

Case Number:	CM14-0095632		
Date Assigned:	07/25/2014	Date of Injury:	03/04/2002
Decision Date:	09/29/2014	UR Denial Date:	05/23/2014
Priority:	Standard	Application Received:	06/23/2014

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] manufacturing employee, who has filed a claim for chronic neck pain reportedly associated with an industrial injury of May 4, 2002. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; opioid therapy; unspecified amounts of physical therapy; earlier cervical fusion surgery; earlier shoulder surgery; transfer of care to and from various providers in various specialties; and earlier carpal tunnel release surgery. In a Utilization Review Report dated May 23, 2014, the claims administrator partially certified a request for 12 sessions of physical therapy as 6 sessions of physical therapy, partially certified a request for psychological consultation and treatment as psychological consultation and trial of four cognitive behavioral therapy visits, denied Oxymorphone, approved Nucynta, denied Lidoderm patches and denied a topical compounded drug. The applicant's attorney subsequently appealed. In an October 29, 2012, psychological medical legal evaluation, the applicant was described as having a variety of issues associated with pain and depression associated with his injury and resultant disability. The applicant was on Percocet, Vicodin, Flexeril and Zantac, it was acknowledged. Electrodiagnostic testing of November 15, 2012 was notable for moderate right-sided carpal tunnel syndrome. On May 20, 2013, the applicant reported persistent complaints of neck and shoulder pain. The applicant was emotionally distraught. The applicant was trying to find a psychiatrist to accept his case. The applicant was on Celebrex, Enalapril, Flexeril, Atarax, unspecified blood pressure and cholesterol lowering medications, Lunesta, Prilosec, Patanol, Pravachol, Zantac, Tetracycline, Vicodin, and Pyridium. The applicant was asked to continue opioid therapy. On May 1, 2013, the applicant was asked to continue care with a psychologist. A psychiatric consultation for psychotropic medications was also sought. The applicant had issues with erectile dysfunction, it was noted. The applicant was asked to continue Percocet, Vicodin,

Flexeril, Lunesta, Prilosec, and Thermacare heat patches, as well as gel mattress. The applicant was off of work, on total temporary disability, it was acknowledged. Multifocal neck and shoulder pain complaints were noted. On September 5, 2013, the applicant was asked to continue Toviaz for urinary urgency, Levitra for erectile dysfunction, an electrical muscle stimulator, Percocet, Vicodin, Flexeril, Lunesta, Prilosec, and Thermacare heat wraps. The applicant was again placed off of work. A psychiatric consultation and continued care with a psychologist, [REDACTED], psychologist, were sought. In a medical legal evaluation dated June 26, 2014, the applicant was described as "permanently disabled" receiving Social Security Disability Insurance (SSDI). The applicant had seen a pain physician. The applicant was receiving both treatments through his primary care physician and stated that only limited number of psychiatric treatments were approved before being denied. The applicant remained dysphoric, depressed, and tearful, it was suggested. The applicant received physical therapy evaluation on June 4, 2014. The applicant had received four-session course of physical therapy through May 21, 2014, it was further acknowledged. In a physical therapy note of June 16, 2014, the applicant was described as having received 5 or 6 sessions of physical therapy, 8 to 9/10 neck pain was reported. In a handwritten note dated June 18, 2014, difficult to follow, not entirely legible, the applicant reported multifocal pain complaints. The applicant stated that ongoing usage of Elavil was not altogether effective as he remained moody, depressed, crying, and irritable. Lunesta was reportedly ameliorating the applicant's sleep. The attending provider stated that he disagreed with the denial of the oxymorphone. Additional physical therapy was sought. The attending provider's note was handwritten and very difficult to follow. No tangible improvements in function achieved as a result of ongoing medication usage were outlined. On May 21, 2014, Dilaudid and Nucynta were sought. The applicant presented with severe neck pain. It appears that trigger point injections with steroids and lidocaine was performed. In an initial pain management evaluation dated April 24, 2014, the applicant presented with multifocal chronic pain complaints including neck pain, arthritis, gout, fibromyalgia and chronic fatigue syndrome. The applicant is using Percocet, Celebrex, Flexeril, Lunesta, Tramadol, Vicodin, Omeprazole and Toviaz, it was stated. The applicant stated that his pain levels could drop from 9 to 9.5/10 to 7.5/10 with medications. A Toradol injection was given on this occasion. Nucynta was apparently introduced. The attending provider stated that applicant should remain "permanently and totally disabled."

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy x12 visits: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines radiculitis Page(s): 90.

Decision rationale: The 12 session course of physical therapy proposed, in and of itself, represents treatment in excess of the 8-to-10-session course recommended on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for radiculitis, the diagnosis reportedly

present here. It is further noted that page 8 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that there must be some demonstration of functional improvement at various milestones in the treatment program so as to justify continued treatment. In this case, however, the applicant is off of work. The applicant is receiving indemnity benefits through the worker's compensation system and Social Security Disability Insurance (SSDI) benefits, it has been stated on several occasions. The applicant remained highly reliant on several different opioid agents. All of the above, taken together, suggests a lack of functional improvement as defined in MTUS, despite earlier physical therapy in unspecified amounts over the life of the claim. Therefore, the request is not medically necessary.

Psychology consultation and treatment: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 400; 405.

Decision rationale: This appears to represent a request for cognitive behavioral therapy in unspecified amounts/psychological counseling in unspecified amounts. While the MTUS Guideline in ACOEM Chapter 15, page 400 does acknowledge that cognitive techniques and therapy can be problem of focused with strategies intended to help alter an applicant's perception of stress or emotion focus, strategies intended to alter an applicant's response to stress, ACOEM Chapter 15, page 405, notes that an applicant's failure to improve may be due to incorrect diagnosis, unrecognized medical or psychological conditions, or unrecognized psychosocial stressors. In this case, by all accounts, it does not appear that earlier psychological counseling/psychological treatment has been successful. The applicant remains off of work. The applicant remains severely depressed. The applicant remains highly reliant on a variety of psychotropic and analgesic medications. All of the above, taken together, suggests a lack of functional improvement as defined in MTUS despite prior psychological treatment in unspecified amounts over the life of the claim. Therefore, the request is not medically necessary.

Oxymorphone 6mg #120: Upheld

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

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 successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, however, the applicant is off of work. The applicant is receiving indemnity benefits through the Worker's Compensation System and Social Security Disability Insurance (SSDI) benefits. The applicant's pain complaints remain quite elevated, as high as 7.5/10, despite

ongoing opioid therapy with Oxymorphone and numerous other opioids agents. The attending provider has not outlined any tangible increments in functional or material decrements in pain achieved as a result of ongoing Oxymorphone usage. Therefore, the request is not medically necessary.

Lidoderm Patches #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Lidocaine Page(s): 112.

Decision rationale: While page 112 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that topical lidocaine/Lidoderm is indicated in the treatment of localized peripheral pain or neuropathic pain in applicants in whom there has been trial of first line therapy with antidepressants and/or anticonvulsants, in this case, however, the applicant's ongoing usage of Neurontin, an anticonvulsant adjuvant medication, effectively obviates the need for the Lidoderm patch at issues. The applicant was described as using Gabapentin as recently as April 29, 2014. Later progress notes, handwritten, difficult to follow, not entirely legible, made no explicit mention that Gabapentin had failed. Therefore, the request is not medically necessary.

Diclofenac 2%, xylocaine 5%, Cyclobenzaprine 7% ointment #120grams: 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 Topical Analgesics Page(s): 111-113.

Decision rationale: As noted on page 113 of the MTUS Chronic Pain Medical Treatment Guidelines, muscle relaxants such as Cyclobenzaprine are not recommended for topical compound formulation purposes. Since one or more ingredients in the compound is not recommended, the entire compound is not recommended, page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request is not medically necessary.