

Case Number:	CM14-0179671		
Date Assigned:	11/04/2014	Date of Injury:	09/07/2005
Decision Date:	12/12/2014	UR Denial Date:	10/22/2014
Priority:	Standard	Application Received:	10/29/2014

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, has a subspecialty in Preventive 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 low back pain reportedly associated with an industrial injury of September 7, 2005. Thus far, the applicant has been treated with the following: Analgesic medications; epidural steroid injection therapy; lumbar radiofrequency ablation procedure; opioid therapy; and adjuvant medications. In a Utilization Review Report dated October 22, 2014, the claims administrator approved 30 capsules of gabapentin, approved 15 capsules of Cymbalta, denied Norco outright, denied a larger prescription for gabapentin, denied a larger for Cymbalta, and denied repeat lumbar radiofrequency ablation procedures. The applicant's attorney subsequently appealed. In an October 7, 2014 progress note, the applicant reported ongoing complaints of low back pain, neck pain, and shoulder pain. The applicant had reportedly received earlier epidural steroid injection therapy on September 10, 2014, the attending provider posited. Highly variable pain ranging from 4-9/10 was noted. The attending provider acknowledged that the applicant had undergone multiple lumbar radiofrequency ablation procedures, including in January 2014, October 2013, August 2011, June 2011, and April 2010, in addition to the September 10, 2014 epidural steroid injection. The applicant also received chiropractic manipulative therapy and physical therapy. The applicant had already been declared permanent and stationary, it was acknowledged, and was currently receiving both Workers' Compensation indemnity benefits and Social Security Disability Insurance (SSDI) benefits, it was acknowledged. The applicant had been deemed "disabled," the attending provider acknowledged in his report. The applicant was using medical marijuana occasionally, it was also acknowledged. The applicant was using aspirin, Norco, Neurontin, and Cymbalta and was somewhat depressed, it was further noted. The attending provider posited that the applicant's ability to do household chores and activities of daily living was ameliorated with medication consumption but did not elaborate or expound

upon the same. The applicant exhibited a BMI of 23. Mildly positive straight leg raising was noted about the left with lumbar paraspinal tenderness. Left leg numbness was reported in one section of the note. It was stated that the applicant had had two prior unsuccessful lumbar spine surgeries. The applicant was described as having some weakness about the left leg and occasional buckling of the same owing to residual motor dysfunction at the L4 through S1 levels, the attending provider posited. Repeat lumbar radiofrequency ablation procedures were sought. Norco, Neurontin, and Cymbalta were endorsed, along with repeat lumbar radiofrequency ablation procedures. An earlier note of September 15, 2014 also acknowledged that the applicant was not working, was "not employed," and had been deemed "disabled." The applicant was occasionally using medical marijuana, it was further noted. The applicant was described as having difficulty ambulating and was using a cane to move about, it was noted on this occasion. In an October 23, 2014 appeal letter, the attending provider stated that he had no objection to the applicant's continuing to use medical marijuana along with his opioid agents. The attending provider noted that the applicant had also undergone a cervical fusion surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #90 (x 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 Page(s): 79-80.

Decision rationale: As noted on page 79 of the MTUS Chronic Pain Medical Treatment Guidelines, immediate discontinuation of opioids has been suggested in applicants who are engaged in illegal activities such as usage of "illicit drugs." Here, the applicant is, in fact, using an illicit drug, marijuana. Discontinuation of opioids, thus, appears to be a more appropriate option than continuing the same, per page 79 of the MTUS Chronic Pain Medical Treatment Guidelines. It is further noted that the applicant has seemingly failed to meet criteria set forth on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines for continuation of opioid therapy, which include evidence of successful return to work, improved function, and/or reduced pain achieved as a result of the same. The applicant is not working. The applicant is receiving both Workers' Compensation indemnity benefits and Social Security Disability Insurance (SSDI) benefits, the attending provider has acknowledged. While the applicant has reported some reduction in pain scores with ongoing medication consumption, this is outweighed by the applicant's failure to return to work and difficulty performing activities of daily living as basic as standing and walking. The applicant is still using a cane to move about, the attending provider acknowledged in his September 15, 2014 progress note, referenced above. All of the foregoing, taken together suggests that discontinuing opioid therapy is a more appropriate option than continuing the same. Therefore, the request for Norco is not medically necessary.

Gabapentin 300mg #60 (x 3 refills): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin 9792.20f 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 with the same. Here, however, there has been no clear demonstration of improvements in function with ongoing Gabapentin usage. The applicant is off of work. The applicant is receiving Workers' Compensation indemnity benefits in addition to Social Security Disability Insurance (SSDI) benefits. Ongoing usage of Gabapentin has failed to curtail the applicant's dependence on opioid agents such as Norco. The applicant is having difficulty performing activities of daily living as basic as standing and walking, the attending provider has acknowledged, despite ongoing Gabapentin usage. All of the foregoing, taken together, suggests a lack of functional improvement as defined as MTUS 9792.20f, despite ongoing usage of Gabapentin. Therefore, the request is not medically necessary.

Cymbalta 60mg #30 (x 3 refills): Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402.

Decision rationale: The attending provider has indicated in his progress notes that the applicant is seemingly using Cymbalta for depression. While the MTUS Guideline in ACOEM Chapter 15, page 402 does acknowledge that it often takes "weeks" for antidepressants such as Cymbalta to exert their maximal effect, in this case, the applicant appears to have been using Cymbalta for what appears to be a span of several months to several years. There has been no clear demonstration of benefit with ongoing Cymbalta usage. The applicant remains off of work. The applicant is receiving both Workers' Compensation indemnity benefits, in addition to Social Security Disability Insurance (SSDI) benefits. The attending provider has failed to outline any material improvements in mood achieved as a result of ongoing Cymbalta usage. Therefore, the request is not medically necessary.

Repeat radiofrequency lesioning of (R) medical branches L3, L4, L5: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301, Chronic Pain Treatment Guidelines 9792.20f.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 12, pages 300-301, lumbar facet neurotomies/radiofrequency ablation procedures reportedly produce "mix results." In this case, the applicant has already had multiple lumbar radiofrequency ablation procedures over the span of the claim, in 2010, 2011, 2013, and 2014. The applicant has failed to demonstrate any lasting benefit or functional improvement through the ongoing lumbar radiofrequency ablation procedure. The applicant remains off of work. The applicant is receiving both Workers' Compensation indemnity and Social Security Disability Insurance (SSDI) benefits. The applicant remains dependent on opioid agents such as Norco. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite multiple prior lumbar radiofrequency ablation procedures over the course of the claim. Therefore, the request is not medically necessary.