MAXIMUS Federal Services

Case Number:	CM13-0033086		
Date Assigned:	12/06/2013	Date of Injury:	05/24/2002
Decision Date:	02/07/2014	UR Denial Date:	09/25/2013
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. 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 low back pain, anxiety, depression, shoulder pain, multifactorial pain, and myofascial pain reportedly associated with an industrial injury of May 24, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; adjuvant medications; prior lumbar laminectomy surgery; attorney representation; transfer of care to and from various providers in various specialties; shoulder corticosteroid injections; multilevel cervical fusion surgery; spinal cord stimulator; and trigger point injections. In a Utilization Review Report of September 25, 2013, the claims administrator certified a prescription for Cymbalta, partially certified a prescription for Opana, partially certified a prescription for Norco, certified a prescription for Elavil, partially certified a prescription for Neurontin, denied a request for Prilosec, and approved 10 trigger point injections. The medications which were partially certified were apparently partially certified for weaning or tapering purposes. The applicant's attorney later appealed. In a September 10, 2013, progress note, the applicant is described as having palpable trigger points. Trigger point injections are endorsed. A later September 12, 2013, note is notable for comments that the applicant has persistent low back, buttock, leg, and shoulder pain. The applicant states he is not having any relief from oral medications at this time. He receives trigger point injections in the clinic. The applicant states that he still having situational depressive symptoms and he believes Cymbalta is helping with these issues. The applicant is given trigger point injections as well as medication refills. It does not appear that he has returned to work.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription of Opana ER 10mg, #90: Upheld

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

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 includes evidence successful return to work, improved functioning, and reduced pain effected as a result of ongoing opioid usage. In this case, however, it does not appear that the applicant meets any of the aforementioned criteria. The most recent progress note referenced above suggests that the applicant reports heightened pain as opposed to reduced pain with opioids. He is not getting any relief with oral analgesics, including opiates. He has failed to return to any form of work. Continued usage of Opana in this context is not recommended. Therefore, the request is not certified.

Norco 10/325mg, #240: Upheld

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

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 functioning, and reduced pain effected as a result of opioid usage. In this case, however, as with the Opana, there is no evidence that the aforementioned criteria have been met. The applicant has failed to return to work. The most recent progress note suggests heightened pain as opposed to reduced pain. Continued usage of Norco is not recommended in this context. Therefore, the request is not certified.

Neurontin 600mg #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): 19.

Decision rationale: As noted on Page 19 of the MTUS Chronic Pain Medical Treatment Guidelines, the recommended trial period for gabapentin is three to eight weeks for titration

purposes, and then one to two weeks at maximum tolerated dosage. In this case, as with the many other medications the applicant is using, there is no evidence of any lasting benefit or functional improvement achieved through prior usage of the same. The applicant has failed to achieve reduction in dependence on medical treatment. The applicant has failed to return to work or experience a reduction in work restrictions. Therefore, the request is not certified owing to the lack of functional improvement as defined in MTUS 9792.20F.

Prilosec 20mg, #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): 69.

Decision rationale: While page 69 of the MTUS Chronic Pain Medical Treatment Guidelines does endorse usage of Proton-pump inhibitors such as Prilosec in the treatment of NSAID-induced dyspepsia, in this case, several recent progress notes, including those dated July 25, 2013, August 15, 2013, August 21, 2013, September 5, 2013, September 10, 2013, and September 12, 2013 were reviewed. There is no mention of any active symptoms of dyspepsia, heartburn, or reflux, either NSAID-induced or stand-alone. Continued usage of Prilosec is not indicated without ongoing symptoms of reflux, heartburn, and/or dyspepsia. Therefore, the request is not certified.