

Case Number:	CM14-0166035		
Date Assigned:	10/13/2014	Date of Injury:	10/28/2008
Decision Date:	11/17/2014	UR Denial Date:	09/23/2014
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:

The applicant is a represented [REDACTED] employee who has filed a claim for major depressive disorder, generalized anxiety disorder, chronic neck pain, chronic shoulder pain, and chronic mid back pain reportedly associated with an industrial injury of October 28, 2008. Thus far, the applicant has been treated with the following: Analgesic medications; adjuvant medications; transfer of care to and from various providers in various specialties; psychotropic medications; and extensive periods of time off of work. In a Utilization Review Report dated September 20, 2014, the claims administrator issued qualified approval/partial approvals for Norco, Lyrica, Senna, and omeprazole. The applicant's attorney subsequently appealed. In a Doctor's First Report October 19, 2013, the applicant reported ongoing issues with depression, hopelessness, poor motivation, tearfulness, and social isolation. In a progress note dated October 16, 2013, the applicant was given a rather proscriptive 10-pound lifting limitation. It was acknowledged that the applicant was not working. Multifocal shoulder, upper back, neck pain, and headaches with derivative complaints of chest, anxiety, and depression were noted. The applicant was given refills of Lyrica, Norco, Fioricet, Prilosec, Colace, Zoloft, and ProSom, it was acknowledged. In a March 20, 2014 progress note, the applicant again reported persistent complaints of neck pain radiating into left arm. The applicant was using Motrin, Norco, Prilosec, senna, and Lyrica. The applicant reported ancillary complaints of heartburn and constipation associated with medication usage. Senna and Prilosec were apparently ameliorating the same. The attending provider stated that the applicant's pain medications were helping but did not elaborate on the nature of the same. Multiple medications were refilled, including Norco, senna, Motrin, Prilosec, and Lyrica. The applicant's work status was not clearly stated on this occasion, although it did not appear that the applicant was working. In a March 31, 2014 progress note, the applicant reported severe, constant neck and shoulder pain, reportedly

associated with fibromyalgia and depression. The applicant was placed off of work, on total temporary disability. On June 16, 2014, the applicant was described as having issues with social isolation, poor motivation, loss of confidence, anxiety, and negative feelings.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg quantity unspecified: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 68-69, 78-80, 91, 124.

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 function, and/or reduced pain achieved as a result of the same. In this case, however, the applicant is off of work. The applicant has been on total temporary disability for a span of several years, although it was acknowledged that this is, in part, a function of the applicant's mental health issues as opposed to her medical issues alone. The attending provider has failed to outline any quantifiable decrements in pain or material improvements in function achieved as a result of ongoing Norco usage. Therefore, the request is not medically necessary.

Omaprazole 20mg quantity unspecified: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI symptoms and cardiovascular risk Page(s): 68-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI Symptoms, and Cardiovascular Risk topic Page(s): 69.

Decision rationale: As noted on page 69 of the MTUS Chronic Pain Medical Treatment Guidelines, proton pump inhibitors such as omeprazole are indicated in the treatment of NSAID-induced dyspepsia. In this case, the attending provider has provided that the applicant has either developed issues with NSAID-induced dyspepsia or opioid-induced dyspepsia. The applicant is using both Norco and Motrin. The attending provider has stated, furthermore, that the applicant's symptoms of dyspepsia have, to some extent, been attenuated following introduction of omeprazole. Continuing the same, on balance, is therefore indicated. Accordingly, the request is medically necessary.

Lyrica 50mg quantity unspecified: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (AEDs) Page(s): 16, 19-20.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pregabalin topic; Functional Restoration Approach to Chronic Pain Management section Page(s): 99.

Decision rationale: While page 69 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that pregabalin (Lyrica), an anticonvulsant and adjuvant medication, is a first-line treatment for neuropathic pain, 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 attending provider has not clearly outlined any material improvements in function or quantifiable decrements in pain achieved as a result of ongoing Lyrica usage. The applicant remains off of work. Ongoing usage of Lyrica has failed to curtail the applicant's dependence on opioid agents such as Norco. The applicant's pain scores are still described as severe, despite ongoing usage of Lyrica. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing usage of Lyrica. Therefore, the request is not medically necessary.

Lyrica 150mg quantity unspecified: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (AEDs) Page(s): 16, 19-20.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pregabalin topic Page(s): 99; 7.

Decision rationale: While page 99 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that pregabalin (Lyrica) is a first-line treatment for neuropathic pain, as is 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 despite prior usage of Lyrica for what appears to be a span of several months to several years. Ongoing usage of Lyrica has failed to curtail the applicant's dependence on opioid medications such as Norco. The applicant continues to report complaints of severe pain, despite ongoing Lyrica usage. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing usage of Lyrica. Therefore, the request is not medically necessary.

Senokot-S quantity and dosage unspecified: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 77.

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 recommended in applicants who are using opioids. In this case, the applicant has reported active symptoms of constipation apparently associated with Norco usage. Ongoing usage of Senokot, a laxative agent, was indicated to combat the same. Therefore, the request was medically necessary.