

Case Number:	CM14-0034238		
Date Assigned:	06/25/2014	Date of Injury:	01/26/2010
Decision Date:	07/30/2014	UR Denial Date:	02/14/2014
Priority:	Standard	Application Received:	03/19/2014

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 January 26, 2010. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; adjuvant medications; unspecified amounts of massage therapy; and extensive periods of time off of work. In a Utilization Review Report dated February 14, 2014, the claims administrator partially certified a request for Norco, seemingly for weaning purposes, denied a request for Neurontin outright, denied a request for Pamelor outright, and denied a request for Senokot outright. Non-MTUS Guidelines were cited in the decision to deny Senokot. The claims administrator did not, moreover, incorporate cited ODG Guidelines into its rationale and based large portion of its decision on earlier Utilization Review Reports which recommended that the applicant cease the medications in question. In a medical-legal evaluation of December 6, 2013, the applicant reported to the medicolegal evaluator that she was not working and had, moreover, developed issues with depression, anxiety, insomnia, and social withdrawal. In a February 5, 2014 psychology report, the applicant was described as having major depressive disorder (MDD) with superimposed chronic pain issues resulting in a Global Assessment of Function (GAF) 55. The applicant was placed off of work from a mental health perspective. In a progress note dated February 6, 2014, the applicant was described as having persistent complaints of low back pain radiating to the left leg. The applicant was not working, it was stated. 7/10 pain was noted. The applicant was using Neurontin, Norco, Flexeril, Pamelor, and Senokot, it was stated. The applicant was asked to pursue epidural steroid injection therapy. The applicant's medications were reportedly stable, it was stated. In an applicant questionnaire seemingly dated February 6, 2014, the applicant reported unbearable pain with medications and 7-8/10 pain without medication. The applicant stated that ongoing usage of medications was

improving her ability to perform home exercises and her ability to move about. The applicant stated that usage of medications was diminishing her pain to the point where she could participate in family life and cook or shower for herself. The applicant stated that Norco, Neurontin, and Flexeril were the medications generating appropriate benefit. The applicant acknowledged that she was not socially active; however, this appeared to be a function of the applicant's mental health issues as opposed to her medical issues. In a medical-legal evaluation of February 10, 2014, it was stated that the applicant was scheduled to start Pamelor.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg, 120 count: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids.

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

Decision rationale: According to the 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, the documentation provided by the applicant and/or attending provider have seemingly suggested that the applicant is deriving appropriate analgesia from ongoing usage of Norco, with a drop in pain levels from 10/10 to 7/10. The applicant has postulated her ability to function, move about, perform activities of daily living, cook, clean, shower, etc., has been ameliorated as a result of ongoing medication usage. While the applicant has failed to return to work, this appears to be, by and large, a function of her mental health issues as opposed to medical issues. Continuing Norco, on balance, is indicated. Therefore, the request for Norco 10/325 mg, 120 count, is medically necessary and appropriate.

Neurontin 300 mg, 180 count: Overturned

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

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

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, applicants on gabapentin should be asked at each visit as to whether there has been improvement in pain or function with the same. In this case, the applicant is reporting appropriate reductions in pain levels from 10/10 to 7/10 with ongoing Neurontin usage. The applicant is able to perform home exercise, shower, cook for herself, perform household chores, it has been suggested. Continuing Neurontin, then does appear to be indicated given the applicant's self reports of efficacy with the

same. Therefore, the request for Neurontin 300 mg, 180 count, is medically necessary and appropriate.

Pamelor 10 mg, sixty count: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines page 113, Antidepressants for Chronic Pain section. Page(s): 113.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, tricyclic antidepressants such as Pamelor are considered a first-line agent in the treatment of neuropathic pain, as is present here. In this case, the applicant has derivative issues with depression, making Pamelor particularly appropriate choice. It is further noted that the request in question does represent a first-time request for Pamelor. The applicant was not using Pamelor on the medical-legal evaluation of February 6, 2014 or on an applicant questionnaire of February 10, 2014. Introduction of Pamelor is indicated, for all of the previously stated reasons. Therefore, the request for Pamelor 10 mg, sixty count, is medically necessary and appropriate.

Senokot-S 8.6 mg, sixty count: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation McKay SL, Fravel M, scanlon C. Management of constipation. Iowa City (IA): University of Iowa Gerontological Nursing Interventions Research Center, reserach Translation and Dissemination Core; 2009 Oct. 51 p.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 77.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, prophylactic initiation of treatment for constipation is indicated in applicants using opioids. In this case, the applicant is using an opioid, Norco, which has been approved, above. Ongoing usage of a laxative, Senokot, to combat issues with opioid-induced constipation (if any) is indicated. Therefore, the request for Senokot-S 8.6 mg, sixty count, is medically necessary and appropriate.