

Case Number:	CM14-0083577		
Date Assigned:	07/21/2014	Date of Injury:	02/23/2007
Decision Date:	09/26/2014	UR Denial Date:	05/13/2014
Priority:	Standard	Application Received:	06/05/2014

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 patient is a represented [REDACTED] employee who has filed a claim for chronic low back and bilateral knee pain reportedly associated with an industrial injury of February 23, 2007. Thus far, the patient has been treated with the following: Analgesic medications; attorney representation; muscle relaxants; opioid therapy; and topical agents. In a utilization review report dated May 12, 2014, the claims administrator approved a request for Prilosec, denied a request for clobetasol cream, denied a request for ProAir (albuterol), denied a request for Soma, denied a request for Klonopin, denied a request for oxycodone, denied a request for lovastatin, and denied a request for Wellbutrin. The claims administrator's report was very difficult to follow and was, at times, internally inconsistent. The claims administrator treated the request for clobetasol gel, a topical steroid, as a topical analgesic. The claims administrator also stated that the requests for ProAir and Mevacor should be reviewed by a cardiologist and/or pulmonologist. The patient's attorney subsequently appealed. In a January 6, 2014 progress note, the patient reported persistent complaints of low back and bilateral knee pain. The patient was reportedly returned to regular duty work. The patient was given prescription for oxycodone, Nucynta, and Pennsaid. The primary diagnoses were disk bulges and osteoarthritis of the bilateral knees. On April 14, 2014, the patient was having issues with reflux and coughing, it was noted. Prilosec was endorsed for heartburn purposes. Clobetasol gel was endorsed for inflammation and itching control. Albuterol (ProAir) was issued for asthma. Soma was issued for muscle spasm. Klonopin was issued for pain. Wellbutrin was issued for depression. Oxycodone was issued for pain. Lovastatin was issued for cholesterol and triglyceride content. A gastroenterology consultation, pain management consultation, and laboratory testing were endorsed. The documentation was very difficult to follow. While the claims administrator stated that ProAir was being issued for asthma, there was no mention that

the patient was carrying a diagnosis of asthma in the 'diagnoses' section of the report. There was no mention of any symptoms of wheezing or bronchospasm in the body of the report. Similarly, there was no mention of any depressive symptoms or depressive diagnoses either in the appropriate sections of the report either. The attending provider likewise did not state how the diagnosis of dyslipidemia was arrived upon. The attending provider's documentation was, once again, internally inconsistent. While one section of the note stated that the patient was returned to regular duty work, another section of the note stated that Wellbutrin was being endorsed because the patient was showing signs of depression related to his "chronic pain and inability to perform his activities of daily living and work."

IMR ISSUES, DECISIONS AND RATIONALES

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

Clobetasol Gel 0.005% 60gm #2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Food and Drug Administration (FDA), Clobetasol Medication Guide.

Decision rationale: The MTUS does not address the topic. As noted by the Food and Drug Administration (FDA), clobetasol or Temovate is indicated in the treatment of corticosteroid-responsive dermatoses. In this case, however, there was no clear description of issues with eczema, psoriasis, or other dermatoses, which would support provision of clobetasol, high-potency corticosteroid. No compelling rationale for selection and/or ongoing usage of Temovate (clobetasol) was furnished by the attending provider. While the attending provider stated that the clobetasol was being employed for itching control, the attending provider did not specifically allude to active symptoms of pruritus or any dermatologic issues in his progress note of April 14, 2014, referenced above. Therefore, the request is not medically necessary.

Pro Air HFA 90mcg #2: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation PDR.net "Treatment or prevention of broncho spasm with reversible obstructive airway disease and prevention of exercise-induced broncho spasm (EIB) in patients =4 yrs. of age."

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Food and Drug Administration (FDA), ProAir Medication Guide.

Decision rationale: The MTUS does not address the topic. As noted by the Food and Drug Administration (FDA), ProAir (albuterol) is indicated in the treatment of bronchospasm and/or reversible obstructive airway disease in patients 4 years of age or greater. In this case, however,

the attending provider's progress note did not describe any active symptoms of asthma, bronchospasm, wheezing, etc., which would suggest the presence of issues with reversible airway disease. While the attending provider stated that ProAir was being selected for usage in the treatment of asthma, the documentation on file did not establish the presence of any active diagnosis of asthma or symptoms of the same, such as wheezing, shortness of breath, dyspnea, etc. Therefore, the request is not medically necessary.

Soma 350mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma) Page(s): 29.

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

Decision rationale: As noted on page 29 of 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 using Nucynta and oxycodone, two opioid agents. Long-term usage of Soma is not recommended in conjunction with the same, per page 29 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request is not medically necessary.

Klonopin 1mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-going Management.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: The attending provider's progress note indicated that Klonopin was being used for pain purposes/spasm purposes. However, as noted on page 24 of the MTUS Chronic Pain Medical Treatment Guidelines, long-term usage of benzodiazepines is a treatment of choice for very few conditions, including the pain/muscle spasm reportedly present here. It does appear that the attending provider was intent on employing Klonopin for long term use, as suggested by 60-tablet supply proposed. This is not indicated, per page 24 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request is not medically necessary.

Oxycodone 15mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list, Oxycodone.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids 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 attending provider has not recounted any tangible decrements in pain or improvements in function achieved as result of ongoing oxycodone usage. While some section of the attending provider's progress note suggested that the applicant had returned to work as a mechanic, other sections of the note, somewhat incongruously, suggested that the applicant was unable to work, as noted on April 14, 2014. Criteria for continuing oxycodone thus, do not clearly appear to have been met. Therefore, the request is not medically necessary.

Lovastatin: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Food and Drug Administration (FDA), Mevacor Medication Guide.

Decision rationale: The MTUS does not address the topic. As noted by the Food and Drug Administration (FDA), Mevacor (lovastatin) is indicated in the primary production of coronary artery disease, hypercholesterolemia, and/or familial hypercholesterolemia. In this case, the attending provider's documentation, once again, failed to establish the presence of any of the aforementioned diagnoses. While the attending provider stated that he was prescribing lovastatin for cholesterol and triglyceride issues, the attending provider did not state how he had arrived upon the diagnosis of hypercholesterolemia and/or hypertriglyceridemia. There was no allusion to laboratory testing established in the presence of any of the aforementioned issues. No compelling rationale was furnished to support selection of Mevacor (lovastatin). Therefore, the request is not medically necessary.

Wellbutrin: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402.

Decision rationale: While the MTUS Guideline in ACOEM Chapter 15, page 402, does acknowledge that antidepressant such as Wellbutrin (may be helpful) to alleviate symptoms of depression, in this case, however, the attending provider did not clearly describe the presence of any depressive symptoms for which selection and/or ongoing usage of Wellbutrin would be indicated. The attending provider did not state, for instance, that the applicant was having mood disturbance, emotional disturbance, insomnia, tearfulness, etc. While the attending provider wrote at the bottom of his report that Wellbutrin was being employed for depression here, the attending provider did not state what symptoms had lead him to arrive at this diagnosis. The

attending provider did not state whether the medication in question was a first-time request or a renewal request. For all the stated reasons, then, the request is not medically necessary.