

Case Number:	CM15-0193736		
Date Assigned:	10/07/2015	Date of Injury:	03/29/1999
Decision Date:	11/24/2015	UR Denial Date:	09/30/2015
Priority:	Standard	Application Received:	10/02/2015

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 63-year-old who has filed a claim for chronic shoulder pain reportedly associated with an industrial injury of March 29, 1999. In a Utilization Review report dated September 30, 2015, the claims administrator failed to approve requests for Methadone, Klonopin, and Seroquel. The claims administrator referenced an office visit dated September 17, 2015 in its determination. The applicant's attorney subsequently appealed. On a September 29, 2015 appeal letter, the attending provider stated that Klonopin was being employed for anxiolytic effect, while Lyrica was being employed for neuropathic pain. The attending provider also appealed previously denied methadone, stating that the applicant's pain complaints were reduced to 6/10 with medication consumption as opposed to 9/10 without medications. The attending provider contended that the applicant was able to do "functionally more" with his medications as opposed to without his medications. The applicant's work status was not, however, outlined on said appeal letter. On July 13, 2015, the applicant reported ongoing complaints of shoulder pain, 6-8/10. The applicant was unable to do any activities at or below the shoulder level, despite ongoing usage of opioids, the treating provider reported. The applicant had undergone an earlier failed shoulder surgery, it was reported. The applicant was "currently disabled," the treating provider reported. No seeming discussion of medication efficacy transpired. On September 17, 2015, the applicant reported 9/10 pain without medications versus 6/10 with medications. The treating provider contended that the applicant's medications were beneficial but did not elaborate further. The applicant's medications included Seroquel, Klonopin, Lyrica, and methadone. It was stated that the applicant was using Seroquel at bedtime. Toward the bottom of the note, it was

stated that Seroquel was being employed for mood and sleep purposes. No seeming discussion of medication efficacy transpired insofar as Seroquel was concerned. The applicant was asked to continue employing Klonopin on a daily basis for anxiolytic effect. Lyrica and methadone were likewise renewed and/or continued. The applicant was reportedly using methadone at a rate of 4 tablets daily, it was reported. The attending provider stated that the applicant was able to care for his son and perform other unspecified household chores to include unspecified cleaning duties in unspecified amounts as a result of ongoing medication consumption. A rather proscriptive 5-pound lifting limitation was renewed, along with Klonopin, Seroquel, Lyrica, and methadone.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methadone 10mg SIG take 1 4 times a day #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

Decision rationale: No, the request for methadone, an opioid agent, was not medically necessary, medically appropriate, or 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, however, the applicant was not working and had been deemed "currently disabled," it was reported on July 13, 2015. The applicant was unable to do any activities at or above the shoulder level, it was reported. Pain complaints in the 7-8/10 range were reported on that date. While the treating provider reported on September 17, 2015 that the applicant's pain scores reduced from 9/10 without medications to 6/10 with medications, these reports were, however, outweighed by the applicant's seeming failure to return to work and the attending provider's failure to outline meaningful, material, and/or substantive improvements in function (if any) effected as a result of ongoing methadone usage. The attending provider commentary to the effect that the applicant's ability to perform unspecified household chores as a result of ongoing medication consumption did not constitute evidence of a substantive benefit achieved as a result of ongoing Norco usage and was, as noted previously, outweighed by the applicant's seeming failure to return to work here. Therefore, the request was not medically necessary.

Seroquel 100mg table take 1 at bedtime #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness & Stress, Antipsychotics.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Stress-Related Conditions 2004, Section(s): Treatment. Decision based on Non-MTUS Citation Food and Drug Administration.

Decision rationale: Similarly, the request for Seroquel, an atypical antipsychotic, was not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 15, page 402 does acknowledge that continuing with an established course of antipsychotic is important, this recommendation is, however, qualified by commentary made in the MTUS Guideline in ACOEM Chapter 3, page 47 to the effect that an attending provider should incorporate some discussion of efficacy of medication for the particular condition for which it had been prescribed into his choice of recommendations so as to ensure proper use and so as to manage expectations. Here, the attending provider's progress note of September 17, 2015 did not clearly establish for what diagnosis and/or purpose Seroquel was being employed. While the attending provider stated in one section of the note that the applicant was using Seroquel for mood and sleep purposes, the attending provider did not clearly state whether or not ongoing usage of Seroquel was beneficial in terms ameliorating the same. The applicant's failure to return to work and continued dependence on anxiolytic and/or sedative agents such as Klonopin, however, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite ongoing usage of the same. Pages 7 and 8 of the MTUS Chronic Pain Medical Treatment Guidelines further stipulate that an attending provider using a drug for non-FDA labeled purposes has the responsibility to be well-informed regarding usage of the same. While the Food and Drug Administration (FDA) notes that Seroquel, an atypical antipsychotic, is indicated in the treatment of schizophrenia, manic episodes associated with bipolar disorder, acute treatment of depressive episodes associated with bipolar disorder, and/or in the maintenance treatment of bipolar disorder as an adjunct to lithium or valproic, here, again, there was no mention of the applicant's carrying diagnosis of schizophrenia, mania, bipolar disorder, etc., on the September 17, 2015 office visit at issue. Continued usage of Seroquel, thus, amounted to usage of Seroquel for a non-FDA labeled purpose. Therefore, the request was not medically necessary.

Klonopin 0.5mg table take 1 by mouth daily as needed #20: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines.

MAXIMUS guideline: Decision based on MTUS Stress-Related Conditions 2004, Section(s): Treatment.

Decision rationale: Finally, the request for Klonopin, a Benzodiazepine anxiolytic, was likewise not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 15, page 402 acknowledges that anxiolytics such as Klonopin may be appropriate for brief periods, in cases of overwhelming symptoms, here, however, the renewal request for Klonopin represented treatment in excess of the short-term role for which anxiolytics are espoused, per the MTUS Guideline in ACOEM Chapter 15, page 402. Therefore, the request was not medically necessary.