

Case Number:	CM14-0165744		
Date Assigned:	10/16/2014	Date of Injury:	06/23/2006
Decision Date:	11/19/2014	UR Denial Date:	09/30/2014
Priority:	Standard	Application Received:	10/08/2014

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:

CLINICAL SUMMARY: The applicant is a represented [REDACTED] [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of June 23, 2006. Thus far, the applicant has been treated with the following: Analgesic medications; opioid therapy; anxiolytic medications; epidural steroid injection therapy; and unspecified amounts of physical therapy over the course of the claim. In a Utilization Review Report dated September 30, 2014, the claims administrator partially approved or conditionally approved Nucynta while denying baclofen, Restoril, Coreg, Nucynta extended release, and Cymbalta. The applicant's attorney subsequently appealed. In an April 23, 2014 progress note, the applicant presented with complaints of highly variable 5-9/10 pain. The applicant was using Cymbalta, baclofen, Restoril, Nucynta, Nucynta extended release, and Nucynta immediate release. The attending provider stated that the applicant's work status was unchanged. Multiple medications were refilled. The applicant was reportedly stable on her current medication regimen. The applicant was described as morbidly obese and was having difficulty transferring to and from the exam table. It was stated that the applicant had recently had surgery for an abdominal abscess. In a handwritten note dated May 13, 2014, the applicant again reported ongoing complaints of pain. It was stated that the applicant's pain levels were 9/10 without medications versus 5/10 with medications. The note was quite difficult to follow. The applicant was apparently an insulin-dependent diabetic, it was incidentally noted. The applicant had received multiple epidural steroid injections, it was further noted. The note was extremely difficult to follow. The applicant's work status was not clearly outlined on this occasion. On May 13, 2014, the applicant was given prescriptions for insulin, including Lantus. The applicant was asked to continue Nucynta, Restoril, Cymbalta, and gabapentin. The applicant had longstanding complaints of low back pain, it was acknowledged. In a handwritten

progress note dated July 21, 2014, the applicant again reported persistent complaints of pain, 9/10, without medications versus 2/10 with medications. The applicant was given diagnoses of chronic regional pain syndrome, myofascial pain syndrome, and poorly controlled hypertension. Nucynta and baclofen were refilled. The applicant was asked to remain off of work on "permanent disability." The applicant's blood pressure was elevated at 154/108. The applicant was given Catapres in the clinic setting. On August 18, 2014, the applicant was again asked to remain off of work on "permanent disability." The applicant's blood pressure was 130/82 on this occasion. Restoril, Cymbalta, Neurontin, Coreg, and trigger point injections were endorsed.

IMR ISSUES, DECISIONS AND RATIONALES

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

NUCYNTA 50MG #120: Upheld

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

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 seemingly off of work on "permanent disability." While the attending provider has documented some reduction in pain scores achieved as a result of ongoing opioid usage, including ongoing Nucynta usage, the attending provider has failed to outline any meaningful improvements in function achieved as a result of the same. The applicant is apparently having difficulty performing activities of daily living as basic as standing, walking, and transferring, it has been suggested on several occasions, despite ongoing opioid usage. All of the foregoing, taken together, does not make a compelling case for continuation of the same. Therefore, the request is not medically necessary.

BACLOFEN 10MG #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Baclofen Page(s): 64 and 67.

Decision rationale: While page 64 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that baclofen is FDA approved in the management of spasticity and can be employed off-label for neuropathic pain, as appears to be present here, this recommendation, however, 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 applicant

is off of work. Ongoing usage of baclofen has failed to curtail the applicant's dependence on opioid agents such as Nucynta and Nucynta extended release. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS, despite ongoing usage of the same. Therefore, the request is not medically necessary.

NUCYNTA ER 350MG #60: Upheld

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

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. While the attending provider has outlined some decrements in pain achieved as a result of ongoing Nucynta usage, the attending provider has failed to outline any material improvements in function achieved as a result of the same. The applicant's self-reports of reduction in pain scores achieved as a result of ongoing Nucynta usage are outweighed by her seeming failure to return to any form of work and difficulty performing activities of daily living as basic as standing, walking, and transferring. Therefore, the request is not medically necessary.

RESTORIL 30MG #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24.

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 usage of anxiolytics such as Restoril may be appropriate for "brief periods," in cases of overwhelming symptoms, in this case, however, there was no seeming mention of any overwhelming mental health symptoms which would support provision of Restoril. Rather, it appeared that the applicant and/or attending provider were intent on using Restoril for chronic, long-term, and/or nightly use purposes, for sedative effect. This is not an ACOEM-endorsed role for the same. Therefore, the request is not medically necessary.

CYMBALTA 68MG #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 15,16.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management section; Duloxetine/Cymbalta section.

Decision rationale: While page 15 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that Cymbalta is FDA approved in the management of anxiety, depression, and fibromyalgia but can be employed off-label for neuropathic pain and radiculopathy, as appear to be present here, this recommendation, however, 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 applicant is off of work. Ongoing usage of Cymbalta has failed to curtail the applicant's dependence on opioid agents such as Nucynta and Nucynta extended release. All of the foregoing, 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.

GABAPENTIN 800MG #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16,17.

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 improvements in pain and/or function achieved as a result of the same. In this case, however, the applicant is off of work, on permanent disability. Ongoing usage of gabapentin has failed to curtail the applicant's dependence on opioid agents such as Nucynta and Nucynta extended release. 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.

CARVEDILOL 25MG #90: 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 Functional Restoration Approach to Chronic Pain Management section Page(s): 7. Decision based on Non-MTUS Citation Food and Drug Administration (FDA), Carvedilol Medication Guide.

Decision rationale: While the MTUS does not address the topic, page 7 of the MTUS Chronic Pain Medical Treatment Guidelines does stipulate that an attending provider incorporate some discussion of medication efficacy into his choice of recommendations. The Food and Drug

Administration (FDA) does note that Coreg (Carvedilol) is also indicated in the management of essential hypertension, either as combo therapy or as monotherapy. In this case, the applicant is, in fact, hypertensive. The applicant had an elevated blood pressure of 154/108 noted on an earlier office visit of July 21, 2014. This was described as having normalized to 130/82 on a subsequent office visit of August 18, 2014. Introduction and/or ongoing usage of Carvedilol (Coreg), thus, have proven efficacious in management of the applicant's issues with hypertension. Continuing the same, on balance, is therefore indicated. Accordingly, the request is medically necessary.