

Case Number:	CM14-0083914		
Date Assigned:	07/21/2014	Date of Injury:	12/01/2007
Decision Date:	12/25/2014	UR Denial Date:	05/21/2014
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 applicant is a represented [REDACTED] employee who has filed a claim for chronic pain syndrome and major depressive disorder reportedly associated with an industrial injury of December 1, 2007. Thus far, the applicant has been treated with the following: Analgesic medications; psychotropic medications; anxiolytic medications; unspecified amounts of physical therapy; and transfer of care to and from various providers in various specialties. In a Utilization Review Report dated May 21, 2014, the claims administrator failed to approve request for Norco, Pennsaid, and Nucynta. The applicant's attorney subsequently appealed. In a March 14, 2014 progress note, the applicant reported persistent complaints of pain. The note was difficult to follow and mingles historical complaints with current complaints. The applicant's medication list included Nucynta, Dexilant, Lidoderm, Norco, Topamax, Viibryd, Ambien, Klonopin and Depakote. It was stated that the applicant was using Depakote for depression/mood stabilization purposes. The applicant stated that pain scores were 8/10 without medications, but that her pain medications could provide about two hours of pain relief on average. The applicant was represented, it acknowledged. The applicant was receiving both Worker's Compensation Indemnity Benefits and Social Security Disability Insurance (SSDI) benefits, it was acknowledged. Nucynta, Norco, and Pennsaid were furnished. The attending provider stated the applicant's ability to walk was somewhat improved as a result of ongoing medication consumption, but acknowledged that the applicant was experiencing various GI issues with opioids including nausea. In a February 10, 2014 progress note, the applicant again reported persistent complaints of pain, 4/10. The applicant was trying to avoid staying in bed and was trying to perform day to day activities, it was stated. The applicant's medications included Nucynta, Dexilant, Lidoderm, Topamax, Viibryd, Ambien, Klonopin, Advil, and Depakote. Nucynta and Voltaren were renewed. Once again, it was acknowledged that the applicant was

not working, and was receiving both Worker's Compensation Indemnity Benefits and Social Security Disability Insurance (SSDI) benefits. The applicant was still having difficulty performing standing and walking chores, despite ongoing medication usage, it was acknowledged. In a February 21, 2014 progress note, the applicant reported profound depression. A highly labile and tearful affect was appreciated. The applicant was placed off of work, on total temporary disability, from a mental health standpoint while Viibryd, Topamax, and Abilify were renewed. The applicant was asked to reduce her dosage of Depakote on the grounds that Depakote is generating too much sedation. In an October 10, 2013 progress note, it was stated that the applicant had stopped Pennsaid owing to some skin hypersensitivity reported as a result of the same. It was suggested that the Pennsaid was a historical medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone 5/325mg #15 between 4/30/14 and 9/30/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76-80, 124.

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. Here, however, the applicant is off of work. The applicant is receiving both worker's compensation indemnity and Social Security Disability Insurance (SSDI) benefits. While some of the attending provider's progress notes, referenced above, did allude to some decremented pain scores achieved as a result of ongoing medication consumption, this was not echoed by other progress notes. This was not quantified. The attending provider, furthermore, failed to outline any meaningful improvements in function achieved as a result of ongoing medication usage. The applicant commented to the fact that she would stay in bed all day at times does not suggest significant improvement achieved as a result of ongoing opioid usage, including ongoing hydrocodone-acetaminophen usage, although it is acknowledged that some of the applicant's impairment may, in fact, be a function of underlying psychopathology as opposed to chronic pain concerns. All of the foregoing, nevertheless, does not make a compelling case for continuation of Norco, (hydrocodone-acetaminophen). Therefore, the request was not medically necessary.

Pennsaid 1 % 320ml 2 refills between 4/30/14 and 9/30/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76-80, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management section, Topical Diclofenac/Voltaren.

Decision rationale: Pennsaid is a derivative of topical Voltaren/diclofenac. While page 112 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that topical diclofenac/Voltaren is indicated in the treatment of small joint arthritis and/or tendonitis in area which are amenable of topical applications, such as the feet, one of the primary pain generators here, this recommendation, however, is qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that a prescribing provider should incorporate some discussion of applicant-specific variable such as "allergies" into his choice of recommendations. Here, the applicant was described on multiple office visits, referenced above, including March 14, 2014, February 10, 2014, and December 10, 2013, as having previously stopped Pennsaid in December 2012 owing to skin hypersensitivity reported as a result of prior usage of the same. It was not clear why Pennsaid was reintroduced on March 14, 2014, given the applicant's past report of skin hypersensitivity to the same. Therefore, the request was not medically necessary.

Nucyta 50mg #50 between 4/30/14 and 9/30/14: 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: 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. Here, however, the applicant was/is off of work. The applicant was receiving both worker's compensation indemnity benefits and Social Security Disability Insurance (SSDI) benefits. The attending provider has, furthermore, failed to outline any meaningful improvements in function achieved as a result of ongoing opioid usage, including ongoing Nucynta usage. While there are some reports that the applicant's reporting diminution in pain scores with medication consumption, these are not consistent and are not echoed by multiple other progress notes, referenced above and are, furthermore, outweighed by the applicant's failure to return to work, continuing to collect both worker's compensation indemnity and Social Security Disability Insurance (SSDI) benefits and the attending provider's failure to outline any meaningful improvements in function achieved as a result of ongoing Nucynta usage. Therefore, the request was not medically necessary.