

Case Number:	CM14-0120810		
Date Assigned:	09/16/2014	Date of Injury:	05/13/2002
Decision Date:	07/10/2015	UR Denial Date:	07/02/2014
Priority:	Standard	Application Received:	07/30/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 57-year-old who has filed a claim for chronic neck, back, shoulder, hand, knee, and foot pain reportedly associated with an industrial injury of May 13, 2002. In a Utilization Review report dated July 2, 2014, the claims administrator partially approved a request for Lyrica, denied a request for Colace, partially approved a request for three office visits as one office visit, and partially approved a request for three office visits for medication abuse purpose as one office visit for medication abuse purposes, and partially approved a request for 10 office visits for depression purposes as one office visit for depression management purposes. The claims administrator referenced a RFA form of June 11, 2014 and associated progress note of the same date in its determination. The applicant's attorney subsequently appealed. On April 1, 2014, the applicant apparently attended a functional restoration program evaluation. The applicant was reportedly using Tenormin, Klonopin, Vasotec, hydrochlorothiazide, insulin, Nicoderm, Lyrica, Zocor, Viibryd, it is stated in one section of the note. The applicant was also apparently using Tylenol, dulcolax, Colace, loperamide, Nicorette, Zofran, MiraLax, Phenergan, Lidoderm on a p.r.n. basis, it was reported. The applicant had reportedly stopped using Opana a few days prior, it was reported. The attending provider suggested that the applicant might need Suboxone for opioid withdrawal purposes. The note was quite difficult to follow and did not follow standard SOAP format. In a progress note December 20, 2012, the applicant was placed off of work, on total temporary disability, owing to multifocal complaints of neck pain, low back pain, depression, insomnia, and opioid dependence. The applicant was asked to continue Xanax, Lyrica, Opana immediate

release, Opana extended release, Viibryd, Colace, and topical Medrox patches while remaining off of work. On June 11, 2014, the applicant was asked to continue Suboxone, Lyrica, and Colace. The applicant reported issues with severe neck and back pain. The applicant had reportedly been transitioned from Opana to Suboxone. Suboxone was not, however, ameliorating the applicant's pain complaints. The applicant was, thus, (illicitly) "buying Opana off of the street." The applicant was having issues with Colace for constipation and he has been continuing the same, it was suggested. The applicant stated that he was in need of further psychiatric care. It was stated that the applicant had been suicidal in the past, but was apparently not suicidal at present. Overall, commentary was sparse. Three visits for medication abuse purposes were proposed, along with 10 visits for depressive purposes. The applicant was placed off of work, on total temporary disability, and reportedly had been off of work for over a year.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lyrica 200mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pregabalin (Lyrica).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management Page(s): 7.

Decision rationale: No, request for Lyrica, an anticonvulsant adjuvant medication, was not medically necessary, medically appropriate, or indicated here. While page 99 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that pregabalin or Lyrica is FDA approved in the treatment of posthepatic neuralgia and diabetic neuropathy and, by analogy, can be employed in the treatment of neuropathic pain, as was/is present here, this recommendation is, however, qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of efficacy of medication into his choice of recommendations. Here, however, the applicant was off of work, on total temporary disability, it was reported on June 11, 2014 despite ongoing usage of Lyrica. The applicant continued to report severe pain complaints, despite ongoing usage of Lyrica. The applicant continued to self-procure Opana for pain relief, it was suggested above, despite ongoing usage of Lyrica. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite ongoing usage of Lyrica and did not make compelling case for continuation of same. The applicant had apparently been using Lyrica for approximately two years as of the date of the request, June 11, 2014. Continuing the same, on balance, was not indicated, given the foregoing. Therefore, the request was not medically necessary.

Colace 100mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Colace (Docusate).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 3) Initiating Therapy Page(s): 77.

Decision rationale: Conversely, the request for Colace, a laxative/stool softener, was medically necessary, medically appropriate, and indicated here. As noted on page 77 of the MTUS Chronic Pain Medical Treatment Guidelines, prophylactic treatment of constipation should be initiated in applicants using opioids. Here, the applicant was, in fact, using a variety of opioids, including Suboxone, Opana, etc. The applicant was personally experiencing issues with constipation associated with the same. Continued usage of Colace, thus, was indicated here. Therefore, the request was medically necessary.

Consultation for Evidence of Medication abuse, 3 visits: 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): 79.

Decision rationale: Similarly, the request for a consultation for evidence of medication abuse-three visits-was medically necessary, medically appropriate, and indicated here. As noted MTUS Guideline in ACOEM Chapter 5, page 79, frequent follow-up visits are often warranted even though the applicant's conditions are not expected to change appreciably from visit to visit. Here, the applicant was apparently off of work. The applicant was having issues with substance abuse. The applicant was self procuring Opana off of the street, it was suggested on June 11, 2014. Obtaining three follow-up visits for medication abuse and/or medication management purposes was not unreasonable and was, thus, indicated. Therefore, the request was medically necessary.

Consultation for Depression and Evidence of medication abuse, 10 visits: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions. Decision based on Non-MTUS Citation Official Disability Guidelines (CBT) Cognitive Behavior Therapy, Psychotherapy Guidelines.

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

Decision rationale: Finally, the request for consultation for depression and medication abuse purposes-10 visits-was not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guidelines in ACOEM Chapter 15, page 405, the frequency of followup visits from mental health issues should be dictated by the severity of an applicant's symptoms. Here, it was not necessarily clear that the applicant would in fact require 10 consecutive office visits for depression and/or medication management purposes. Furthermore, the attending provider suggested that the applicant had been suicidal in the past, it was stated on the June 11, 2014 office visit in question. If, for instance, the applicant developed suicidal symptoms, the

applicant would likely require more than 10 office visits. Conversely, the applicant's depressive issues diminished in severity and/or scope, the applicant would likely require much less than 10 office visits. The request for 10 office visits, thus, ran counter to the philosophy espoused on page 405 of the ACOEM Practice Guidelines to base the frequency of office visits on the severity of an applicant's symptoms. Therefore, the request was not medically necessary.