

Case Number:	CM14-0189917		
Date Assigned:	11/21/2014	Date of Injury:	06/02/2008
Decision Date:	01/12/2015	UR Denial Date:	11/10/2014
Priority:	Standard	Application Received:	11/13/2014

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 neck pain reportedly associated with an industrial injury of June 2, 2008. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; adjuvant medications; opioid therapy; and earlier multilevel cervical spine surgery. In a Utilization Review Report dated November 10, 2014, the claims administrator partially approved a request for docusate sodium (Colace) and Norco, reportedly for weaning purposes. Venlafaxine (Effexor) was likewise partially approved, apparently for weaning purposes. The claims administrator suggested that its decision was based on an RFA form received on November 3, 2014. The applicant's attorney subsequently appealed. On the IMR application dated November 30, 2014, the applicant's attorney stated that he was appealing venlafaxine, hydrocodone-acetaminophen, and docusate sodium (Colace). In a July 11, 2014 progress note, the applicant reported persistent complaints of neck and hand pain, apparently worsening of late. The applicant was having difficulty performing activities of daily living such as swimming and gardening. The applicant had undergone earlier cervical fusion surgery in 2008. The applicant was still smoking, it was acknowledged. The applicant's medications included a ketamine-containing topical compounded cream, Effexor, Norco, Colace, Norflex, Protonix, and Xanax. The applicant had developed some issues with dysphagia following the cervical fusion surgery, it was noted. The applicant was asked to employ Norco at a heightened dose of three times daily owing to reportedly inadequate analgesia with Norco on a twice daily basis. The applicant was using Effexor for depressive symptoms, it was stated. The applicant did deny any suicidal thoughts, it was acknowledged. Multiple medications were refilled. The requesting provider noted that the applicant was not working with a permanent 5-pound lifting limitation in place. In an October 15, 2014 progress note, the applicant expressed concern that her

insurance adjuster had recently changed. Persistent complaints of neck pain radiating into the arms was appreciated with dysesthesias and paresthesias also evident. The applicant was still smoking. The applicant acknowledged that she was depressed but denied any suicidal intent. The applicant stated that the applicant was deriving appropriate analgesia with ongoing Norco usage, by a factor of 30% to 40%. The attending provider did not outline any functional benefit achieved as a result of ongoing Norco usage; however, it was incidentally noted. The applicant was precluded from her usual and customary work. A rather proscriptive 5-pound lifting limitation was endorsed. The attending provider stated that venlafaxine was being continued to help with the applicant's mood and neuropathic pain. Ultimately, multiple medications, including Norco, Effexor, a ketamine containing topical compound, Colace, and Protonix were renewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Docusate sodium 100 mg #60 with 3 refills: Overturned

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

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

Decision rationale: As noted on page 77 of the MTUS Chronic Pain Medical Treatment Guidelines, the prophylactic initiation of treatment for constipation is recommended in applicants in whom treatment with opioids has been initiated. Here, the applicant was/is using Norco, an opioid agent. Concurrent provision with docusate sodium (Colace), a laxative/stool softener, is indicated to combat any issues with opioid-induced constipation which might arise here. Therefore, the request was medically necessary.

Hydrocodone/BIT/APAP 5/325 mg #90: 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 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. A rather proscriptive permanent 5-pound lifting limitation remains in place, unchanged, from visit to visit, effectively resulting in the applicant's removal from the workplace, the attending provider has acknowledged. While the attending provider did state that the applicant's scores were reduced by 30% to 40% with ongoing medication consumption, including ongoing Norco usage, this is, however, outweighed by the

applicant's failure to return to work and the attending provider's failure to outline any meaningful or material improvements in function achieved as a result of ongoing hydrocodone-acetaminophen usage. Therefore, the request was not medically necessary.

Venlafaxine HCL ER 75mg tab #90: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 15, page 402, antidepressants such as Effexor (venlafaxine) may be helpful in alleviating symptoms of depression, as were/are present here. The attending provider did note, albeit at times incompletely, that the applicant had ongoing issues with depression and anxiety, which had, to some extent, been attenuated following introduction of venlafaxine (Effexor). The attending provider did suggest that some of the applicant's depressive symptoms had been diminished following introduction of venlafaxine (Effexor). For instance, the applicant apparently denied any active suicidal intention or suicidal ideation following introduction of the same. Continuing the same, on balance, was, thus, indicated. Accordingly, the request was medically necessary.