

Case Number:	CM13-0032717		
Date Assigned:	12/06/2013	Date of Injury:	06/04/2004
Decision Date:	02/10/2014	UR Denial Date:	09/17/2013
Priority:	Standard	Application Received:	10/08/2013

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, Ohio, and Texas. 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 chronic shoulder pain, neck pain, elbow pain, headaches, and low back pain reportedly associated with an industrial of June 4, 2004. Thus far, the applicant has been treated with the following: Analgesic medications; antidepressants; sleep aids; adjuvant medication; transfer of care to and from various providers in various specialties; and extensive periods of time off of work. In a Utilization Review Report of September 17, 2013, the claims administrator denied a request for Relafen, Prilosec, Ambien, and Effexor. The applicant's attorney later appealed. An earlier progress note of August 6, 2013, is notable for comments that the applicant reports 8 to 9/10 pain without medications and 4/10 pain with medications. The applicant states that he is able to walk and take care of home chores owing to medication usage. He has not returned to work, it is stated. He is presently on Norco, Relafen, Prilosec, Ambien, Effexor, and Neurontin. He is described as doing somewhat better. The applicant is asked to try and exercise aggressively and gets himself back to work. He has apparently been switched from Prozac to Effexor. Multiple other progress notes interspersed throughout 2012 and 2013 state that the applicant is experiencing some GI upset, including on June 11, 2013. The applicant is having issues with poor motivation, it is stated. His wife is also on disability, it is stated. An earlier clinical progress note of June 11, 2013 is notable for comments that the applicant is having issues with GI upset and dyspepsia.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective (8/6/13) Relafen 750mg, by mouth twice a day, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-68.

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

Decision rationale: The request for Relafen 750 mg #60 is not medically necessary, medically appropriate. While Page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does deem anti-inflammatory medications such as Relafen the traditional first-line of treatment for various chronic pain conditions, in this case, the applicant has seemingly been on Relafen chronically and failed to affect any lasting benefit or functional improvement through prior usage of the same. The applicant has failed to effect any seeming reduction in dependence on medical treatment. The applicant has failed to return to work. There is no evidence of diminished work restriction appreciated from visit to visit. Continued usage of Relafen without evidence of functional improvement as defined by the measures established in MTUS 9792.20f is not indicated. Therefore, the request is not certified.

Retrospective (8/6/13) Prilosec 20mg, by mouth twice a day, #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 68.

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

Decision rationale: Conversely, the request for Prilosec 20 mg #60 was medically necessary, medically appropriate. The attending provider did note that the applicant was having issues with GI upset and dyspepsia as recently as June 11, 2013. As noted on page 69 of the MTUS Chronic Pain Medical Treatment Guidelines, omeprazole or Prilosec is indicated in the treatment of NSAID-induced dyspepsia. In this case, the applicant was in fact experiencing issues with dyspepsia, either NSAID-induced or stands alone. Usage of Prilosec was appropriate in this context. Therefore, the request is certified.

Retrospective (8/3/13) Ambien 10mg, by mouth at bedtime, #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 (ODG), Treatment Index, 11th Edition (web), 2013, Pain Chapter, Zolpidem (Ambien).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Integrated Treatment/ Disability Duration Guidelines, Pain (Chronic).

Decision rationale: The request for Ambien 10 mg #30 was not medically necessary, medically appropriate. The MTUS does not address the topic. As noted in the ODG Chronic Pain chapter Zolpidem topic, Zolpidem or Ambien is endorsed for the short-term usage of insomnia. It is not recommended on the chronic, long-term, sustained, and/or scheduled usage of insomnia to which it was being put here. The attending provider's progress notes suggest that the applicant has been using Ambien as of August 7, 2012. Continued usage of Ambien as of August 6, 2013 was not indicated, given the unfavorable guideline recommendation. Therefore, the request is retrospectively not certified.

Retrospective (8/6/13) Effexor 75mg, by mouth daily, #30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for Chronic pain Page(s): 13. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 11th Edition (web), 2013, Mental Illness and Stress Chapter, Antidepressants.

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

Decision rationale: The request for Effexor 75 mg #30 was medically necessary, medically appropriate. The applicant was described as having issues associated with neuropathic pain, mood disturbance, low-grade depression, and insomnia. As noted on page 16 of the MTUS Chronic Pain Medical Treatment Guidelines, Effexor is FDA approved in the treatment of anxiety, depression, and panic disorder. It is used off label for neuropathic pain and diabetic neuropathy. In this case, it is not clear whether Effexor was being employed for depression, neuropathic pain, or some combination of the two. In any case, as both page 16 of the MTUS Chronic Pain Medical Treatment Guidelines and the MTUS-adopted ACOEM Guidelines in Chapter 15 note that it may take up to six weeks for antidepressants to exert their maximal effect, continued usage of Effexor was indicated and appropriate in the context proposed by the attending provider, particularly given the combination of chronic pain and depression described. Therefore, the original Utilization Review decision is overturned. The request is certified.

Retrospective, Norco 10/325mg, by mouth 4 x day, #120 dispensed 8/6/2013: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

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

Decision rationale: In this case, the applicant meets two of the three criteria set forth on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines for continuation of opioid use. Specifically, the applicant reports appropriate analgesia, diminution of pain scores from 8/10 to 4/10 with medication usage, and improved performance of activities of daily living, including performance of household chores, reportedly achieved as a result of ongoing Norco usage. Thus, on balance, continuing Norco is indicated and appropriate, although the applicant has not

returned to work. Nevertheless, on balance, two to three criteria set forth on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines for continuation of opioid therapy have seemingly been met. Therefore, the request is certified, on independent medical review.

Retrospective, Neurontin 400mg, by mouth x 3 day, #90, dispensed 8/6/2013: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 18.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 49.

Decision rationale: As noted on page 49 of the MTUS Chronic Pain Medical Treatment Guidelines, gabapentin or Neurontin is considered a first-line medication for neuropathic pain. In this case, the applicant does seemingly have characteristics of neuropathic pain. It is further noted that page 3 of the MTUS Chronic Pain Medical Treatment Guidelines suggest that all chronic pain conditions may have some neuropathic characteristics. The documentation on file suggests that the applicant is exhibiting appropriate analgesia and improved performance of activities of daily living as a result of ongoing medication usage, including Neurontin usage. Continuing the same, on balance, is therefore indicated and appropriate. Accordingly, the request is certified, on independent medical review.