MAXIMUS Federal Services

Case Number:	CM14-0024458		
Date Assigned:	07/02/2014	Date of Injury:	01/22/1998
Decision Date:	09/10/2014	UR Denial Date:	02/04/2014
Priority:	Standard	Application Received:	02/26/2014

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 pain syndrome with derivative complaints of depression, anxiety, psychological stress reportedly associated with an industrial injury of January 22, 1998.Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; unspecified amounts of psychotherapy; adjuvant medications; opioid therapy; and anxiolytic medications.In a Utilization Review Report dated February 4, 2014, the claims administrator approved a request for six sessions of psychotherapy, partially certified request for Topamax, apparently for weaning purposes, approved OxyContin outright, partially certified Percocet on the grounds that the applicant was too many opioids, partially certified Valium for weaning purposes, approved Lunesta outright, and partially certified Trazodone, denied Nasonex, and approved Cymbalta outright. The claims administrator's denial of Nasonex was very difficult to follow, and seemingly misphrased.The applicant's attorney subsequently appealed.In a January 21, 2014 progress note, the applicant was described as reporting 9/10 pain. The applicant became very distressed owing to the modifications and/or denials of her medications. The applicant was having persistent migraines, shoulder pain, and sleep disturbance. The applicant was having crampy pain about the hands and feet. The applicant exhibited an antalgic gait, it was noted. A variety of medications were refilled, including Topamax for migraine headaches, Maxalt, OxyContin, Lunesta, Trazodone, Percocet, Nasonex, Cymbalta, Valium, and Zestril. The applicant was given diagnosis of chronic low back pain, knee pain, dysphoria, sleep disturbance, chronic regional pain syndrome, chronic shoulder pain, and brachial plexopathy. Topamax was being employed for both migraine headache prophylaxis and chronic regional pain syndrome, it was stated. The attending provider posited that ongoing usage of medications was allowing the applicant to maintain functional capabilities including

walking, sitting, driving, and interacting with her granddaughter. The applicant stated that she was maintaining social functioning to some extent, running errands, and going to the store. It was stated that the applicant needed psychotherapy.On May 21, 2014, the applicant's treating provider complained about denials and/or partial certifications of psychotropic medications, given the applicant's fragile mental state.On May 15, 2014, the applicant was described as having lost 30 pounds secondary to depression. The applicant was having some suicidal thoughts. Persistent pain complaints were noted, in the 6-8/10 range. Migraine headaches were also reported. The applicant was using Topamax, Maxalt, OxyContin, Lunesta, Desyrel, Percocet, Nasonex, Cymbalta, Valium, Zestril, and Tizanidine, it was stated. Topamax, it was reiterated was being employed for headache prophylaxis purpose. The attending provider again posited that ongoing medications were allowing the applicant to shop, perform household chores, walk, sit, and maintain some social functioning with her granddaughter. Another section of the report stated that the applicant was apathetic owing to mental health issues.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topamax 100mg #60 QTY: 60.00: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CA MTUS 2009: Chronic Pain Medical Treatment Guidelines Page(s): 21.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topiramate section Page(s): 21. Decision based on Non-MTUS Citation Food and Drug Administration (FDA), Topamax Medication Guide.

Decision rationale: While page 21 of the MTUS Chronic Medical Treatment Guidelines does note that Topamax can be considered for use for neuropathic pain when other anticonvulsants fail, the MTUS does not address provision of Topamax for a primary diagnosis of migraine headaches, as is present here. The attending provider has posited on several occasions that Topamax is being employed for migraine headaches. As noted by the Food and Drug Administration (FDA), Topamax or Topiramate can be employed as monotherapy for epilepsy, adjunctive therapy for epilepsy, and/or for the prophylaxis of migraine headache. The attending provider has posited, on several recent progress notes that ongoing usage of Topamax has diminished the frequency and severity of the applicant's headaches, to some degree. Therefore, the request is medically necessary.

Percocet 10/325 #150 QTY 150.00: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CA MTUS 2009: Chronic Pain Medical Treatment Guidelines Page(s): 92.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids Page(s): 80.

Decision rationale: As noted on page 80 of the MTUS Chronic 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, while the applicant is seemingly off of work, the attending provider has posited that ongoing usage of Percocet has ameliorated the applicant's ability of performing activities of daily living, household chores, interact with her granddaughter, etc., and is likewise appropriately diminishing her pain complaints. Therefore, the request is medically necessary.

Valium 10mg #30 QTY: 30.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CA MTUS 2009: Chronic Pain Medical Treatment Guidelines Page(s): 24.

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

Decision rationale: As noted on page 24 of the MTUS Chronic Medical Treatment Guidelines, benzodiazepines such as Valium were not indicated for chronic use purposes. While benzodiazepines can be employed for short-term use, even in the antispasmodic role being employed here, benzodiazepines are not generally recommended for use beyond three to four weeks. In this case, the attending provider has not proffered any compelling applicant-specific rationale, narrative commentary or medical evidence which would offset the unfavorable recommendation. Therefore, the request is not medically necessary.

Trazodone 50mg #90 QTY: 90.00: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (updated 1/7/14) Insomnia treatment.

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, antidepressants often take "weeks" to exert their maximal effect. In this case, the attending provider has posited that he is hesitant to alter the applicant's medication profile at this time, given her fragile mental state. While it does not appear that the current combination of Trazodone and/or Cymbalta has entirely ameliorated the applicant's ongoing mental health issues, the attending provider has posited that the applicant's mental health state would deteriorate further were these medications withheld. Continuing the same, on balance, is indicated, given the fairly protracted amount it takes for antidepressants to take effect, per ACOEM Chapter 15, page 402. Therefore, the request is medically necessary.

Naxonex QTY 1.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pulmonary Nasal Spray.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 7-8. Decision based on Non-MTUS Citation Food and Drug Administration (FDA), Nasonex Medication Guide.

Decision rationale: While the MTUS does not address the topic, pages 7 and 8 of the MTUS Chronic Medical Treatment Guidelines do stipulate that an attending provider using a drug for non-FDA labeled purposes has responsibility to be well informed regarding usage of the same, and should, furthermore, furnish some medical evidence to support such usage. In this case, FDA notes that Nasonex is a nasal corticosteroid indicated in the treatment of allergic rhinitis, nasal congestion, seasonal rhinitis, and/or allergic polyps. In this case, the attending provider's documentation has not established the presence of any of the aforementioned diagnoses, symptoms, or concerns. There was no mention of any issues with rhinitis, polyps, or allergies which would support provision of Nasonex on any recent progress note. Therefore, the request is not medically necessary.