

Case Number:	CM14-0033372		
Date Assigned:	07/18/2014	Date of Injury:	03/08/2005
Decision Date:	09/10/2014	UR Denial Date:	02/27/2014
Priority:	Standard	Application Received:	03/17/2014

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 and Preventative 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 pain reportedly associated with an industrial injury of March 8, 2005. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representations; transfer of care to and from various providers in various specialties; unspecified amounts of physical therapy; and muscle relaxants. In a Utilization Review Report dated February 26, 2014, the claims administrator partially certified a request for hydrocodone, denied a request for Topamax, partially certified a request for Celebrex, partially certified a request for Neurontin, denied a request for Soma, denied a cervical spine MRI, partially certified a urine drug screen, approved an epidural steroid injection, partially certified one followup visit, and denied a weight loss program. The applicant's attorney subsequently appealed. In a medical-legal evaluation of July 25, 2012, the applicant complained of ongoing complaints of headaches, shoulder pain, and neck pain. The applicant is status post shoulder surgery and is status post multiple interventional spine procedures involving the cervical spine. The applicant had retired, it was stated. The applicant was using Norco, Soma, Topamax, Neurontin, and Maxalt, it was stated. The applicant had been given an 18% whole person impairment rating through another medical-legal evaluator, it was stated. 3% was added for the applicant's ongoing complaints of headaches. The applicant was no longer working, it was stated, and had apparently elected to take retirement after 22 years of service as a sheriff. In an applicant questionnaire dated August 26, 2013, the applicant stated that her headaches were unchanged. The applicant stated that medications were diminishing her pain and increasing her activity, admittedly through preprinted checkboxes. This was not elaborated or expounded upon. On May 6, 2013, a variety of medications were refilled, including Maxalt, Norco, Topamax, Soma, and Neurontin. Permanent work restrictions were renewed. The applicant was asked to pursue repeat cervical

radiofrequency ablation procedures. In a March 24, 2014 progress note, the applicant presented with persistent complaints of neck pain, highly variable, 3-6/10, at times severe. The applicant was status post rhizotomy procedure and radiofrequency ablation procedure. The applicant was using Norco, Topamax, Neurontin, Soma, and Maxalt, it was stated. The applicant posited that the pain medications were temporarily ameliorating her pain complaints. It was stated that the attending provider sought authorization for an adjustable bed through the claims administrator. Norco, Topamax, Neurontin, and the bed and mattress were sought while the applicant was asked to continue permanent work restrictions. The applicant was not working, it was stated. The attending provider did not outline how (or if) the pain medications were improving the applicant's function. The applicant's height, weight, and BMI were not provided. The applicant was using Maxalt on a p.r.n. basis for breakthrough headaches, it was suggested. On office visits of May 19, 2014 and April 28, 2014, the applicant's height, weight, and BMI, once again, were not stated. In a December 9, 2013 progress note, the attending provider noted that the applicant presented with heightened complaints of low back pain, 4-8/10. The applicant exhibited 5/5 strength about the bilateral upper extremities. The attending provider gave the applicant a diagnosis of myofascial pain syndrome and degenerative disk disease of the cervical spine. The attending provider sought authorization for an updated MRI of the cervical spine, stating that the applicant's last MRI was too outdated to form the basis for any kind of surgical planning procedure. The attending provider stated that the applicant had had previous urine toxicology testing on May 26, 2013 and June 25, 2013. The urine toxicology testing of May 26, 2013 did apparently include testing for different opioid metabolites, including hydrocodone, it was acknowledged. Repeat drug testing was again ordered, along with renal and hepatic function testing.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodon/Apap 325mg: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 functioning, and/or reduced pain achieved as a result of the same. In this case, however, these criteria have not been met. The applicant has failed to return to work with permanent limitations in place. While some of the attending provider's reports have suggested that the applicant is deriving appropriate analgesia from the combination of medications, the attending provider has not outlined what (if any) activities of daily living have specifically been ameliorated as a result of ongoing medication usage, including ongoing Norco usage. The progress note provided suggested that the applicant is having difficulty performing even basic activities of daily living such as sleeping, standing, and walking. Therefore, the request is not medically necessary.

Topiramate 50mg: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topiramate section Page(s): 21,7.

Decision rationale: While page 21 of the MTUS Chronic Pain Medical Treatment Guidelines does suggest that topiramate can be employed for neuropathic pain when other anticonvulsants fail, in this case, the applicant's ongoing usage of gabapentin, another anticonvulsant adjuvant medication, effectively obviates the need for topiramate. It is further noted that page 21 of the MTUS Chronic Pain Medical Treatment Guidelines notes that topiramate is considered an adjunct treatment for obesity. In this case, it is not clearly stated for what purposes topiramate is being employed. It is unclear whether this is being employed for weight loss purposes or for neuropathic pain purposes. Page 7 of the MTUS Chronic Pain Medical Treatment Guidelines does state that an attending provider incorporate some discussion of medication efficacy into his choice of recommendations and also factor into account other medications into his choice of medications. In this case, no rationale for selection and/or ongoing usage of topiramate was proffered by the attending provider. No clear evidence of medication efficacy with topiramate was furnished. For all of the stated reasons, then, the request is not medically necessary.

Celebrex 200mg: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory Medications topic Page(s): 22.

Decision rationale: While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that COX-2 inhibitors such as Celebrex can be considered if an applicant has a risk of GI complications, page 22 of the MTUS Chronic Pain Medical Treatment Guidelines also notes that Celebrex is not recommended for the majority of applicants. In this case, there is no evidence that the applicant has a history of GI distress with non-conventional NSAIDs such as Naprosyn or Motrin. No rationale for selection and/or ongoing usage of Celebrex was furnished. Therefore, the request is not medically necessary.

Gabapentin 300mg: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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, an attending provider should document evidence of improving pain and/or function in applicants using gabapentin at each visit. In this case, however, there has been no clear evidence of any lasting analgesia or functional improvement achieved as a result of ongoing gabapentin usage. The applicant remains off of work. The applicant has permanent work restrictions which remain in place, unchanged, from visit to visit. The applicant remains highly reliant and highly dependent on various interventional spine procedures, including epidural steroid injections and radiofrequency ablation procedures. All of the above, taken together, imply a lack of functional improvement as defined in MTUS 9792.20f despite ongoing usage of gabapentin. Therefore, the request is not medically necessary.

Soma 350mg: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol topic Page(s): 29.

Decision rationale: As noted on page 29 of the MTUS Chronic Pain Medical Treatment Guidelines, carisoprodol or Soma is not recommended for chronic or long-term use purposes, particularly when employed in conjunction with opioid agents. In this case, the applicant is, in fact, concurrently using opioid agents, including Norco, also the subject of dispute. Adding carisoprodol or Soma to the mix is not recommended. Therefore, the request is not medically necessary.

MRI: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182.

Decision rationale: While the MTUS-adopted ACOEM Guidelines in Chapter 8, Table 8-8, page 182 does recommend MRI or CT scanning to validate a diagnosis of nerve root compromise, based on clear history and physical exam findings, in preparation for an invasive procedure, in this case, however, there is no clear documentation of neurologic compromise emanating from the cervical spine. The applicant's well-preserved, 5/5 upper extremity motor function noted in late 2013 and early 2014 argue against any focal compromise associated with the cervical spine, as does the attending provider's multiple reports furnishing diagnoses of chronic undifferentiated pain syndrome and myofascial pain syndrome. Therefore, the request is not medically necessary.

Urine Toxicology Screen: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing topic Page(s): 43. Decision based on Non-MTUS Citation ODG Chronic Pain Chapter, Urine Drug Testing topic.

Decision rationale: While page 43 of the MTUS Chronic Pain Medical Treatment Guidelines does support intermittent drug testing in the chronic pain population, the MTUS does not establish specific parameters for or identify a frequency with which to perform home drug testing. As noted in the ODG Chronic Pain Chapter Urine Drug Testing topic, an attending provider should attach an applicant's complete medication list to the request for authorization for testing, state when the last time an applicant was tested, and furnish a list of those drug tests and/or drug panels which he intends to test for. In this case, the attending provider did not state what drug tests and/or drug panels were being tested on December 9, 2013. The attending provider did not state why confirmatory testing for different opioid metabolites was being performed, when ODG recommends against confirmatory testing outside of the emergency department drug overdose context. Therefore, the request is not medically necessary.

Ongoing follow-ups with the doctor: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 8, page 177, the frequency of follow-up visits should be dictated by an applicant's work status. In this case, the applicant is off of work. While more frequent follow-up visits could be supported here, in this case, however, the request is open-ended. The attending provider has not stated a concrete number of office visits for which he is seeking authorization but, rather, appears to have sought authorization for ongoing office visits for the duration of the claim. This is not indicated, appropriate, or endorsed by ACOEM, which notes that an applicant's work status and severity of symptoms should determine the frequency of follow-up visits. Therefore, the request is not medically necessary.

Weight Loss Program: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 1 Prevention Page(s): 11.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 1, page 11, strategies based on modification of individual risk factors such as weight loss are less certain, more difficult, and possibly less cost effective. In this case, it is further noted that the attending provider has failed to document the applicant's height, weight, and/or BMI on several recent office visits, referenced above. No compelling rationale or medical evidence has been furnished which would support the weight loss program in the face of the unfavorable ACOEM recommendation. Therefore, the request is not medically necessary.