MAXIMUS Federal Services

Case Number:	CM15-0204287		
Date Assigned:	10/21/2015	Date of Injury:	12/29/2005
Decision Date:	12/08/2015	UR Denial Date:	09/25/2015
Priority:	Standard	Application Received:	10/19/2015

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 represented [redacted] beneficiary who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of December 29, 2005. In a Utilization Review report dated September 25, 2015, the claims administrator failed to approve requests for Norco, Duragesic, and Lexapro. The claims administrator referenced a September 9, 2015 office visit in its determination. On a handwritten progress note dated September 22, 2015, difficult to follow, not entirely legible, the applicant reported ongoing issues of chronic low back pain. An epidural steroid injection was sought. The applicant was given refills of Norco, Lexapro, and Duragesic. Preprinted checkboxes were employed. The applicant's pain complaints were continued and scored 8/10, the treating provider acknowledged. Little seeming discussion of medication efficacy transpired. The attending provider stated that substance abuse counseling and/or counseling on addition was performed, although there was no mention of the applicant's personally misusing illicit substances. It was not clearly established whether Lexapro was being employed for anti-depressant effect or for chronic pain purposes. On August 11, 2015, the applicant reported ongoing issues with chronic low back pain status post earlier failed lumbar spine surgery. The applicant had developed depression and anxiety, the treating provider reported. Permanent work restrictions were renewed. It did not appear the applicant was working with said limitations in place, although this was not explicitly stated. The applicant's medication list included Norco, Duragesic, Lexapro, Prilosec, and Tegaderm, it was reported. The applicant was in moderate distress, the treating provider reported on this date. On June 16, 2015, the attending provider stated that the applicant's medications were reducing his pain from

8/10 without medications versus 6/10 with medications. The attending provider contended that the applicant's ability to perform personal hygiene and household chores in unspecified amounts had been ameliorated as a result of ongoing medication consumption.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #80: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain, Weaning of Medications.

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

Decision rationale: No, the request for Norco, a short-acting opioid, 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, the applicant's work status was not clearly reported on multiple dates of service, referenced above, suggesting that the applicant was not working following imposition of permanent work restrictions. Progress notes of September 22, 2015, August 11, 2015, and June 16, 2015 suggest that (but did not clearly state) the applicant was not, in fact, working following imposition of permanent work restrictions. The handwritten September 22, 2015 office visit at issue failed to outline quantifiable decrements in pain or meaningful, material improvements if function (if any) effected as a result of ongoing Norco usage. 8/10 pain complaints were reported on September 22, 2015. While the attending provider reported some low-grade reduction in pain scores from 8/10 without medications to 6/10 with medications on June 16, 2015, these reports were, however, outweighed by the applicant's seeming failure to return to work, the failure of the treating provider to clearly recount the applicant's work status, and the attending provider's failure to identify meaningful, material, and substantive improvements in function (if any) effected as a result of the ongoing Norco usage. The attending provider's commentary to the effect that the applicant's ability to perform personal hygiene and hospital chores in unspecified amounts as a result of ongoing medication consumption on June 16, 2015 did not constitute evidence of 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 is not medically necessary.

Duragesic patch 25mcg #10: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Weaning of Medications, Opioids for chronic pain.

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

Decision rationale: Similarly, the request for Duragesic, a long-acting opioid, was likewise 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's work status was not clearly reported on multiple dates of service, referenced above, including on June 16, 2015, August 11, 2015, and September 22, 2015, suggesting the claimant was not, in fact, working following the imposition of permanent work restrictions. Pain complaints as high as 8/10 were reported on a handwritten note dated September 22, 2015. The attending provider failed to outline meaningful, material, and/or substantive improvements in function effected as a result of ongoing opioid usage on that date. Said September 22, 2015 office visit failed to outline quantifiable decrements in pain or meaningful, material improvement in function (if any) effected as a result of ongoing Duragesic usage. Therefore, the request was not medically necessary.

Lexapro 10mg #60 with 2 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Finally, the request for Lexapro, an SSRI anti-depressant, was likewise not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 15, page 402 acknowledged that it often takes weeks for anti-depressants such as Lexapro to exert their maximal effect, here, however, the applicant had been using Lexapro for a minimum of several months. The handwritten September 22, 2015 progress note failed to outline meaningful improvements in mood and/or function affected as a result of ongoing Lexapro usage. An earlier note date August 11, 2015 likewise failed to outline significant improvements in psychological function (if any) effected as a result of Lexapro usage on that date. While an earlier note dated June 16, 2015 stated that the Lexapro was helping the applicant's depressive symptoms, this was neither elaborated nor expounded upon. The attending provider failed to outline evidence of functional improvement as defined in MTUS 9792.20e from a mental health perspective insofar as ongoing usage of Lexapro was concerned. Therefore, the request was not medically necessary.