

Case Number:	CM14-0171938		
Date Assigned:	10/23/2014	Date of Injury:	10/07/2005
Decision Date:	12/02/2014	UR Denial Date:	10/15/2014
Priority:	Standard	Application Received:	10/17/2014

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, shoulder, and elbow pain reportedly associated with an industrial injury of October 7, 2005. Thus far, the applicant has been treated with the following: Analgesic medications; multiple shoulder surgeries; multiple cervical spine surgeries; multiple elbow surgeries; unspecified amounts of physical therapy; opioid therapy; sleep aids; and transfer of care to and from various providers in various specialties. In a Utilization Review Report dated October 15, 2014, the claims administrator denied a request for Ultram, denied a request for Voltaren gel, denied a request for Lidoderm patches, denied a request for Trazodone, and denied a request for Lunesta. The applicant's attorney subsequently appealed. In a May 29, 2014 progress note, the applicant reported ongoing complaints of neck and shoulder pain. The applicant's medication list included Lunesta, Vicodin, Flomax, Kenalog cream, albuterol, tramadol, Flonase, Desyrel, Enalapril, Voltaren gel, Atrovent, Symbicort, Flexeril, Antivert, Cymbalta, Naprosyn, and Advair. The applicant's medication history included anxiety, depression, palpitations, dyslipidemia, and a ruptured Achilles tendon. The applicant was described as a "retired" former smoker. The attending provider posited that the applicant was doing well on medications but did not elaborate or expound further. In an April 28, 2014 progress note, the applicant was given refills of Naprosyn and Cymbalta. The applicant was asked to consult a shoulder surgeon. The applicant stated Trazodone was ameliorating his insomnia along with Ambien. The applicant's BMI was 28. On June 18, 2014, the applicant was given refills of Naprosyn, Cymbalta, and Vicodin. There was no explicit discussion of medication efficacy. On July 25, 2014, the attending provider stated that the applicant was stable on current medications but did not, once again, elaborate further. Naprosyn, Cymbalta, and Vicodin were renewed. In a September 16, 2014 progress note, the applicant apparently complained that his Workers' Compensation claims

administrator denied many of his medications. It was stated that the applicant had had previous issues with industrial depression which he posited had been ameliorated following introduction of Cymbalta. Without his antidepressant medications, the applicant stated that he would be bed-confined and be unable to interact with his grandchildren. The applicant again stated that his antidepressants had ameliorated his ability to interact with family members, including his wife and grandchildren, and had augmented his mood. The attending provider then stated that the applicant had made great strides over the preceding seven years in terms of chronic pain issues, depression, and insomnia. The attending provider complained that many of the medications had been abruptly denied without a face-to-face medical-legal evaluation. The attending provider stated that the applicant had not exhibited any untoward effects or drug-seeking behavior.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram 50mg #30 with 11 refills.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Ongoing Management Page(s): 78, 79.

Decision rationale: As noted on page 78 of the MTUS Chronic Pain Medical Treatment Guidelines, applicants on opioid should undergo "ongoing review" and documentation of pain relief, functional status, appropriate medication use, and side effects. The 11-refill supply of Ultram being sought here, thus, runs counter to MTUS principles and parameters, particularly in light of the fact that page 79 of the MTUS Chronic Pain Medical Treatment Guidelines notes that the California Medical Board stipulates that applicants who are being managed with controlled substances should be seen monthly, quarterly, or semiannually. The one-year supply of Ultram being sought here, thus, runs counter to MTUS principles and parameters. Therefore, the request of Ultram 50mg #30 with 11 refills is not medically necessary and appropriate.

Voltaren 1% gel with 11 refills.: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Voltaren/Diclofenac section. Page(s): 112.

Decision rationale: The applicant's primary pain generators here are the cervical spine and right shoulder. However, as noted on page 112 of the MTUS Chronic Pain Medical Treatment Guidelines, topical Voltaren/Diclofenac has "not been evaluated" for treatment involving the spine, hip, and/or shoulder. In this case, the attending provider did not furnish any compelling applicant-specific rationale or medical evidence which would offset the tepid-to-unfavorable MTUS position on usage of Voltaren gel for the body parts at issue, the shoulder and cervical

spine. Therefore, the request of Voltaren 1% gel with 11 refills is not medically necessary and appropriate.

Lidoderm 5% film With 11 refills.: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Lidocaine section. Page(s): 112.

Decision rationale: While page 112 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that topical lidocaine is indicated in the treatment of localized peripheral pain/neuropathic pain in applicants in whom there has been a trial of first-line therapy with antidepressants and/or anticonvulsants, in this case, however, the applicant's ongoing usage of Cymbalta, an antidepressant adjuvant medication, effectively obviates the need for the Lidoderm patches at issue. Therefore, the request for Lidoderm 5% film With 11 refills is not medically necessary and appropriate.

Trazadone 50mg #30 with 11 refills.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain..

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402, Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management section. Page(s): 7.

Decision rationale: While the MTUS Guideline in ACOEM Chapter 15, page 402 does acknowledge that antidepressants such as Trazodone "may be helpful" to alleviate symptoms of depression, as are present here, this recommendation 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, while the attending provider did posit that earlier usage of Trazodone, in conjunction with Cymbalta, was successful in ameliorating the applicant's complaints of depression, the request, however, as written, represents a one-year supply of Trazodone and contains no proviso to reevaluate the applicant at any point during the intervening year to ensure ongoing medication efficacy. Page 7 of the MTUS Chronic Pain Medical Treatment Guidelines further notes that medications and dosages should be tailored to the specific applicant taking into consideration applicant-specific variables such as "other medications." In this case, the applicant is using a variety of other analgesic, adjuvant, and psychotropic medications. Providing a one-year supply of Trazodone with no proviso to reevaluate the applicant at any point during the intervening year so as to ensure ongoing medication efficacy runs counter to MTUS principles and parameters. Therefore, the request of Trazodone 50mg #30 with 11 refills is not medically necessary and appropriate.

Lunesta 3mg #30 with 3 refills.: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Med Lott Drugs Ther. 2005 Feb 28;47(1203);17-9 - Eszopiclone (Lunesta)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Mental Illness and Stress Chapter, Eszopiclone topic

Decision rationale: The MTUS does not address the topic. However, ODG's Mental Illness and Stress Chapter Eszopiclone topic notes that Eszopiclone or Lunesta is "not recommended for long-term use" purposes. In this case, the 30-tablet supply with three refills does, in fact, imply chronic, long-term, and/or scheduled-usage of Lunesta. No compelling applicant-specific rationale or medical evidence was attached to the RFA so as to offset the unfavorable ODG position on the same. Therefore, the request for Lunesta 3mg #30 with 3 refills is not medically necessary and appropriate.