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| Case Number: | CM14-0094117 | | |
| Date Assigned: | 07/25/2014 | Date of Injury: | 01/12/2005 |
| Decision Date: | 09/26/2014 | UR Denial Date: | 05/23/2014 |
| Priority: | Standard | Application Received: | 06/20/2014 |

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 reportedly associated with an industrial injury of January 12, 2005. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; opioid therapy; anxiolytic medications; earlier lumbar spine surgery; and spinal cord stimulator. In a Utilization Review Report dated May 23, 2014, the claims administrator partially certified a request for MS Contin, partially certified a request for Valium, and partially certified a request for Neurontin, denied a request for soma, approved a request for lidocaine solution and partially certified a request for dental evaluation and treatment as an evaluation alone. In a July 3, 2012, progress note; the applicant reported persistent complaints of low back pain. The applicant was having issues affording dental work, including dental implantation. The applicant's home was being foreclosed, it was noted. The applicant had variety of psychological stressors present. The applicant's son was apparently wounded in the Afghanistan campaign, it was suggested. A 6 to 7/10 pain was noted. The applicant was having difficulty with numbness about the feet and hands and was reporting driving, was aggravating his pain complaints. The applicant stated that his pain was interfering with his concentration, functioning, mood and sleep. The applicant was asked to find a dentist to apparently address a variety of dental issues. The applicant was given refill of MS Contin. Prilosec, Valium, and Ambien were also refilled. In a progress note dated July 14, 2014, the applicant reported persistent complaints of low back pain radiating to the bilateral legs. The applicant stated that his medications were reducing his pain to the point where he could get out of bed and do some basic activities. The applicant was using MS Contin, Valium, Ambien, lidocaine, and soma, it was stated. The applicant remained depressed. The applicant's pain was still impacting his family relationships, ability to work,

concentration, mood and sleep patterns. The applicant was using a cane. The applicant exhibited very antalgic gait, it was noted, is having difficulty sitting during the evaluation. MS Contin and Valium were renewed. The applicant was asked to consult a dentist in order to resolve dental infections. These dental infections were apparently preventing the applicant from obtaining a spinal cord stimulator, it was stated. On June 30, 2014, the applicant was again given refills of MS Contin, Valium, Neurontin, and Soma and lidocaine solution. It was again stated that the applicant's medications, while improving his ability to get out of bed, were not diminishing his pain to the point where they were improving his mood, concentration, overall functional level and/or ability to work. The applicant was not working, it was seemingly suggested. The applicant still reported pain was interfering with his ability to interact with family members.

IMR ISSUES, DECISIONS AND RATIONALES

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

MS Contin 100mg #130: Upheld

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

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 same. In this case, however, the applicant is off of work. While the attending provider has reported some low grade decrements in pain achieved as a result of ongoing MS Contin usage, the applicant is still having difficulty interacting with others, working, concentrating, etc., owing to pain complaints. It does not appear, thus, that MS Contin has produced any material or tangible improvements in function or marked reductions in pain. Therefore, the request is not medically necessary.

Valium 10mg #14 with 3 refills: Upheld

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

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 anxiolytics such as Valium may be appropriate for "brief" in cases of overwhelming symptoms, so as to afford an applicant with the ability to recoupe emotional or psychological resources, in this case, however, it appears that the attending provider is intent on employing Valium for chronic, long-term, and scheduled use purposes, for mood purposes and

sedative effects purposes. This is not an ACOEM-approved indication for Valium, an anxiolytic agent. Therefore, the request is not medically necessary.

Neurontin 300mg #120 with 3 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines- Antiepilepsy drugs (AEDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin Page(s): 19.

Decision rationale: As noted on page 19 of the MTUS Chronic Pain Medical Treatment Guidelines, applicants using gabapentin should be asked (at each visit) as to whether there have been improvements in pain and/or function with the same. In this case, however, the attending provider has not recounted any tangible decrements in pain or material improvements in function achieved as a result of ongoing medications usage, including ongoing Neurontin (gabapentin) usage. The applicant is off of work. The applicant remains highly reliant and highly dependent on various opioid agents, including MS Contin. All of the above, taken together, suggest a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing usage of Neurontin. Therefore, the request is not medically necessary.

Soma 350mg #30 with 3 refills: Upheld

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

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

Decision rationale: As noted on page 19 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, using a variety of opioid agents. Adding, carisoprodol or soma to the mix particularly via the chronic, long-term and scheduled use purpose implied via the 30 tablet, three refill supply sought here, is not indicated. Therefore, the request is not medically necessary.

1 Dental evaluation and treatment: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 92.

Decision rationale: As noted in the MTUS-Adopted ACOEM Guidelines in Chapter 5, page 92, referral may be appropriate when a practitioner is uncomfortable treating a particular cause of delayed recovery. In this case, the applicant's primary treating provider (PTP) is a psychiatrist/chronic pain physician, who is likely uncomfortable addressing dental issues with caries, which are, it is incidentally noted, reportedly interfering with the applicant's ability to receive a spinal cord stimulator. Obtaining the added expertise of a practitioner, who is comfortable addressing issues with dental caries, namely, a dentist, is therefore indicated. Accordingly, the request is medically necessary.