

Case Number:	CM13-0030291		
Date Assigned:	11/27/2013	Date of Injury:	01/24/2004
Decision Date:	01/22/2014	UR Denial Date:	09/26/2013
Priority:	Standard	Application Received:	09/30/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician 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 physician 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 low back pain, and chronic foot pain reportedly associated with an industrial injury of January 24, 2004. Thus far, the applicant has been treated with the following: Analgesic medications; adjuvant medications; topical medications; sleep aids; unspecified amounts of physical therapy over the life of the claim; attorney representation; and a cane. In a utilization review report of September 26, 2013, the claims administrator approved purchase of a cane and an office visit with a QME while denying Celexa, Naprosyn, Duragesic, Topamax, and Laxacin. No rationale was provided. An earlier note of August 6, 2013, is notable for comments that the applicant reports persistent 9/10 low back and foot pain, unchanged. Hypersensitivity to touch is noted about the foot with 4/5 right foot strength noted. The applicant is asked to continue aquatic therapy, physical therapy, Celexa, Lidoderm, Lunesta, hydrochlorothiazide, Vicodin, Naprosyn, Skelaxin, Topamax, Voltaren, Ambien, Tegaderm, Lotensin, Norco, Flexeril, and Flector. It is stated that the applicant is having some symptoms of dyspepsia with Norco. Earlier notes of December 31, 2012, and December 3, 2012, were also notable for comments that the applicant is using many of the medications in question, including topical compounds, Skelaxin, Lotensin, Flexeril, Duragesic, Flector, Lidoderm, etc. A later September 20, 2013, note is notable for comments that the applicant is still depressed and stressed. The applicant is still having throbbing pain, 9/10. She is having difficulty doing home exercises. She is somewhat stable with the medications, it is stated, although "nothing seems to help." Multiple medication refills are again issued. An earlier note of August 16, 2013, is notable for comments that medications are "not greatly helpful" and that constipation still persists

IMR ISSUES, DECISIONS AND RATIONALES

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

Celexa 20mg #30 with 5 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions.

Decision rationale: While the MTUS-adopted ACOEM Guidelines in Chapter 15 do note that antidepressants take some time to exert their maximal effect, ACOEM further notes that an incorrect diagnosis of depression is often the reason why antidepressants are ineffectual. In this case, while there could have been some support for a lesser amount of Celexa, on the order of one to three months, there is no support for a 6-month supply of Celexa, particularly when the applicant is reportedly having difficulty with her medications, many of which are only marginally benefiting her. In light of the applicant's lack of stability with her medication profile and failure to respond to several other analgesic and psychotropic medications, a 6-month supply of Celexa cannot be supported at this time. Therefore, the request remains non-certified, on independent medical review.

Naproxen sodium 550mg #50: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: As noted on page 22 of the MTUS Chronic Pain Medical Treatment Guidelines, anti-inflammatory medications such as Naprosyn are indicated in the treatment of various chronic pain conditions, including the chronic low back pain present here. In this case, however, as with the many other analgesic and adjuvant medications, the applicant has failed to demonstrate any evidence of functional improvement or profit through multiple analgesic medications, including Naprosyn. As suggested by the attending provider himself, the medications do not appear to be significantly helpful. The applicant's pain complaints are heightened. She has failed to return to any form of work. All of the above, taken together, imply a lack of functional improvement as defined in Section 9792.20(f). Therefore, the original utilization review decision is upheld. The request remains non-certified, on independent medical review.

Duragesic patch 50mcg #15: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy are evidence of successful return to work, improved function, and/or reduction in pain effected through ongoing opioid usage. In this case, it does not appear that any of the afore-mentioned criteria have been met. The applicant has seemingly failed to return to any form of work. Her pain complaints are heightened as opposed to reduced despite ongoing opioid usage. There is no clear evidence of improved function. Therefore, the request is not certified.

Topamax 50mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 21.

Decision rationale: While page 21 of the MTUS Chronic Pain Medical Treatment Guidelines does endorse usage of Topamax as a last-line anticonvulsant for off-label neuropathic pain purposes in individuals who have tried and failed first-line anticonvulsants such as Neurontin, in this case, as with the other drugs, the applicant has failed to effect any evidence of functional improvement through prior usage of Topamax. The applicant has used this and other drugs for quite sometime. She has failed to exhibit a positive patient response. She has failed to return to work. She has failed to make any significant strides in terms of non-work activities of daily living or reduction in dependence on medical treatment. Therefore, the request remains non-certified, on independent medical review.

laxacin: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: As noted on page 77 of the MTUS Chronic Pain Medical Treatment Guidelines, laxatives such as Laxacin are indicated in the prophylactic treatment of constipation in those applicants in whom opioid therapy has been initiated. In this case, the applicant is in fact having actual constipation owing to opioid usage, it has been reported above. Continuing Laxacin in this context is indicated and appropriate. Therefore, the original utilization review decision is overturned. The request is certified, on independent medical review.