

Case Number:	CM14-0053308		
Date Assigned:	07/07/2014	Date of Injury:	08/08/2002
Decision Date:	08/08/2014	UR Denial Date:	03/25/2014
Priority:	Standard	Application Received:	04/21/2014

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 represented [REDACTED], employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of August 8, 2002. Thus far, the applicant has been treated with the following: Analgesic medications; opioid therapy, attorney representation; transfer of care to and from various providers in various specialties; and adjunct medications. In a utilization review report dated March 25, 2014, the claims administrator partially certified a request for Norco, on the grounds that the applicant should be periodically reevaluated, also partially certified request for Percocet also on the grounds that the applicant should be periodically reevaluated to ensure ongoing opioid efficacy, partially certified Lexapro, also on the grounds that the applicant should be intermittently reevaluated, denied Wellbutrin on the grounds that the applicant did not have neuropathic pain and denied Soma outright. The claims administrator's documentation appeared to comprise almost entirely of cited guidelines and included very little in the way of applicant-specific commentary. On February 12, 2013, the applicant was described as reporting persistent complaints of low back pain radiating to the bilateral lower extremities. The applicant was walking with her dog on a daily basis for exercise. The applicant was using Norco four times daily and Percocet one tablet daily. The applicant stated that the Percocet was not as effective as formally while Norco was more effective than in the past. The applicant was using Lexapro and Wellbutrin for both pain and mood disorders, it was acknowledged. The applicant was using Toradol and Dilaudid for flares of pain, it was stated. The applicant's work status was not provided. In a June 20, 2014 progress note, the applicant presented with 4-7/10 low back pain radiating to the left lower extremity, highly variable. The applicant stated that she had a recent bout of depression and was using trazodone for insomnia. The applicant was using Dilaudid, Motrin, Lexapro, Morphine, Norco, Percocet, Skelaxin, Soma, and Wellbutrin. In another section of the report, somewhat incongruously, the

applicant stated that she was not depressed or anxious. The applicant did exhibit normal mood and effect. Morphine and Norco were apparently renewed. It was stated that the applicant had previously been using Norco and Percocet up to 9 pills per day. It was suggested, though not clearly stated, that the applicant was working. The applicant's work status was not clearly outlined. On April 29, 2014, the applicant was described as reporting highly variable 4 to 10/10 low back pain radiating to the left leg. The applicant stated that her mood remained relatively stable with psychotropic medications. The applicant's medications included Dilaudid, Motrin, ketorolac, Lexapro, Norco, Percocet, Skelaxin, Soma, and Wellbutrin, it was acknowledged. The applicant was divorced, living alone, and smoking, it was stated. A variety of medications, including Norco, Percocet, and Lexapro were renewed. It was suggested that the applicant was going to emergency room intermittently for flares of pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

2 prescriptions of Norco 10/325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone; Oxycodone; Weaning of Medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines pages 85-86, Opioids, Differentiation: Dependence and Addiction topic. Page(s): 85-86.

Decision rationale: As noted on page 78 of MTUS Chronic Pain Medical Treatment Guidelines, the lowest possible dose of opioid should be prescribed to improve pain and function. In this case, it is not clearly stated why the applicant has used three separate short-acting opioids, namely Norco, Dilaudid, and Percocet. It is further noted that the applicant appears to be increasing consumption of Norco and Percocet to a total of nine tablets a day, the attending provider has suggested and that the applicant has herself reported that short acting opioids have failed to provide same level of analgesia as in the past. As noted on pages 85 and 86 of MTUS Chronic Pain Medical Treatment Guidelines, escalations in dose of opioids and/or frequent visits to the emergency department do call into question possible misuse of controlled substances and/or addiction. Continued usage of Norco does not appear to be appropriate, in this context. Therefore, the request is not medically necessary.

2 prescriptions of Percocet 10/325mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines page 78, Opioids, Ongoing Management topic. Page(s): 78.

Decision rationale: As noted on page 78 of the MTUS Chronic Pain Medical Treatment Guidelines, the lowest possible dose of opioid should be prescribed to improve pain and function. In this case, it is not clearly stated why the applicant has used three separate short-

acting opioids, namely Norco, Percocet, and Dilaudid. It is further noted that the applicant appears to be escalating overall opioid consumption, and is taking up to 9 tablets of Percocet and Norco daily which, coupled with the applicant's seemingly frequent visits to the emergency department for acute flares of pain should call into question possible opioid misuse and/or addiction, as suggested on page 87 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request is not medically necessary.

1 prescription of Lexapro 20mg #30 with 5 refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental Illness & Stress.

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 may be helpful to alleviate symptoms of depression and often take "weeks" to exert their maximal effect. In this case, unlike the applicant's opioid medications, the attending provider has seemingly established on several progress notes, referenced above, that the applicant's mood has been stabilized as a result of usage of Lexapro and Wellbutrin. Continuing the same, on balance, is indicated. Therefore, the request for Lexapro is medically necessary.

1 prescription of Wellbutrin SR 100mg #30 with 5 refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Bupropion (Wellbutrin).

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 may be helpful to alleviate symptoms of depression and often take "weeks" to exert their maximal effect. In this case, the attending provider has posited, through several progress notes referenced above, that ongoing usage of psychotropic medications, namely Lexapro and Wellbutrin have kept the applicant's mental health issues at bay and stabilized the applicant's mood. Continuing the same, on balance, is indicated. Therefore, request for Wellbutrin is medically necessary.

1 prescription of Soma 350 mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines page 29, 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. Adding carisoprodol or Soma to the mix is not recommended. Therefore, the request for Soma is not medically necessary.