

Case Number:	CM14-0156709		
Date Assigned:	09/26/2014	Date of Injury:	04/26/2002
Decision Date:	10/31/2014	UR Denial Date:	08/27/2014
Priority:	Standard	Application Received:	09/24/2014

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 neck pain reportedly associated with an industrial injury of April 26, 2002. Thus far, the applicant has been treated with the following: Analgesic medications; psychotropic medications; transfer of care to and from various providers in various specialties; opioid therapy; anxiolytic medications; and unspecified amounts of physical therapy over the course of the claim. In a Utilization Review Report dated August 27, 2014, the claims administrator partially approved a request for MS Contin, partially approved a request for Ativan, partially approved a request for Percocet, partially approved a request for gabapentin, and partially approved a request for Remeron. The applicant's attorney subsequently appealed. In a May 3, 2007 medical-legal evaluation, the applicant presented with chronic neck pain status post earlier failed cervical fusion surgery. The applicant was apparently not working and was having a variety of psychological issues. The applicant had gained weight owing to inactivity. The applicant was on Soma, Vicodin, and Tylenol, it was acknowledged. A variety of diagnostic tests were ordered. In a handwritten note dated July 1, 2014, the applicant reported persistent complaints of neck pain. The attending provider stated that the applicant was essentially unchanged. The attending provider suggested that the applicant was stable. The note was handwritten, sparse, and difficult to follow. The applicant was asked to continue a variety of medications, including MS Contin, Neurontin, Percocet, Ativan, and Remeron. There was no explicit discussion of medication efficacy. In another handwritten note dated July 25, 2014, the applicant reported persistent complaints of neck and low back pain. The applicant posited that his medications helped. The applicant was asked to continue all medications and perform home physical therapy. The applicant's work status was not clearly stated, although it did not appear that the applicant was working. In a June 30, 2014 supplemental medical-legal evaluation, the medical-legal evaluator suggested that a

functional capacity evaluation be obtained and also suggested that the applicant could consult a vocational rehabilitation expert to determine his suitability to return to work. In a March 12, 2014 medical-legal evaluation, the applicant was described as having issues with major depressive disorder (MDD) with resultant global assessment of function (GAF) of 49. The medical-legal evaluator alluded to a psychiatric progress note on which the applicant was described as having issues with major depressive disorder (MDD) resulting in a global assessment of function (GAF) of 49.

IMR ISSUES, DECISIONS AND RATIONALES

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

MS Contin 15mg #60: 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, however, the applicant is seemingly off of work. The attending provider has failed to outline any material improvements in function or quantifiable decrements in pain achieved as a result of ongoing MS Contin usage. Therefore, the request is not medically necessary.

Ativan 1mg #50: 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 MTUS Guideline in ACOEM Chapter 15, page 402 does acknowledge that anxiolytics such as Ativan may be employed for "brief periods," in cases of overwhelming symptoms, in this case, however, the attending provider and/or the applicant appeared intent on using Ativan for chronic, long-term, and/or scheduled-use purposes, for anxiolytic effect. This is not an ACOEM-endorsed role for Ativan. Therefore, the request is not medically necessary.

Percocet 10/325mg #120: 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, however, the applicant is off of work and has seemingly been off of work for what appears to be well over five to seven years. The applicant's treating provider has failed to outline any quantifiable decrements in pain or material improvements in function achieved as a result of ongoing Percocet usage in any of the handwritten progress notes, referenced above. Therefore, the request is not medically necessary.

Gabapentin 300mg, #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy.

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, applicants using gabapentin should be asked "at each visit" as to whether there have been any improvements in pain and/or function achieved as a result of the same. In this case, however, the applicant is seemingly off of work. The attending provider has failed to outline any quantifiable decrements in pain achieved as a result of ongoing gabapentin usage. The applicant's usage of gabapentin has failed to curtail dependence on opioid agents such as morphine and Percocet. All of the above, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing usage of the same. Therefore, the request is not medically necessary.

Remeron 45mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-depressants. 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: While the MTUS Guideline in ACOEM Chapter 15, page 402 does acknowledge that it often takes "weeks" for antidepressants such as Remeron to exert their maximal effect, in this case, however, the applicant has been using Remeron for what appears to be a span of several months to several years. There has been no explicit demonstration of medication efficacy. The applicant remains off of work. The attending provider has failed to outline any quantifiable improvements in mood or function achieved as a result of ongoing Remeron usage. All the information on file points to the applicant's having significant mental

health issues, despite ongoing usage of Remeron. Therefore, the request is not medically necessary.