applicant is using doxepin, Desyrel, Valium, Ativan, oxycodone, and Humira injection, it was acknowledged. Lunesta, OxyContin, and oxycodone were renewed. Applicant's work status was not provided. On August 1, 2013, the applicant presented with 6/10 pain, multifocal, principally about the neck. The applicant's medications included Valium, Ativan, Terocin, Neurontin, Celebrex, Ambien, OxyContin, Restoril, and methadone. The acupuncture was endorsed. Urine drug testing was performed. The applicant was described as permanently disabled. An earlier note of July 25, 2013 was notable for comments that the applicant reported 9/10 pain with medications. It was suggested that the applicant's medication usage was not successful, owing to issues with

superimposed rheumatoid arthritis. It is stated that the applicant would try to diminish her OxyContin consumption.

IMR ISSUES, DECISIONS AND RATIONALES

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

VALIUM 5 MG: Upheld

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

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

Decision rationale: While the Stress Related Conditions Chapter of the ACOEM Practice Guidelines does acknowledge that anxiolytic medications such as Valium can be employed for brief periods, in cases of overwhelming symptoms so as to afford an applicant with the opportunity to recoup emotional and/or physical resources, in this case, however, the attending provider is seemingly employing Ambien for chronic, long-term use purposes, for ongoing issues with anxiety disorder. This was not indicated, appropriate, or supported by ACOEM. It is further noted that no clear or compelling cases were made for usage of three separate benzodiazepine anxiolytics namely Valium, Ativan, and temazepam. Therefore, the request for Valium is not medically necessary or appropriate.

Terocin lotion: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines Page(s): 111.

Decision rationale: As noted in the Initial Approaches to Treatment Chapter of the ACOEM Practice Guidelines, oral pharmaceuticals are the first-line palliative method. In this case, there is no evidence of intolerance to and/or failure of multiple classes of first-line oral pharmaceuticals so as to support usage of what the Chronic Pain Medical Treatment Guidelines deems largely experimental topical agents and topical compounds such as Terocin. Therefore, the request for Terocin lotion is not medically necessary or appropriate.

ZOFRAN 8 MG: Upheld

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

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), Ondansetron Medication Guide.

Decision rationale: While the Chronic Pain Medical Treatment Guidelines does not specifically address the topic of Zofran usage, the Chronic Pain Medical Treatment Guidelines do stipulate that an attending provider using a drug for non-FDA labelled purposes has the responsibility to be well informed regarding usage of the same and should, furthermore, provide some evidence to support such usage. In this case, however, the Food and Drug Administration (FDA) notes that ondansetron or Zofran is indicated in the treatment of nausea and vomiting caused by cancer chemotherapy, radiation therapy, and/or recent surgery. In this case, while the applicant did report issues with nausea on a progress note of July 25, 2013, there was no evidence that said nausea was a generator caused by radiation therapy, chemotherapy, and/or recent surgery. No rationale and/or medical evidence to support usage of Zofran for non-FDA labeled purposes was provided. Therefore, the request for Zofran was not medically necessary or appropriate.

PENNSAID 1.5% LIQUID: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Voltaren/Diclofenac Page(s): 112.

Decision rationale: As in the Chronic Pain Medical Treatment Guidelines, topical Voltaren/diclofenac is indicated in the treatment of small joint arthritis which lends itself towards topical application, such as, for instance, the knees, ankles, hands, feet, elbows, etc. Pennsaid/Voltaren/diclofenac has not been evaluated in the treatment of the spine, the body part implicated here. In this case, the applicant is reporting widespread pain and/or spine pain associated with the low back and neck. Pennsaid/Voltaren/diclofenac has not been evaluated in the treatment of same, according to the Chronic Pain Medical Treatment Guidelines. Therefore, the request for Pennsaid 1.5% liquid is not medically necessary or appropriate.

TEMAZEPAM 30 MG.: Upheld

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

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

Decision rationale: While the MTUS Guideline in ACOEM Chapter 15, page 402 acknowledges that anxiolytics such as temazepam may be useful for brief periods in cases of overwhelming symptoms so as to afford an applicant with an opportunity to recoup emotional and/or physical resources, in this case, however, the attending provider has indicated that he intends to employ temazepam or Restoril for chronic, long-term, and/or scheduled use purposes,

for underlying anxiety disorder. This is not an approved indication for the same, per ACOEM. It is further noted that no rationale has been provided to support usage of three separate benzodiazepine anxiolytics, namely Restoril, Ativan, and Valium. Therefore, the request for Temazepam 30mg is not medically necessary or appropriate.

ATIVAN 1MG: Upheld

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

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

Decision rationale: As noted in the Stress Related Conditions Chapter of the ACOEM Practice Guidelines, anxiolytic such as Ativan may be appropriate for brief periods, in cases of overwhelming symptoms, so as to afford an applicant with the opportunity to recoup emotional and/or physical resources. Anxiolytics are not, however, recommended for the chronic, long-term, and/or schedule use purpose for which Ativan is seemingly being proposed here. It is further noted that, as with the previous request, that no compelling cases were made for provision of three separate benzodiazepines, Valium, temazepam, and Ativan. Therefore, the request for Ativan 1 mg is not medically necessary or appropriate.

AMBIEN CR 12.5MG: Upheld

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

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), Ambien Medication Guide.

Decision rationale: While the Chronic Pain Medical Treatment Guidelines does not specifically address the topic of Ambien usage, the Chronic Pain Medical Treatment Guidelines stipulate that an attending provider using a drug for non-FDA labelled purposes has the responsibility to be well informed regarding usage of the same and should, furthermore, provide compelling evidence to support such usage. In this case, however, no rationale or medical evidence was provided to support usage of Ambien, sleep aid, for chronic or long-term use purposes, particularly when the FDA notes that Ambien is indicated in the short-term treatment of insomnia for up to 35 days. Therefore, the request for Ambien was not medically necessary or appropriate.

CELEBREX: Upheld

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

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 does acknowledge that COX-2 inhibitor such as Celebrex may be considered if an applicant has a risk of GI complications, this recommendation is qualified by commentary made on page 7 of the Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. In this case, the applicant has been using Celebrex for sometime. The applicant has, however, failed to demonstrate functional improvement as defined in MTUS 9792.20f through the same. The applicant is off of work. The applicant remains highly reliant and highly dependent on various forms of medical treatment, including long and short acting opioids as well as acupuncture. Continued usage of Celebrex is not indicated given the applicant's lack of functional improvement as defined in MTUS 9792.20f through prior usage of the same. Therefore, the request for Celebrex is not medically necessary or appropriate.

GABAPENTIN 300 MG: Upheld

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

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

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, applicant's using gabapentin should be asked at each visit as to whether there have been improvements in pain or function with the same. In this case, however, there has been no discussion of medication efficacy incorporated into the attending provider's choice of recommendations. The applicant remains off of work, on total temporary disability, despite ongoing opioid usage, and has consistently reported pain complaints as high as 9/10 on multiple occasions, referenced above, in mid-to-late 2013. No clear improvements in pain or function have, thus, been achieved with ongoing gabapentin usage. Therefore, the request for gabapentin 300 mg is not medically necessary or appropriate.

OXYCODONE 30 MG: Upheld

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

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

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy includes 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 primarily disabled. The

applicant consistently reports pain level as high as 9/10, despite ongoing medication usage, including ongoing oxycodone usage. Continuing the same, on balance, does not appear to be indicated. Therefore, the request for Oxycodone 30 mg is not medically necessary or appropriate.

OXYCONTIN 30MG: Upheld

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

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

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy includes 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. Applicant has been deemed permanently disabled. The applicant's pain levels are consistently reported as high as 9/10, despite ongoing usage of OxyContin, throughout mid and late 2013. No clear improvements in function have been achieved despite prior usage of the same, the attending provider has himself acknowledged. Therefore, the request for OxyContin 30mg is not medically necessary or appropriate.