

<b>Case Number:</b>	CM14-0131127		
<b>Date Assigned:</b>	09/24/2014	<b>Date of Injury:</b>	10/28/1997
<b>Decision Date:</b>	12/12/2014	<b>UR Denial Date:</b>	07/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/15/2014

### 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 pain syndrome, psychological stress, and depression reportedly associated with an industrial injury of October 28, 1997. Thus far, the applicant has been treated with analgesic medications; adjuvant medications; psychotropic medications; unspecified amounts of physical therapy; and anxiolytic medications. In a Utilization Review Report dated July 15, 2014, the claims administrator partially approved a request for Norco, denied a request for Celexa, partially approved a request for Gabapentin, and denied a request for Ativan. The applicant's attorney subsequently appealed. In an August 21, 2014 progress note, the applicant reported ongoing complaints of bilateral lower extremity pain, reportedly attributed to complex regional pain syndrome (CRPS). The applicant was apparently using Norco for pain, Celexa for depression, Neurontin for neuropathic pain, Flexeril for spasms, and Ambien for sleep. The applicant was status post multiple foot surgeries, multiple sympathetic blocks, and several spinal cord stimulator trials, it was acknowledged. The applicant was reportedly using a motorized scooter to move about. The attending provider stated that the applicant's medications were helping his pain and function but did not elaborate or expound upon the nature of the same. Permanent work restrictions were endorsed. It was acknowledged that the applicant did not have much in the way of function and was using a home health aide to help her perform activities of daily living. The applicant was apparently unable to complete a previously authorized functional restoration program owing to pain complaints, it was acknowledged. In a June 4, 2014 progress note, the applicant acknowledged that her home health aide was helping her with transferring, bathing, medications, driving, shopping, and laundry. The applicant stated that she wanted to continue on her medications, including Norco. The applicant was reportedly depressed, it was further acknowledged. The applicant's medications included Celexa, Neurontin, Ativan, Ambien,

Flexeril, Norco, and various vitamins. Permanent work restrictions were again renewed. The applicant's mood and mental health issues were not described and characterized at much length. In an earlier note dated May 1, 2014, the applicant stated that she would be bed bound without her medications. It was again stated that the applicant complained of depression but denied anxiety, hallucinations, and/or suicidal thoughts. In a March 28, 2014 progress note, the applicant was described as having ongoing complaints of severe fatigue, seemingly depression-induced. In an earlier progress note dated November 12, 2012, it was acknowledged the applicant was not working at this point in time. The applicant was reportedly unable to complete a functional restoration program owing to a severe flare of pain. The applicant was wheelchair-bound, it was acknowledged on this date. The applicant was reportedly using and given refills of Celexa, Ativan, Flexeril, Voltaren gel, Ambien, and Norco on this date. The applicant was described as wheelchair-bound on this particular date. In a December 13, 2012 progress note, the applicant was again described as having ongoing complaints of low back pain, reportedly severe, with associated severe lower extremity paresthesias. The applicant was described as using Celexa, Neurontin, Ativan, Flexeril, Voltaren gel, Ambien, and Norco on this date.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Norco 10/325mg #135:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/Acetaminophen (Anexsia, Co-Gesic, Hycet, Lorcet, Lorta.

**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, the applicant is off of work. Permanent work restrictions remain in place, seemingly unchanged, from visit to visit. The applicant is apparently having difficulty performing activities of daily living as basic as ambulating, despite ongoing opioid therapy. The applicant remains dependent on a home health aide to perform household chores as basic as cooking and doing laundry, it is further noted. While the attending provider has reported that the applicant's ability to get up out of bed is improved with ongoing Norco usage, this does not, in and of itself, constitute sufficient improvement with the same and is outweighed by the applicant's seemingly failed to return to work and reported inability to perform activities of daily living as basic as ambulating and performing laundry. Therefore, the request is not medically necessary.

**Celexa 40mg #30 with 6 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions.

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

**Decision rationale:** While the MTUS Guideline in ACOEM Chapter 15, page 402 does acknowledge that it often takes "weeks" for antidepressants to exert their maximal effect, in this case, the applicant has been using Celexa for what appears to be a minimum of several months. The attending provider has not clearly outlined any clear or material improvements in mood achieved as a result of ongoing Celexa usage. The attending provider's comments to the fact that the applicant still reports severe depression-induced fatigue despite ongoing Celexa usage does not make a compelling case for continuation of the same. Therefore, the request is not medically necessary.

**Ativan 2mg #15:** Upheld

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

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

**Decision rationale:** While the MTUS Guideline in ACOEM Chapter 15, page 402 does acknowledge that anxiolytics such as Ativan may be appropriate for "brief periods," in cases of overwhelming symptoms, in this case, however, it appears that the applicant has been using Ativan for what appears to be a span of several years, for anxiolytic and/or sedative effect. This is not an ACOEM-endorsed role for the same. Therefore, the request is not medically necessary.

**Gabapentin 800mg #90 with 6 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin).

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

**Decision rationale:** As noted on page 19 of the MTUS Chronic Pain Medical Treatment Guidelines, applicant's using Gabapentin should be asked "at each visit" as to whether there have been improvements in pain and/or function achieved as a result of the same. Here, however, the attending provider failed to outline any compelling evidence of improvements in pain and/or function achieved as a result of ongoing Gabapentin usage. The applicant remains off of work. Permanent work restrictions remain in place, seemingly unchanged, from visit to visit. The applicant remains dependent on home health aide from household chores as basic such as cooking and doing laundry, it is noted. The applicant was described as wheelchair-bound on at least a few occasions, referenced above. The applicant remains dependent on opioid agents such as Norco. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing usage of Gabapentin. Therefore, the request is not medically necessary.

