

Case Number:	CM14-0105974		
Date Assigned:	08/06/2014	Date of Injury:	05/18/2010
Decision Date:	10/02/2014	UR Denial Date:	06/10/2014
Priority:	Standard	Application Received:	07/09/2014

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 chronic low back pain, mid back pain, mood disorder, and psychological stress reportedly associated with an industrial injury of May 18, 2010. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; psychotropic medications; topical agents; and opioid therapy. In a Utilization Review Report dated June 10, 2014, the claims administrator failed to approve a request for Colace, Abilify, cyclobenzaprine, Motrin, omeprazole, Nucynta, and Lidoderm patches. The claims administrator apparently denied Abilify on the grounds that antipsychotics such as Abilify were not recommended for "conditions covered in ODG." The claims administrator seemingly based its decision almost entirely on cited guidelines and contained little-to-no applicant-specific rationale. The applicant's attorney subsequently appealed. In an August 6, 2012 progress note, the applicant reported persistent complaints of low back pain radiating to the right leg. The applicant is on Neurontin, Prilosec, Colace, Flexeril, Nucynta, tramadol, and Desyrel, it was stated. Epidural steroid injection therapy was sought. Multiple medications were renewed. The applicant was given a 10-pound lifting limitation. It was not clearly stated whether or not the applicant was working or not. The applicant was also using an H-wave device, it was further stated. On June 13, 2013, the applicant reported persistent complaints of low back pain radiating to the right leg. The applicant was currently smoking, it was acknowledged. The applicant was using Neurontin, Prilosec, Colace, Flexeril, Lidoderm, Desyrel, Abilify, Nucynta, and Wellbutrin, it was stated. The applicant had a BMI of 21. The applicant was permanent and stationary, it was stated, with permanent limitations imposed by a medical-legal evaluator. The applicant's psychiatrist apparently suggested that she increase her dosage of Wellbutrin. The applicant was asked to stop smoking. A 20-pound lifting limitation was endorsed. It was again not evident whether or not the applicant was working or not. In a

September 25, 2013 progress note, the applicant was described as unchanged. Persistent complaints of low back pain radiating to the right leg were noted. The attending provider then stated that the applicant's medications were working well, without side effects. It was stated that the applicant was not working but was in the process of obtaining her GED and would then apply for jobs upon completing the same. On February 12, 2014, the applicant reported persistent complaints of low back pain radiating to the leg. The applicant is using omeprazole, Colace, cyclobenzaprine, trazodone, Abilify, gabapentin, Lidoderm, Motrin, Nucynta, and Wellbutrin, it was acknowledged. It was stated that the Abilify was being employed for mood disorder issues. The applicant did appear to be calm in the clinic setting, although other section of the note stated that the applicant appeared depressed. Multiple medications were renewed. The applicant was asked to continue permanent work restrictions. It was acknowledged that the applicant was not working. While some sections of the progress note stated that the applicant was deriving appropriate analgesia from the pain medications in question, this was not quantified. The attending provider then stated that the applicant was able to perform household chores with medications. On January 15, 2014, the applicant reported fluctuating, highly variable pain. The applicant stated that Nucynta was, at times, not adequate to control her pain and that her ability to perform household chores was impacted. It was stated that omeprazole was being employed on the p.r.n. basis for GI upset associated with medication usage. On December 18, 2013, it was again stated that the applicant was using omeprazole for GI upset associated with chronic medication usage. There was no mention whether or not omeprazole was effective.

IMR ISSUES, DECISIONS AND RATIONALES

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

Colace 100mg Capsule #60 x 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines

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

Decision rationale: As noted on page 77 of the MTUS Chronic Pain Medical Treatment Guidelines, prophylactic initiation of treatment for constipation is indicated in applicants using opioids. In this case, the applicant is, in fact, using Nucynta, an opioid drug. Provision of Colace, a stool softener/laxative, is indicated to combat any issues with constipation which might arise from usage of the same. Therefore, Colace 100mg Capsule #60 x 3 refills are medically necessary.

Abilify 5mg #30 x 3 refills: Overturned

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: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 15, page 402, continuing with an established course of antipsychotics is important. In this case, it has been suggested that the applicant is using Abilify for mood disorder/bipolar disorder. This is an FDA approved role for Abilify, it is incidentally noted. The attending provider has, furthermore, posited the ongoing usage of Abilify has stabilized the applicant's mood to some extent, although it is acknowledged that the applicant remains depressed. Nevertheless, continuing Abilify appears to be indicated here, given the applicant's reportedly favorable response to the same, the favorable MTUS citation on continuation of antipsychotics, and the fact that the Abilify is, in fact, being employed in an FDA-endorsed role. Therefore, Abilify 5mg #30 x 3 refills are medically necessary.

Cyclobenzaprine 10mg #30 x 3 refills: 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 Cyclobenzaprine topic. Page(s): 41.

Decision rationale: As noted on page 41 of the MTUS Chronic Pain Medical Treatment Guidelines, the addition of cyclobenzaprine or Flexeril to other medications is not recommended. In this case, the applicant is using a wide variety of other agents, including analgesic, adjuvant, opioid, and psychotropic medications. Adding cyclobenzaprine to the mix is not recommended. Therefore, Cyclobenzaprine 10mg #30 x 3 refills are not medically necessary.

Ibuprofen 600mg #60 x 3 refills: 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 Anti-inflammatory Medications topic. Page(s): 22, 7,.

Decision rationale: While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that inflammatory medications such as ibuprofen do represent the traditional first line treatment for various chronic pain conditions, including the chronic low back pain reportedly present here. This recommendation is qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. The applicant, here, however, is off of work. The applicant remains highly reliant and highly dependent on various forms of medical treatment, including opioid agents such as Nucynta. All of the above, taken together, suggests a lack of functional improvement as defined in MTUS

9792.20f, despite ongoing ibuprofen usage. Therefore, Ibuprofen 600mg #60 x 3 refills are not medically necessary.

Omeprazole 20 mg #60 x 3 refills: 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 NSAIDs, GI Symptoms, Cardiovascular Risk topic. Page(s): 7.

Decision rationale: While page 69 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that proton pump inhibitors such as omeprazole are indicated in the treatment of NSAID-induced dyspepsia, this recommendation is qualified by commentary made on page 7 of the MTUS 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 seemingly renewed omeprazole from visit-to-visit, with no explicit mention or discussion of medication efficacy. It has not been established whether or not omeprazole has been successful in ameliorating the applicant's issues with GI upset. Therefore, Omeprazole 20 mg #60 x 3 refills are not medically necessary.

Nucynta 50mg PRN #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 When to Continue Opioids topic. 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 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 off of work. The provider progress note suggests that the applicant's pain complaints are highly variable and fluctuate from visit-to-visit. The applicant has herself acknowledged, at various points in time, the ongoing usage of Nucynta has been inadequate in controlling her pain complaints. The attending provider has failed to recount any meaningful or tangible improvements in function achieved as a result of ongoing Nucynta usage. The applicant reports that she is able to perform household chores with medication consumption appears to be marginal to negligible benefit, one which is outweighed by the applicant's failure to return to any form of work and the attending provider's failure to quantify any decrements in pain achieved as a result of ongoing Nucynta usage. Therefore, Nucynta 50mg PRN #60 is not medically necessary.

Lidoderm Patches 5% 700Mg/patch #30 x 3 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - Pain

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Lidocaine section. Page(s): 112.

Decision rationale: While page 112 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that topical Lidoderm is indicated in the treatment of localized peripheral pain or neuropathic pain in applicants in whom there has been a trial of first line therapy with antidepressants and/or anticonvulsants, in this case, however, the applicant's ongoing usage of Neurontin, an anticonvulsant adjuvant medication, effectively obviates the need for the Lidoderm patches at issue. Therefore, Lidoderm Patches 5% 700Mg/patch #30 x 3 refills are not medically necessary.