

<b>Case Number:</b>	CM14-0200900		
<b>Date Assigned:</b>	12/11/2014	<b>Date of Injury:</b>	01/10/2002
<b>Decision Date:</b>	01/30/2015	<b>UR Denial Date:</b>	11/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/01/2014

### 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] beneficiary who has filed a claim for chronic low back and arm pain reportedly associated with an industrial injury of January 10, 2002. In a Utilization Review Report dated November 6, 2014, the claims administrator denied a request for Norco, denied a request for tramadol, denied 12 sessions of manipulative therapy, approved one prescription for diclofenac, and denied a second prescription for diclofenac. The claims administrator referenced an October 22, 2014 progress note in its denial. The applicant's attorney subsequently appealed. On December 9, 2014, the applicant stated that he was feeling mentally stable. The applicant stated that his mood was fair and that he was more motivated than previously. The applicant's medication list included Effexor, Desyrel, and Neurontin. The applicant's complete medication list included insulin, tramadol, Protonix, Norco, benazepril, Zocor, Norvasc, hydrochlorothiazide, and diclofenac. The applicant was given a primary mental health diagnosis of major depressive disorder (MDD) with resultant Global Assessment of Functioning (GAF) 65. Multiple medications were renewed, including Effexor, Desyrel, and Neurontin. It was stated that the applicant's motivation was improved. Cognitive behavioral therapy was sought. The applicant was described as off of work on disability, however. In a progress note dated November 24, 2014, the applicant reported ongoing complaints of neck pain with paresthesias about the bilateral arms. Cold weather was worsening the applicant's complaints, it was acknowledged. Hyposensorium was noted about the right arm. The applicant was pending MRI imaging of the cervical spine. The applicant was not working. The applicant was given renewal with rather proscriptive limitations to eschew bending, twisting, climbing stairs, climbing hills, negotiating inclines, or squatting. Norco, tramadol, Protonix, Nalfon, Flexeril, and Neurontin were endorsed. It was stated that Protonix was being employed to treat upset stomach. It appeared (but was not clearly stated) that the medications in question

did represent renewals. Lumbar MRI imaging was also sought. On October 22, 2014, the applicant reported persistent complaints of neck and low back pain status post earlier lumbar and cervical fusion surgeries. The applicant reported highly variable 6-10/10 pain complaints. The applicant was not working and receiving Social Security Disability Insurance (SSDI) in addition to Workers' Compensation indemnity benefits. The applicant stated that his roommate has been helping him perform basic chores at times. The applicant posited that his pain complaints were heightened as a result of prolonged sitting, prolonged standing, and/or prolonged walking. The applicant had issues with depression and insomnia for which he was using Effexor and Desyrel. Multiple medications were renewed. It was again stated that Protonix was being employed to treat upset stomach associated with taking medications. There was no clear discussion of medication efficacy insofar as Protonix or other agents were concerned. On October 21, 2014, the applicant reported 8-9/10 daily, frequent neck pain, back pain, and headaches. The applicant was status post lumbar and cervical fusion surgeries. The attending provider stated that the applicant's daily activities were limited and that the applicant was using Norco at least twice daily. The applicant was off of work, on total temporary disability, and had not worked since 2002, it was acknowledged. The attending provider stated that the applicant was trying to walk and do some exercise but did not quantify how frequently the applicant was performing exercises. Imaging studies of the cervical spine were endorsed.

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

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

**Norco 10/325mg #60 x 2:** 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 the same. Here, the applicant is off of work. The applicant is receiving Workers' Compensation indemnity benefits and Social Security Disability Insurance (SSDI) benefits. The applicant has not worked since 2002. Comments made by several treating providers, referenced above, including on October 21, 2014, October 22, 2014, and November 24, 2014, taken together, suggests that the applicant is having difficulty performing activities as basic as bending, twisting, negotiating stairs, squatting, sleeping, doing household chores, sitting, standing, walking, etc., despite ongoing Norco usage. The attending provider has failed to outline any meaningful, consistent improvements in function achieved as a result of ongoing Norco usage. Therefore, the request was not medically necessary.

**Tramadol ER 100mg #30:** 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 the same. Here, the applicant is off of work. The applicant has not worked since 2002. The applicant is having difficulty performing activities of daily living as basic as household chores, kneeling, bending, squatting, sitting, standing, etc., it was suggested on several progress notes interspersed throughout late 2014, referenced above. The attending provider has failed to outline any meaningful, consistent, or substantive improvements in function achieved as a result of ongoing opioid therapy, including ongoing tramadol usage. Therefore, the request was not medically necessary.

**Chiropractic therapy x 12:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 59-60.

**Decision rationale:** While pages 59 and 60 of the MTUS Chronic Pain Medical Treatment Guidelines do support up to 24 sessions of chiropractic manipulative therapy in applicants who demonstrate treatment success by achieving and/or maintaining successful return to work status, in this case, however, the applicant is off of work. The applicant is receiving both Workers' Compensation indemnity and Social Security Disability Insurance benefits. The applicant has not worked since 2002. Additional manipulative therapy does not, thus, appear to be indicated in the clinical and vocational context present here. Therefore, the request was not medically necessary.

**Diclofenac 100mg #30 x 2:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory Medications; Functional Restoration Approach to Chronic Pain Management Page(s).

**Decision rationale:** While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that anti-inflammatory medications such as diclofenac do represent the traditional first line of treatment for various conditions, including the chronic low back pain

reportedly present here, this recommendation, however, is 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 medication efficacy achieved as a result of ongoing medication consumption. Here, the attending provider has no clearly outlined how (or if) ongoing usage of diclofenac has proven beneficial here. The applicant is off of work. The applicant has not worked since 2002. Ongoing usage of diclofenac has failed to curtail the applicant's dependence on opioid agents such as Norco and tramadol. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing usage of diclofenac. Therefore, the request was not medically necessary.