MAXIMUS Federal Services

Case Number:	CM15-0137370		
Date Assigned:	07/27/2015	Date of Injury:	03/19/2005
Decision Date:	09/21/2015	UR Denial Date:	06/18/2015
Priority:	Standard	Application Received:	07/15/2015

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 54-year-old who has filed a claim for chronic neck and elbow pain reportedly associated with an industrial injury of March 19, 2005. In a Utilization Review report dated June 18, 2015, the claims administrator failed to approve requests for Neurontin, Effexor, Remeron, and Duragesic. The claims administrator referenced a progress note dated May 18, 2015 and an RFA form dated June 15, 2015 in its determination. The applicant's attorney subsequently appealed. On May 18, 2015, the applicant reported ongoing complaints of neck and upper extremity pain. The applicant was working with a new employer and was tolerating the same well. The applicant was working on a part-time basis at a rate of four hours a day, it was reported. On 8-9/10 pain complaints without medications versus 2-3/10 pain with medications was reported. The attending provider posited that the applicant's ability to perform home exercises and household chores had been ameliorated as a result of ongoing medication consumption. The applicant's medications included Remeron, Neurontin, Duragesic, Effexor, Claritin, and Excedrin, it was reported. It was suggested that the applicant was using Remeron at night. Remeron, Duragesic, Effexor, and Neurontin were all renewed. The applicant's permanent work restrictions were likewise renewed. The applicant was asked to employ a splint for carpal tunnel syndrome. It was not seemingly stated whether Remeron was being employed for sedative effect, antidepressant effect, or chronic pain purposes. It was suggested that Effexor was being employed for depressive symptoms. There was no discussion of the applicant's mood, however. On April 9, 2015, the attending provider again stated that the applicant was working on a part-time basis, in largely a secondary role. 8-9/10 pain without medications versus 2-3/10

with medications was reported. The applicant was working on a part-time basis, it was reiterated. The applicant had issues with anxiety, it was acknowledged in the review of systems section of the note. The applicant was again described as using Remeron at nighttime. It was not stated whether Remeron was being employed for antidepressant effect, for sedative effect, or for chronic pain purposes. The applicant was also using Neurontin, Effexor, Duragesic, Claritin, and Excedrin, it was reported. The attending provider's discussion of medication efficacy insofar as Effexor was concerned was minimal, although the attending provider stated that the applicant denied suicidal thoughts in the psychiatric review of systems section of the note. The applicant was described as cooperative and apparently exhibited appropriate mood and affect in the clinic setting.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 600mg #60 (ms), take 1 tablet at bedtime, QTY: 60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 18-19.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin) Page(s): 49.

Decision rationale: Yes, the request for gabapentin, an anticonvulsant adjuvant medication, was medically necessary, medically appropriate, and indicated here. As noted on page 49 of the MTUS Chronic Pain Medical Treatment Guidelines, gabapentin is considered a first-line treatment for neuropathic pain; as was present here in the form of the applicant's cervical radiculopathy and/or superimposed carpal tunnel syndrome. The attending provider did state on several occasions that ongoing use of gabapentin had attenuated the applicant's pain complaints from 8-9/10 without medications to 2-3/10 with medications. The attending provider posited that ongoing usage of gabapentin or other medications had ameliorated the applicant's ability to perform home exercises and perform household chores. The applicant had returned to part-time work at a rate of four hours a day, it was reported on May 18, 2015. Continuing the same, on balance, was indicated. Therefore, the request is medically necessary.

Fentanyl 25mcg per hour patch, 1 patch every 72 hours for pain, QTY: 10: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics; Opioids, specific drug list, Fentanyl transdermal Page(s): 93, 111.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): 80.

Decision rationale: Similarly, the request for fentanyl (Duragesic), a long-acting opioid, was medically necessary, medically appropriate, and indicated here. 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 had returned to and/or maintained part-time work status as a result of ongoing medication consumption, the treating provider reported on May 18, 2015. The applicant was working on a part-time basis at a rate of four hours a day it was stated on that occasion. The applicant's pain scores were appropriately reduced from 8-9/10 without medications to 2-3/10 with medications, the treating provider reported. The applicant was able to perform home exercises and perform household cleaning activities, the treating provider contended. All of the foregoing, taken together, suggested that ongoing usage of fentanyl (Duragesic) was in fact effective here. Therefore, the request is medically necessary.

Mirtazapine 15mg, QTY: 30 (ms), take 1 tablet at bedtime: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13-14. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47.

Decision rationale: Conversely, the request for mirtazapine (Remeron), an atypical antidepressant, was not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 3, page 47, it is incumbent upon a prescribing provider to incorporate some discussion of efficacy of medication for the particular condition for which it has been prescribed into his choice of recommendations so as to ensure proper usage and so as to manage expectations. Here, however, progress notes of May 18, 2015 and April 9, 2015 did not explicitly state whether or not mirtazapine (Remeron) was being employed for sedative effect, for antidepressant effect, or for chronic pain purposes. While the attending provider stated in the prescription instruction section of his note that Remeron was being employed at nighttime, it was never made clear whether Remeron was in fact being employed for sedative effect, antidepressant effect, or for some other purpose. Therefore, the request is not medically necessary.

Venlafaxine HCL ER 37.5mg, 2 tablets twice a day, QTY: 120: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Serotonin norepinephrine reuptake inhibitors (SNRIs).

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

Decision rationale: Finally, the request for Venlafaxine (Effexor), an atypical antidepressant, was medically necessary, medically appropriate, and indicated here. As noted in the MTUS Guideline in ACOEM Chapter 15, page 402, antidepressants such as Effexor may be helpful in alleviating symptoms of depression. Here, the attending provider's progress note of May 18, 2015 and April 9, 2015 did state that Venlafaxine (Effexor) was being employed for antidepressant effect. While the attending provider's documentation did not seemingly include

much discussion of the applicant's mental health issues, the attending provider did state on May 18, 2015 that the applicant exhibited appropriate mood and affect. The attending provider noted that the applicant was working on a part-time basis, at a rate of four hours a day. The attending provider reported on April 9, 2015 that the applicant denied suicidal thoughts and also exhibited an appropriate mood and affect. All of the foregoing, taken together, did suggest that the applicant was deriving appropriate improvements in mood and function with ongoing Effexor usage in terms of the functional improvement parameters established in MTUS 9792.20e. Continuing the same, on balance, was indicated. Therefore, the request is medically necessary.