

<b>Case Number:</b>	CM14-0204079		
<b>Date Assigned:</b>	12/16/2014	<b>Date of Injury:</b>	10/24/1996
<b>Decision Date:</b>	02/11/2015	<b>UR Denial Date:</b>	11/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/05/2014

### 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, mid back, shoulder, and elbow pain with derivative complaints of psychological distress and fibromyalgia reportedly associated with an industrial injury of October 24, 1996. In a Utilization Review Report dated November 26, 2014, the claims administrator approved electrodiagnostic testing of the bilateral upper extremities, approved six sessions of acupuncture, partially approved tramadol, denied Voltaren, denied Lyrica, denied Lunesta, denied home health care for performance of household chores on an indefinite basis. The claims administrator referenced an RFA form received on November 12, 2014 in its determination. The applicant's attorney subsequently appealed. On October 22, 2014, the applicant reported persistent complaints of neck, low back, bilateral upper extremity, and right ankle pain complaints. The applicant was attending the gym two to three times a week. The applicant was performing pool exercises and using the Jacuzzi and sauna. The applicant had derivative complaints of fibromyalgia, it was further noted. The applicant was using Ultram for pain relief. Extracorporeal shock wave therapy, manipulative therapy, and home health services for performance of household chores on an indefinite basis were sought. The applicant was not working, it was acknowledged. Multiple medications, including Ultram, Voltaren, Lyrica, and Lunesta were all renewed. The applicant did have derivative psychological issues. The applicant was nevertheless asked to remain off of work. The attending provider stated that the applicant's pain scores ranged from 4/10 with medications versus 6-7/10 without medications. The attending provider's progress note comprised almost entirely of preprinted checkboxes, with little to no narrative commentary. The attending provider stated that the applicant's ability to sleep had ameliorated as a result of ongoing medication consumption. Again, the note comprised almost entirely of preprinted checkboxes. In a September 12, 2014 progress note, the applicant

was again placed off of work, on total temporary disability, with multifocal complaints of neck, low back, shoulder, and bilateral elbow pain. Home exercises, electrical muscle stimulator device, and home care assistance for the performance of household chores were sought, the latter on an indefinite basis. The applicant was using Ambien, Voltaren, and Lyrica, it was noted. Multiple medications were refilled. Manipulative therapy was sought while the applicant was kept off of work. The attending provider again stated, through preprinted checkboxes, that the applicant's pain scores were reduced from 7-8/10 without medications to 4-5/10 with medications and that the applicant's ability to sleep and perform exercise has been also ameliorated. This was not elaborated or expounded upon, however.

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

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

**Ultram 50mg #120:** 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, however, the applicant was/is off of work. The applicant remains off of work, on total temporary disability, despite ongoing usage of Ultram (tramadol). While the attending provider contended that the applicant's ability to sleep had been ameliorated as a result of ongoing medication consumption, this was neither elaborated nor expounded upon. While the attending provider did identify some reduction in pain scores achieved as a result of ongoing medication consumption, these are, however, outweighed by the applicant's failure to return to work and the attending provider's failure to outline any meaningful improvements in function achieved as a result of ongoing medication usage. Therefore, the request was not medically necessary.

**Voltaren 100mg #30:** Upheld

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

**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 Voltaren do represent the traditional first line of treatment for various chronic pain conditions, including the chronic pain syndrome and 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 into his choice of recommendations. Here, however, the applicant was/is off of work, on total temporary disability. The applicant remains dependent on opioid agents such as Ultram (tramadol) and non-opioid adjuvant medications such as Lyrica. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing usage of Lyrica. While the attending provider did report some reduction in pain scores as a result of ongoing medication usage, these appear negligible, at times variable, and are outweighed by the applicant's failure to return to work and the attending provider's failure to identify any meaningful improvements in function achieved as a result of ongoing medication consumption. Therefore, the request was not medically necessary.

**Lyrica 75mg #60: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pregabalin Functional Restoration Approach to Chronic Pain Management Page(s): 99; 7.

**Decision rationale:** While page 99 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that anticonvulsant medications such as Lyrica do represent a first-line treatment for neuropathic pain, 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 medication efficacy into his choice of recommendations. Here, however, the applicant was/is off of work, on total temporary disability. Ongoing usage of Lyrica has failed to curtail the applicant's dependence on opioid agents such as Ultram. Ongoing usage of Lyrica has failed to ameliorate the applicant's work status from visit to visit as the applicant has been kept off of work for large portions of the claim. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f. Therefore, the request was not medically necessary.

**Lunesta 3mg: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness and Stress

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management Page(s): 7. Decision based on Non-MTUS Citation ODG Mental Illness and Stress Chapter, Eszopiclone topic.

**Decision rationale:** While the MTUS does not address the topic, page 7 of the MTUS Chronic Pain Medical Treatment Guidelines does stipulate that an attending provider incorporate some discussion of applicant-specific variables such as "other medications" into his choice of

pharmacotherapy. Here, the attending provider concurrently furnished the applicant with prescriptions for two separate sleep aids, Lunesta and Ambien. No compelling applicant-specific rationale for such usage was proffered, particularly in light of the fact that ODG's Mental Illness and Stress Chapter, Eszopiclone topic notes that Lunesta is "not recommended" for long-term use purposes. Here, the applicant has been using Lunesta for what appears to be a minimum of several months. Such usage is incompatible with the unfavorable ODG position on the same and also incompatible with the attending provider's concurrently prescribing the applicant with Ambien. Therefore, the request is not medically necessary.

**1 Home health care for household chores, on an indefinite basis: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medicare Benefits Manual, Chapter 7-Home Health Services

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Home Health Services Page(s): 51.

**Decision rationale:** As noted on page 51 of the MTUS Chronic Pain Medical Treatment Guidelines, home health services are intended only for the purposes of delivering otherwise recommended medical treatment for applicants who are homebound. Here, there was/is no evidence that the applicant is in fact homebound. Furthermore, page 51 of the MTUS Chronic Pain Medical Treatment Guidelines also stipulates that medical treatment does not include homemaker services such as the assistance with household chores seemingly being sought here. Therefore, the request was not medically necessary.