

Case Number:	CM14-0023167		
Date Assigned:	05/14/2014	Date of Injury:	08/06/2004
Decision Date:	07/10/2014	UR Denial Date:	02/14/2014
Priority:	Standard	Application Received:	02/24/2014

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 low back pain reportedly associated with an industrial injury of August 6, 2004. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; long and short-acting opioids; epidural steroid injection therapy; and psychotropic medication. In a Utilization Review Report dated February 14, 2014, the claims administrator partially certified a request for Neurontin, approved a follow-up visit, approved an epidural injection, partially certified request for Norco, approved a request for Kadian, and partially certified request for Cymbalta. The partial certifications were apparently predicated on the utilization reviewer's conversation with the attending provider. The claims administrator did not, however, incorporate any of the cited guidelines into its rationale. The applicant's attorney subsequently appealed. In an April 16, 2013 progress note, it was stated that the applicant had alleged low back pain secondary to cumulative trauma at work. The applicant was status post epidural steroid injection therapy, physical therapy, and chiropractic manipulative therapy. The applicant stated that he was unable to take a recent part-time owing to pain complaints. The applicant was on Neurontin, Kadian, Xanax, Norco, and Cymbalta, all of which were apparently refilled. On May 20, 2014, the applicant was again described as reporting chronic low back pain, which he attributed to cumulative trauma at work. The applicant stated that he had been off of all pain medications for two months. The applicant's pain levels were 10/10 at worst and 3-4/10 at best. It was stated that the applicant's functionality had worsened. The applicant had co-morbidities including hypertension, obesity, obstructive sleep apnea, depression, anxiety, and erectile dysfunction impeding his recovery. The applicant was currently not working, it was stated. It was stated that the applicant was still smoking. It was stated that the applicant was able to maintain activities of daily living and household chores and go to the gym in some

sections of the report. Limited range of motion and discomfort were noted on exam, along with a depressed affect. The applicant was asked to stop Norco, decrease Neurontin, stop Kadian, and stop Cymbalta. The applicant was intent on trying cognitive techniques at that point, it was stated. On February 3, 2014, the applicant was again described as reporting persistent complaints of pain, highly variable, ranging from 3-10/10. The applicant was severely obese with a BMI of 39. The applicant was still smoking, it was stated. Discomfort with motion was noted. The applicant was having difficulty performing basic household tasks such as mopping, it was stated. The applicant was asked to continue Norco, Cymbalta, Neurontin, and Kadian as of that point in time. Depression and anxiety were listed amongst the applicant's operating diagnoses.

IMR ISSUES, DECISIONS AND RATIONALES

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

NEURONTIN 400MG #60 WITH 2 REFILLS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin section Page(s): 19.

Decision rationale: As noted on page 19 of the MTUS Chronic Pain Medical Treatment Guidelines, it is incumbent upon the attending provider to document improvements in pain and function with ongoing gabapentin or Neurontin usage at each visit. In this case, however, the attending provider has not documented any improvements in pain or function achieved as a result of ongoing gabapentin or Neurontin usage. If anything, information on file does seemingly establish that the applicant's pain levels are heightened, despite ongoing medication usage. The applicant is apparently off and unable to perform even basic activities of daily living, such as household chores, owing to pain complaints. There was no clear discussion of medication efficacy or improvements in function achieved with ongoing Neurontin usage. Therefore, the request for Neurontin 400mg #60 with 2 refills is not medically necessary.

NORCO 10/325MG #120 WITH 2 REFILLS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 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 function, and/or reduced pain achieved as a result of the same. In this case, however, the applicant is off of work. There is no clear or sustained evidence of improvements in function achieved with ongoing opioid therapy. The applicant, at times, is

unable to perform even basic activities of daily living and household chores owing to ongoing pain complaints. Therefore, the request is not medically necessary.

CYMBALTA 60MG #60 WITH 2 REFILLS: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Norepinephrine and Serotonin inhibitor antidepressant (SNRIs).

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

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 15, page 402, it often takes weeks for antidepressants to exert their maximal effect. In this case, the applicant does have ongoing issues with depression and anxiety which have seemingly been ameliorated with ongoing Cymbalta usage, to varying degrees. Continuing Cymbalta, on balance, appears to be more appropriate than discontinuing the same, particularly given the applicant's heightened complaints of Cymbalta appreciated when the applicant apparently discontinued Cymbalta on a trial basis. Therefore, the request of Cymbalta 60mg #60 with 2 refills was medically necessary, for all of the stated reasons.