

Case Number:	CM14-0049542		
Date Assigned:	07/07/2014	Date of Injury:	09/05/2002
Decision Date:	08/08/2014	UR Denial Date:	03/25/2014
Priority:	Standard	Application Received:	04/17/2014

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 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 July 1, 1999.

Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; multiple interventional spine procedures; an earlier lumbar laminectomy and discectomy followed by two-level lumbar fusion surgery at L3-L4 and L4-L5; and adjuvant medications.

In a Utilization Review Report dated March 25, 2014, the claims administrator partially certified Vicodin, apparently for weaning purposes, partially certified morphine, also apparently for weaning purposes, denied Lyrica outright, denied Cymbalta outright, approved Lexapro, and denied Ambien outright. The claims administrator seemingly suggested that the applicant was not demonstrating appropriate improvement with the medications in question.

The applicant's attorney subsequently appealed. A medical-legal evaluation of July 13, 2014 was notable for comments that the applicant was currently working in his own business. The nature of the visit in question was not elaborated upon.

A May 20, 2014 progress note was notable for comments that the applicant reported persistent complaints of low back pain. The applicant was using Norco for pain relief. Neurontin was ineffective. The applicant was using Lexapro an adjunct for pain control and Ambien for sleep.

The attending provider stated that the applicant had worsening neuropathic symptoms. The applicant reported pain ranging from 4-7/10. It was acknowledged that the applicant had been very unstable with pain control because of inconsistency and late medication refills. The attending provider stated the applicant is using Lexapro for generalized anxiety and depression generated by the applicant's chronic pain syndrome. The Cymbalta was an adjunct to the applicant's chronic pain medications. The attending provider posited that denials and/or partial certifications of medications

were diminishing the applicant's pain control. The attending provider stated that he would begin titrating the applicant's oral pain medications. Portions of the progress note mingled old complaints with current complaints and were somewhat difficult to follow. Psychological counseling was sought. The attending provider stated that he was trying to wean the applicant off of opioids. On April 8, 2014, the attending provider stated that he was waiting for a medical-legal evaluation to determine the applicant's need for medication. 4-7/10 pain was noted. The applicant was described as permanent and stationary. The applicant's work status was not clearly outlined on this occasion. The attending provider stated that he was trying to wean the applicant off of opioids.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vicodin 5/325mg #210: Upheld

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

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 includes evidence of successful return to work, improved functioning, and/or reduced pain achieved a result of the same. In this case, the applicant's work status has not been clearly outlined. It does not appear that the applicant is working any longer. The attending provider has himself commented on the fact that the applicant's ongoing usage of opioid medication has not been altogether effective and that he, too, wishes to wean the applicant off of the medications in question. There is no clear evidence of analgesic generator as a result of ongoing opioid therapy. There is no clearly evidence of improved performance of activities of daily living generator as a result of ongoing opioid therapy. The applicant is having difficulty performing even basic activities of daily living, including driving, sitting, and walking, it was acknowledged. Therefore, the request for Vicodin is not medically necessary.

MS Contin 60mg #50: Upheld

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

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 includes evidence of successful return to work, improved functioning, and/or reduced pain achieved a result of the same. In this case, the applicant is no longer seemingly working. The applicant's work and functional status have not been clearly outlined on any recent office visits. The limited information on file suggests that the applicant is having difficulty performing activities of daily living, despite ongoing opioid therapy. The attending provider has himself acknowledged that the applicant should be weaned off of the opioids in question. For all the stated reasons, then, the request for MS Contin is not medically necessary.

Lyrica 150mg #60 with 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pregabalin topic Page(s): 7; 99.

Decision rationale: While page 99 of the MTUS Chronic Pain Medical Treatment Guidelines acknowledges that Lyrica or pregabalin is a first-line treatment for neuropathic pain, this recommendation is qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion on medication efficacy into his choice of recommendations. In this case, however, the applicant's pain complaints appear to be heightened, as opposed to reduced, despite ongoing medication consumption. There is no clear demonstration of functional benefit as defined in MTUS 9792.20f through ongoing Lyrica usage. The applicant remains highly reliant and highly dependent on opioid medications. The applicant does not appear to be working. All of the above, taken together, imply a lack of functional improvement as defined in MTUS 9792.20f despite ongoing Lyrica usage. Therefore, the request for Lyrica is not medically necessary.

Cymbalta 60mg #30 with 3 refills: Overturned

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

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, antidepressant medications often take "weeks" to exert their maximal effect. In this case, the attending provider has posited that the applicant's mood has been ameliorated, to some degree, as a result of ongoing Cymbalta usage. Attending provider has posited that the applicant's depression is being treated through a combination of Cymbalta and Lexapro. Continuing Cymbalta, then, is indicated. Therefore, the request is medically necessary.

Ambien CR 12.5mg #30 with 3 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer based his/her decision on the MTUS Chronic Pain Medical Treatment Guidelines, page 7-8 and on the Non-MTUS Other Medical Treatment Guideline or Medical Evidence: Food and Drug Administration (FDA), Ambien Medication Guide.

Decision rationale: While the MTUS does not specifically address the topic, pages 7 and 8 of the MTUS Chronic Pain Medical Treatment Guidelines stipulate that an attending provider using a drug for non-FDA labeled purpose has the responsibility to be well informed regarding usage of the same and should, furthermore, provide some compelling evidence to support such usage. In this case, however, no compelling evidence has been provided for usage of Ambien for non-FDA labeled purposes. The Food and Drug Administration (FDA) suggested Ambien is

indicated in a short-term treatment of insomnia, for up to 35 days. Ambien, thus, is not indicated in the chronic, long-term, and/or scheduled use purpose for which is being proposed here. Therefore, the request for Ambien is not medically necessary.