

<b>Case Number:</b>	CM14-0087684		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	01/22/1998
<b>Decision Date:</b>	09/25/2014	<b>UR Denial Date:</b>	06/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/11/2014

### 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, chronic regional pain syndrome, and brachial plexopathy reportedly associated with an industrial injury of January 22, 1998. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; opioid therapy; and transfer of care to and from various providers in various specialties. In a Utilization Review Report dated June 6, 2014, the claims administrator failed to approve request for OxyContin, Percocet, and Valium while approving a request for Topamax. The applicant's attorney subsequently appealed. In a progress note dated May 14 2014, the applicant reported persistent complaints of pain, frustration, suicidal ideation, and 30-pound weight loss. The applicant attributed some of her symptoms to depression. The applicant scored her pain in the 6-8/10. The applicant was having allodynia, weakness about her legs, and cramping about her arms and feet. The applicant exhibited tearfulness and depression with limited range of motion about numerous body parts. The applicant's gait was reportedly less antalgic. Multiple tender points are noted. The applicant was using Topamax, Maxalt, OxyContin, Lunesta, Desyrel, Percocet, Nasonex, Cymbalta, Valium, Zestril, and tizanidine, it was stated. An MRA of the brachial plexus was apparently being performed. A variety of medications were renewed, including OxyContin and Percocet. The attending provider posited that the applicant's ability to socialize, go to the store, and run short errands with her granddaughter were ameliorated as a result of ongoing medication usage. The applicant was using up to five Percocet a day, it was stated. Somewhat incongruously, then, the attending provider wrote that the applicant was having apathy, anergy, and loss of energy in another section of the report. The applicant's work status was not provided. In a February 18, 2014 progress note, the applicant reported 7/10 pain. The applicant stated that she was distressed. The applicant stated that Cymbalta was ameliorating her pain to varying degrees.

The applicant was having issues with depression and crying from time to time. Limited range of motion about numerous body parts was noted. The applicant was given injections for trigger points, it appeared. The applicant's work status, again, was not stated. The attending provider again posited, in some sections of the report, that the applicant's usage of medication such as OxyContin and Percocet up to five times daily was ameliorating her pain and improving her ability to socialize and run errands, to some degree. The applicant's work status was again not stated. In a January 21, 2014 progress note, the applicant reported pain at the 9/10 level in one section of the note. The applicant was having issues with shoulder pain, migraines, depression, and tearfulness, it was stated. The claims administrator attributed some of the applicant's issues to alleged improper denials on the part of the claims administrator.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Oxycontin 80mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 92.

**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, however, the applicant continues to report pain as high as 9/10 on several occasions referenced above. Ongoing usage of OxyContin, thus, does not appear to have markedly reduced the applicant's pain complaints. The applicant does not appear to be working. The attending provider has not outlined any clear or tangible improvements in function achieved as a result of ongoing opioid therapy. Some of the attending provider notes state that the applicant's ability to socialize and run errands with her granddaughter is improved with medications, while other section of the note states that the applicant has issues with energy, apathy, and has difficulty doing anything. While this may, in part, be a function of the applicant's mental health issues as opposed to her medical issues, nevertheless, the attending provider has not established the presence of any concrete improvements in function or tangible decrements in pain with ongoing opioid therapy. Therefore, the request is not medically necessary.

**Percocet 10/325mg #150:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 92.

**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, however, the applicant is seemingly off of work. The applicant continues to report pain score as high as 9/10, despite ongoing opioid therapy. While some of the attending provider's progress notes have outlined some marginal improvements in function, such as running errands, said reporting is outweighed by the applicant's failure to return to work and continued complaints of pain as high as 9/10 as well as the attending provider's own somewhat incongruent documentation to the effect that the applicant is apathetic and not doing much in the way of activity. Again, while some of these issues may, in part, represent a function of the applicant's diminished function owing to mental health issues as opposed to medical issues, nevertheless, the attending provider has not established a compelling case for continuation of opioid therapy, given all of the foregoing. Therefore, the request is not medically necessary.

**Valium 10mg, #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines Pain, Anxiety Medications in Chronic Pain.

**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 usage of anxiolytics such as Valium may be appropriate for "brief periods" in cases of overwhelming symptoms, in this case, however, the attending provider is seemingly endorsing chronic, long-term, and scheduled usage of Valium for anxiety and insomnia purposes. This is not an approved indication for the same, per ACOEM. Therefore, the request is not medically necessary.