

<b>Case Number:</b>	CM14-0131824		
<b>Date Assigned:</b>	08/20/2014	<b>Date of Injury:</b>	09/05/2002
<b>Decision Date:</b>	10/02/2014	<b>UR Denial Date:</b>	07/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/18/2014

### 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 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 (LBP) associated with an industrial injury of September 5, 2002. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties, opioid therapy; psychotropic medications; earlier lumbar fusion surgery; and initial return to work as a self-employed commercial door installer. In a Utilization Review Report dated July 31, 2014, the claims administrator denied a request for Norco, partially certified a request for Lexapro, denied a psychological consultation, denied an unknown number of visits for proper weaning from opioids, denied a request for extended release morphine, and partially certified a request for lumbar medial branch block radiofrequency ablation procedure at unknown levels to a lumbar medial branch block radiofrequency ablation procedure at L1, L2, and L3. In a December 18, 2007 psychiatric medical legal evaluation, the applicant stated that he was working as a self-employed door installer after having been fired by his former employer. In a July 10, 2014 progress note, the applicant reported persistent complaints of low back and left buttock pain. The applicant was using Lyrica, Ambien, Norco, and Lexapro. It was stated that Lexapro was being employed as an adjunct for pain control purposes. The attending provider complained that a lumbar MRI had been denied. The applicant's pain was worsened with standing. The attending provider complained that the utilization reviewer had withdrawn opioids so abruptly as to result in a worsening of the applicant's underlying issues. The applicant stated that earlier radiofrequency ablation procedures had been somewhat effective. The applicant was asked to employ Vicodin in an effort to provide the applicant with immediate pain relief medications while titrating him down on opioid. The applicant was given 210 tablets of Vicodin 5/325. The applicant was asked to take Lyrica for radiating leg pain. The applicant was asked to employ

Ambien for sleep disturbance. Cymbalta was reportedly helpful. The attending provider stated that the applicant was using Cymbalta and Lexapro for generalized anxiety and depression associated with chronic pain. The applicant stated that he felt more depressed without Cymbalta. Pain ranging from 4-7/10 was noted. The applicant had a BMI of 29. The applicant was given refills of Lexapro, Ambien, Norco, extended release morphine, Lyrica, and Cymbalta. A psychological consultation to assist the applicant in weaning off of opioids was sought, along with weekly visits for proper weaning from opioids. The applicant's work status was not stated on this occasion. In a May 20, 2013 progress note, the applicant reported persistent complaints of pain ranging from 4-7/10. This progress note was almost identical to the later July 10, 2014 progress note. Lexapro, Ambien, Vicodin, morphine, Lyrica, Cymbalta, and a psychological consultation to assist the applicant weaning off of opioids was sought. The applicant was described as having permanent work restrictions in place. It did not appear that the applicant was working at this point in time. On progress notes of February 6, 2014, March 5, 2014, and April 8, 2014, it was acknowledged that the applicant was having difficulty associated with unstable pain control. The attending provider acknowledged that the applicant did have heightened pain complaints with activities of daily living as basic as driving, sitting, and walking. The applicant's work status was not clearly outlined. It did not appear that the applicant was working, however.

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

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

**Norco 10/325mg # 150 3 refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids 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, it appears that the applicant's pain complaints are heightened from visit to visit as opposed to reduced from visit to visit, despite ongoing opioid usage. The attending provider has failed to recount any tangible improvements in function or any quantifiable decrements in pain achieved as a result of ongoing opioid usage, including ongoing Norco usage. The applicant no longer appears to be working. The applicant's pain complaints appear to be heightened from visit to visit. The applicant is having difficulty performing activities of daily living as basic as sitting, walking, and driving. All of the above, taken together, suggest that ongoing usage of Norco has not been altogether successful. Therefore, the request is not medically necessary.

**Lexapro 20mg #30 3 refills:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions, Chronic Pain Treatment Guidelines Antidepressants Page(s): 402. Decision based on Non-MTUS Citation Official Disability Guidelines: Mental Illness & Stress

**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, antidepressants often take (weeks) to exert their maximal effect. In this case, the applicant has persistent symptoms of anxiety and depression, which the attending provider has posited have been ameliorated through a combination of Lexapro and Cymbalta. Continuing the same, on balance, is indicated. Therefore, the request is medically necessary.

**Psychological Consultation for assistance in proper weaning from opioids:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 92.

**Decision rationale:** As noted in the MTUS-Adopted ACOEM Guidelines in Chapter 5, page 92, referral may be appropriate when a practitioner is uncomfortable with treating a particular cause of delayed recovery. In this case, the applicant's primary treating provider (PTP) has indicated that he is uncomfortable treating the applicant's chronic pain and/or weaning issues without the added expertise/assistance of a mental health professional. As suggested by ACOEM, consultation/referral is likely appropriate in this context. Therefore, the request is medically necessary.

**Unknown weekly visits for proper weaning from opioids:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 405.

**Decision rationale:** As noted in the MTUS-Adopted ACOEM Guidelines in Chapter 15, page 405, the frequency of follow-up visits should be dictated by the severity of an applicant's symptoms and/or whether or not an applicant is missing work. If the applicant responds favorably to a combination of medical and mental health counseling and is able to wean off of the opioids in question in relatively short order, then a fewer amount of office visits would be needed. Conversely, if the applicant's medical and mental health issues make it difficult to wean off of opioids, then more frequent followups would be needed. The request, as written, is imprecise and cannot be approved as written as seemingly would give cover to an unknown,

unspecified amount of follow-up visits over the life of the claim. Therefore, the request is not medically necessary.

**Unknown prescription for continued extended release morphine as needed for proper weaning from opioids:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Weaning of Medications Page(s): 124.

**Decision rationale:** While page 124 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that a "slow taper is recommended" for applicants using opioids, the MTUS goes on to suggest several tapering schedules, including a tapering schedule of 20% to 50% per week in certain individuals, a slower taper at 10% every two to four weeks in applicants who are using higher doses of opioids, etc. Page 124 of the MTUS Chronic Pain Medical Treatment Guidelines goes on to then note that applicants who cannot tolerate the taper should be referred to a pain specialist or substance abuse specialist. In this case, the request, as written, is imprecise and does not set forth a clear tapering schedule. Therefore, the request is not medically necessary.

**Lumbar Medial Branch Radiofrequency:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back-Lumbar & Thoracic ( Acute & Chronic )

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

**Decision rationale:** As noted in the MTUS-Adopted ACOEM Guidelines in Chapter 12, page 300, similar quality literature does not exist to support radiofrequency neurotomy procedures in the lumbar spine region. In this case, it is further noted that there is considerable lack of diagnostic clarity. The applicant has ongoing complaints of radicular leg pain as opposed to facetogenic low back pain for which radiofrequency ablation procedures could be considered. Therefore, the request is not indicated both owing to the tepid-to-unfavorable ACOEM position on the procedure at issue as well as the considerable lack of diagnostic clarity present here. Accordingly, the request is not medically necessary.