

Case Number:	CM13-0062582		
Date Assigned:	12/30/2013	Date of Injury:	12/18/2010
Decision Date:	04/11/2014	UR Denial Date:	11/12/2013
Priority:	Standard	Application Received:	12/06/2013

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 pain syndrome, chronic shoulder pain, bilateral upper extremity pain, neck pain, and myofascial pain syndrome reportedly associated with an industrial injury of December 18, 2010. Thus far, the applicant has been treated with analgesic medications, attorney representation, psychotropic medications, transfer of care to and from various providers in various specialties, a cervical epidural steroid injection therapy and extensive periods of time off of work, on total temporary disability. In a Utilization Review Report of November 12, 2013, the claims administrator denied a request quarterly drug screens, denied a request for Neurontin, denied a request for Norco, denied a request for Zoloft, and denied a request for Wellbutrin. The applicant's attorney subsequently appealed, on December 5, 2013. A clinical progress note of January 24, 2013 is notable for comments that the applicant reports persistent 5-6/10 pain. She is on BuTrans, Neurontin, Norco, and Zoloft, it is stated. Her review of systems is notable for heartburn, difficulty sleeping, and hand edema. The applicant denies any psychiatric or emotional difficulties; it is stated, on psychiatric review of systems. The applicant is smoking a pack a day, it is further noted. Medications are refilled, including Neurontin, Norco, Zoloft, and BuTrans, while the applicant is placed off of work, on total temporary disability, until the next visit. A December 23, 2013 progress note is notable for comments that the applicant reports longstanding pain, 3-4/10, multifocal. The applicant is on Neurontin, Norco, and Zoloft. It is again stated that the applicant denies any mental health conditions on review of systems. Her GI review of systems is positive for heartburn. The applicant continues to smoke a pack a day. Diminished upper extremity strength is noted. Neurontin, Norco, and Zoloft are refilled while the applicant is placed off of work, on total temporary disability. Also reviewed are several appeal letters written

by the attending provider in which authorization is sought for various medications without any applicant specific information.

IMR ISSUES, DECISIONS AND RATIONALES

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

QUARTERLY URINE DRUG SCREEN: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Work Loss Data Institute, ODG Treatment in Workers Compensation, 7th Edition.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Section Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines ODG, Pain Chapter, Urine Drug Testing.

Decision rationale: While page 43 of the MTUS Chronic Pain Medical Treatment Guidelines does support intermittent urine drug testing in the chronic pain population, the MTUS does not establish specific parameters for or identify a frequency with which to perform urine drug testing. As noted in ODG Chronic Pain Chapter Urine Drug Testing topic, an attending provider should clearly document which drug test and/or drug panel he intends to test for along with the request for authorization for testing. An attending provider should also attach the applicant's complete medication list to the request for authorization for testing. In this case, while the applicant's medication list does appear to have been attached to the request for authorization for testing, the attending provider does not clearly state which drug test and/or drug panels he intends to test for. ODG suggests adhering to the best practice guidelines of the Department of Transportation (DOT) as representing the most legally defensible means of performing testing. In this case, since the attending provider did not state what drug tests or drug panels he intended to perform here, the request is not certified, on Independent Medical Review.

NEURONTIN 600MG (3) TID #810: Upheld

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

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

Decision rationale: As noted on page 19 of the MTUS Chronic Pain Medical Treatment Guidelines, an attending provider should reassess the applicant "at each visit" and determine the presence or absence of appropriate analgesia and improved function affected as a result of ongoing Gabapentin usage. The applicant should be asked at each visit as to whether there has been a change in pain or function, the MTUS further notes. In this case, however, the attending provider has not made evident any improvements in pain levels or function as a result of ongoing Neurontin or Gabapentin usage. The applicant remains off of work, on total temporary disability,

implying that ongoing usage of Neurontin has been unsuccessful. Accordingly, the request is not certified.

NORCO 10/325MG Q4 HOURS #540: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Section 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 pain relief, successful return to work, and/or improved function affected as a result of ongoing opioid usage. In this case, however, the applicant has failed to meet these criteria. The applicant's pain levels are seemingly unchanged from visit to visit. The applicant remains off of work, on total temporary disability. Continuing usage of Norco is not, consequently, indicated. Therefore, the request is not certified.

ZOLOFT 50MG QD #30: Upheld

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

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

Decision rationale: While page 402 of the MTUS-adopted ACOEM Guidelines in Chapter 15 does support "brief courses of antidepressants" to help alleviate symptoms of depression, in this case, however, the attending provider has not detailed, narrated, or documented any symptoms of depression for which ongoing usage of Zoloft, an SSRI antidepressant, will be indicated. The applicant is consistently described as denying any mental health symptoms such as anxiety or depression on the review of systems section of multiple 2013 progress notes, referenced above. Continued usage of Zoloft without associated symptoms of depression is not indicated. Therefore, the request is not certified.

WELLBUTRIN 100MG #90 I: Upheld

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

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

Decision rationale: While page 16 of the MTUS Chronic Pain Medical Treatment Guidelines does support off-label usage of Wellbutrin, a non-tricyclic antidepressant, to relieve neuropathic

pain of different etiologies, in this case, as with the other drugs, the applicant has used this particular agent chronically and has failed to derive any lasting benefit or functional improvement through prior usage of the same. The applicant remains off of work, on total temporary disability, several years remote from the date of injury. The applicant remains highly reliant on various medications, injections, office visits, etc. All the above, taken together, imply a lack of functional improvement as defined in MTUS 9792.20f despite ongoing usage of Wellbutrin. Accordingly, the request is not certified, on Independent Medical Review.