MAXIMUS Federal Services

Case Number:	CM14-0057105		
Date Assigned:	08/08/2014	Date of Injury:	02/04/2009
Decision Date:	09/11/2014	UR Denial Date:	03/27/2014
Priority:	Standard	Application Received:	04/28/2014

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 injured worker is a represented [redacted] employee who has filed a claim for chronic shoulder pain, neck pain, depression, and headaches reportedly associated with an industrial injury of February 4, 2009. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representations; psychotropic medications; opioid therapy; an ergonomic evaluation; and shoulder injections, per the claims administrator. In a March 27, 2014 Utilization Review Report, the claims administrator retrospectively partially certified a request for Abilify and Pristiq, denied Norco, approved fentanyl patches, denied Celebrex, denied Omeprazole, denied Ambien, and denied shoulder Toradol-Marcaine-lidocaine injections. The claims administrator invoked a variety of MTUS and non-MTUS guidelines in its denial. The claims administrator incorrectly mislabeled a number of 2008 ACOEM guidelines as originating from the MTUS. The claims administrator did not incorporate cited guidelines into its rationale. The claims administrator's rationale was extremely difficult to follow. The claims administrator partially approved Abilify and Pristiq on the grounds that the applicant should be reevaluated more frequently to ensure ongoing improvement. The claims administrator suggested that the applicant was working. The applicant's attorney subsequently appealed. In a July 2, 2014 progress note, the applicant presented with multifocal neck, shoulder, knee, low back, and wrist pain. The applicant was using Ambien as needed for insomnia and Omeprazole to offset GI upset produced by Celebrex. The applicant was using Norco for chronic pain purposes. The applicant was using Abilify for mood stabilization and Pristiq for chronic pain and/or neuropathic pain; it was stated on this occasion. The applicant was apparently working, it was stated. Pain ranged from 5-10/10 with medications versus 7-10/10 without medications. The applicant was working keyboarding. The applicant was doing some light lifting at home, it was acknowledged, and was fishing. The applicant was able to do shopping, she noted. The

attending provider posited that the applicant's maintaining regular work status did make a compelling case for continuing the medications in question. The applicant was described as severely obese and having a guarded gait, however. Multiple medications were refilled, including Abilify, Norco, Ambien, and Prilosec. On June 2, 2014, the applicant was described as having persistent complaints of pain about the wrist. Omeprazole was being employed to combat GI irritation associated with Celebrex usage. The applicant was described as having good days and bad days. An ergonomic evaluation was performed on January 16, 2014. The applicant's employer was asked to furnish a new chair. On May 7, 2014, the attending provider posited that the applicant was able to maintain regular duty work status in a psychiatric ward with ongoing medication consumption. The applicant was using Abilify as an adjunct to Pristiq for depression purposes, it was suggested. Multiple medications were again renewed. The attending provider again complained that the Utilization Reviewer's report was internally inconsistent. On April 30, 2014, the applicant was again described as deriving appropriate analgesia with medications. The applicant was described as severely obese, standing 5 feet 3 inches tall and weighing 375 pounds. The applicant apparently had comorbid diabetes, it was stated. The applicant was returned to regular duty work. On February 13, 2014, the attending provider sought retrospective authorization for Toradol and Marcaine-lidocaine injections performed upon the shoulders. These injections were apparently administered on February 13, 2014 in the subacromial joint region. It was stated that these were being given for shoulder tendinitis and impingement syndrome.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Abilify 5 mg #30 with 2 refills: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Stress Related Conditions Page 1062-1067Official Disability Guidelines Mental Illness and Stress Abilify.

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, 402, continuing an established course of antipsychotics is important. In this case, the attending provider has posited that Abilify, an atypical antipsychotic, is being employed to potentiate the applicant's usage of Pristiq, an antidepressive medication. As noted by the Food and Drug Administration (FDA), Abilify is an atypical antipsychotic used to treat schizophrenia, manic or mixed episodes of bipolar disorder, and/or as an add-on treatment for depression. In this case, the attending provider has posited that ongoing usage of Abilify has potentiated the applicant's usage of Pristiq. The applicant has demonstrated requisite improvements in mood and function as evinced by her successful return to regular duty work. Continuing Abilify, then, is indicated. Therefore, the request is medically necessary.

Retrospective Pristiq 50mg #60 with 2 refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 105.

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 such as Pristiq "may be helpful" to alleviate symptoms of depression. In this case, the attending provider has posited that ongoing usage of Pristiq has kept the applicant's mental health issues at bay. The applicant has achieved and/or maintained successful return to work status with ongoing usage of Pristiq. The applicant's mood has reportedly stabilized with the same. Continuing Pristiq, on balance, was therefore indicated. Accordingly, the request was medically necessary.

Retrospective Norco 10/325mg #20 with 1 refill: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 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, the applicant meets all of the aforementioned criteria. The applicant has returned to regular duty work in the Human Services Department at a psychiatric ward. The applicant is reporting appropriate analgesia and improved ability to perform activities of daily living, including household chores, standing, walking, typing, etc., reportedly achieved with ongoing Norco usage. Continuing the same, on balance, is therefore indicated. Accordingly, the request is medically necessary.

Celebrex 200mg #30 with 2 refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 70.

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, the applicant meets all of the aforementioned criteria. The applicant has returned to regular duty work in the Human Services Department at a psychiatric ward. The applicant is reporting appropriate analgesia and improved ability to perform activities of daily living,

including household chores, standing, walking, typing, etc., reportedly achieved with ongoing Norco usage. Continuing the same, on balance, is therefore indicated. Accordingly, the request is medically necessary.

Omeprazole 20mg #60 with 2 refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs GI Symptoms Page(s): 68-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms, and Cardiovascular Risk topic. Page(s): 69.

Decision rationale: As noted on page 69 of the MTUS Chronic Pain Medical Treatment Guidelines, proton pump inhibitors such as omeprazole are indicated in the treatment of NSAID-induced dyspepsia. In this case, the applicant is having ongoing issues with reflux, heartburn, dyspepsia, despite usage of a COX-2 selective NSAID, Celebrex. Concomitant usage of omeprazole, a proton pump inhibitor, was therefore indicated. Accordingly, the request was medically necessary.

Ambien 5 mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 7 - 8.

Decision rationale: While the MTUS does not specifically address the topic of Ambien usage, pages 7 and 8 of the MTUS Chronic Pain Medical Treatment Guidelines do stipulate that an attending provider using a drug for non-FDA label purposes has a responsibility to be well informed regarding usage of the same and should, furthermore, provide compelling evidence to support such usage. The Food and Drug Administration (FDA) notes that Ambien is indicated only in the short-term treatment of insomnia, for up to 35 days. In this case, however, the attending provider has employed Ambien for chronic, long-term, and scheduled use purposes, for a span of several months. This is not an FDA approved usage of Ambien. The attending provider did not furnish any compelling applicant-specific rationale or medical evidence so as to support usage of Ambien for a non-FDA approved purpose. Therefore, the request was not medically necessary.

Bilateral Shoulder Toradol, morcaine/lidocaine injections X1: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Journal of Shoulder and Elbow Surgery, May 2013.

Decision rationale: The MTUS does not address the topic of subacromial NSAID injections for shoulder impingement syndrome, the issue present here. As noted by the May 2013 Journal of Elbow and Shoulder Surgery, an injection of ketorolac results in a greater improvement than an injection of triamcinolone at the four-week mark of the date of injection. The Journal of Shoulder and Elbow Surgery does posit that injectable NSAIDs had at least equivalent if not superior efficacy to injections of shoulder corticosteroid injections for the diagnosis of impingement syndrome, as was present here. The applicant did apparently have issues with internal impingement of the shoulder on February 13, 2014 which had proven recalcitrant to time, medications, physical therapy, and other conservative treatments. The shoulder Toradol-Marcaine-lidocaine injection performed on February 13, 2014 was therefore indicated. Accordingly, the request was medically necessary.