

Case Number:	CM14-0003958		
Date Assigned:	01/31/2014	Date of Injury:	05/05/1998
Decision Date:	08/15/2014	UR Denial Date:	12/20/2013
Priority:	Standard	Application Received:	01/10/2014

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 reflex sympathetic dystrophy, chronic low back pain, and chronic mid back pain reportedly associated with an industrial injury of May 5, 1998. Thus far, the applicant has been treated with the following: Analgesic medications; opioid therapy; attorney representation; transfer of care to and from various providers in various specialties; an intrathecal pain pump; a spinal cord stimulator; intermittent drug testing; and the apparent imposition of permanent work restrictions. It does not appear that the applicant is working with permanent limitations in place. In a Utilization Review Report dated December 20, 2013, the claims administrator apparently denied requests for Opana, Lunesta, Topamax, baclofen, senna, and BuSpar on the grounds that the attending provider did not furnish information needed to support these requests. The claims administrator did qualify the denial by stating that he would reconsider the request if the attending provider furnishes the reportedly absent information. A December 6, 2013 progress note is notable for comments that the applicant reported persistent complaints of pain, 2-5/10. The applicant exhibited limited range of motion about the spine. The applicant was apparently status post spinal cord stimulator implantation and intrathecal pain pump implantation. The applicant was asked to maintain a pain diary. Opana, Topamax, baclofen, senna, BuSpar, and Lunesta were apparently issued, as was Ultracin. The applicant was asked to follow up as needed for medication and/or pain pump refills. The applicant's work status was not provided, although it did not appear that the applicant was working on this date. The applicant did exhibit decreased range of motion and tenderness about the lumbar spine and paraspinal musculature. The applicant was having ancillary complaints of depression and anxiety, it was stated. On an earlier note of November 11, 2013, the applicant was described as reporting 10/10 pain with medications and 4/10 pain without medications. The applicant had complaints of insomnia,

constipation, and anxiety, it was acknowledged. The applicant was using an H-Wave device. It was stated that the applicant's medication list were diminishing her pain. Opana and baclofen were refilled. There was no discussion of any improvements in function achieved with ongoing opioid usage on this occasion. On November 12, 2013, the applicant underwent a pain pump refill. The applicant had reportedly signed a pain contract, it was stated. On October 23, 2013, it was acknowledged that the applicant was not working. The applicant reported 8-9/10 pain on this occasion and stated that she has fallen on three occasions over the past few weeks. Permanent work restrictions were renewed. The applicant did exhibit some weakness about the lower extremities. On October 17, 2013, it was stated that the applicant reported 8/10 knee pain and had reportedly worsened. The applicant had been disabled since 1998, it was stated. The applicant reportedly used braces, crutches, cane, and/or walker, it was suggested. The applicant was reportedly having pain with any kind of activity, including activities as basic as walking. On February 7, 2013, it was suggested that the applicant consider detoxifying off of many of her medications, including oxycodone, BuSpar, Topamax, Desyrel, and Skelaxin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Opana IR 10mg, 150 count: 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 80, When to Continue Opioids topic. Page(s): 80.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include 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 seemingly off of work. The applicant is disabled and has not worked since 1998, it has been suggested. While some of the progress notes referenced about do suggest that applicant has reported diminution in pain on some occasions, this is inconsistent. Other visits suggested that the applicant has heightened pain complaints, consistently described as in the 8-9/10 range. Thus, there is no consistent reporting of analgesia associated with ongoing opioid usage. It is further noted that none of the progress notes provided recount any improvements in function achieved with opioid therapy. The applicant is having difficulty performing evening basic activities of daily living such as walking and is apparently using a cane, crutch, and/or walker for the same. It does not appear, in short, that ongoing usage of Opana has been beneficial here in terms of effecting any improvements in function. Therefore, the request for Opana IR 10mg, 150 count, is not medically necessary or appropriate.

Lunesta 3mg, thirty count with one refill: 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 1. Food and Drug Administration (FDA), Lunesta Medication topic.2. MTUS Page(s): 7-8.

Decision rationale: The MTUS does not address the topic. While the Food and Drug Administration (FDA) acknowledged that Lunesta is indicated in the treatment of insomnia, including long-term management of insomnia, this recommendation is qualified by commentary made in 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, however, the attending provider has not clearly stated how (or if) ongoing usage of Lunesta has been beneficial in terms of ameliorating the applicant's sleep. It is unclear how long the applicant has been using Lunesta. It does appear that the applicant was using Lunesta both on office visit of December 6, 2013 and December 31, 2013, for instance. However, the attending provider has not stated whether Lunesta has been effective here. The attending provider has not documented any improvements in sleep patterns achieved through ongoing Lunesta usage. Therefore, the request for Lunesta 3mg, thirty count with one refill, is not medically necessary or appropriate.

Topamax: 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 Topiramate section. Page(s): 21.

Decision rationale: While the Chronic Pain Medical Treatment Guidelines does acknowledge that topiramate or Topamax is indicated in the treatment of neuropathic pain when other anticonvulsants fail, in this case, as with the other request, there has been no clear discussion or demonstration of medication efficacy with ongoing topiramate usage. There was no mention of first-line anticonvulsants such as Neurontin and/or Lyrica, having been tried and/or failed here. Therefore, the request for topamax is not medically necessary or appropriate.

Baclofen: 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 1. MTUS page 64, Baclofen section.2. MTUS Chronic Pain Medical Treatment Guideline3. MTUS 9792.20f Page(s): 7.

Decision rationale: While the Chronic Pain Medical Treatment Guidelines notes that baclofen is FDA approved in the treatment of spasticity and muscle spasm associated with multiple sclerosis and spinal cord injuries and can be employed off label for neuropathic pain, this recommendation is qualified by commentary made in 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, however, there has been no clear discussion or demonstration of medication efficacy with ongoing baclofen usage. The applicant is off of work. The applicant remains highly reliant and highly dependent on other forms of medical treatment, including opioid therapy, with Opana. All of the above, taken together, implies that ongoing usage of baclofen has not been effective in terms of the functional improvement parameters established in MTUS 9792.20f. Therefore, the request for Baclofen is not medically necessary or appropriate.

Senna: 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 Chronic Pain Medical Treatment Guideline, Initiating Therapy section. Page(s): 77.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, prophylactic initiation of treatment for constipation is indicated in applicants using opioid. In this case, the applicant is in fact using opioids such as Opana. Usage of a laxative, senna, to combat opioid-induced constipation is therefore indicated, according to the Chronic Pain Medical Treatment Guidelines. Therefore, the request for Senna is medically necessary and appropriate.

BuSpar: 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 Page(s): 402.

Decision rationale: While the Stress Related Conditions Chapter of the ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 15) does acknowledge that anxiolytic medications such as BuSpar may be appropriate for short periods, in cases of anxiety to afford an applicant with the ability to recoup emotional and/or physical resources. In this case, however, based on the limited information on file, it appears that the attending provider intends to employ BuSpar for chronic, long-term, and/or scheduled use purposes, seemingly for anxiety and/or insomnia. This is not indicated, appropriate, or supported by ACOEM. Therefore, the request for BuSpar is not medically necessary or appropriate.