

Case Number:	CM15-0029060		
Date Assigned:	02/23/2015	Date of Injury:	10/24/2002
Decision Date:	04/02/2015	UR Denial Date:	02/03/2015
Priority:	Standard	Application Received:	02/17/2015

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 [REDACTED] beneficiary who has filed a claim for chronic pain syndrome and chronic low back pain reportedly associated with an industrial injury of October 24, 2002. In a Utilization Review Report dated February 3, 2015, the claims administrator denied requests for Saphris, methadone, and Neurontin. A January 6, 2015 progress note was referenced in the determination. The applicant's attorney subsequently appealed. On October 13, 2014, the applicant reported ongoing complaints of low back pain status post earlier failed laminectomy-fusion surgery in 2009. The applicant's medications included Norco, Skelaxin, Lidoderm, Neurontin, and Voltaren gel. The attending provider stated that he would not pursue further surgical intervention involving the lumbar spine. On September 11, 2014, the applicant was given refills of Lidoderm, Skelaxin, oxycodone, and Neurontin. On October 24, 2014 and November 21, 2014, the applicant was again given multiple medication refills, again without much in the way of explicit discussion of medication efficacy. In a Medical-legal Evaluation dated January 7, 2015, the medical-legal evaluator acknowledged that the applicant was off of work, on total temporary disability. On March 3, 2015, the applicant reported ongoing complaints of neck, hip, and low back pain. The applicant's medications included Linzess, sublingual Saphris, Neurontin, baclofen, methadone, Lidoderm, and Restoril. Toradol injection was endorsed while multiple medications were renewed. The applicant was using methadone at a rate of six times daily, it was stated. In a January 7, 2015 Medical-legal Evaluation, the medical-legal evaluator did allude to a psychiatric progress note of April 4, 2013 suggesting that the applicant had issues with psychosis versus schizophrenia with associated Global Assessment

of Functioning (GAF) 55. The applicant was given Saphris and Restoril at that point in time. The medical-legal evaluator also incorporated a mental health progress note of March 20, 2013 stating that the applicant was in fact using Saphris for issues with paranoid type schizophrenia. It was stated that the applicant's psychotic symptoms had worsened in the context of the applicant's social isolation. It was suggested that the applicant continue Saphris, an antipsychotic medication. The applicant was apparently in the process of moving and was asked to find a psychiatrist with whom to follow up with.

IMR ISSUES, DECISIONS AND RATIONALES

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

Saphris tab sublingual 5mg 1 tab BID #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47;402.

Decision rationale: No, the request for Saphris, 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 ACOEM Chapter 3, page 47 to the effect that an attending provider should incorporate some discussion of efficacy of medications for the particular condition for which it is being prescribed. Here, the applicant was apparently given Saphris for issues with schizophrenia and/or psychosis by his former treating provider, a California-based psychiatrist. The applicant's former psychiatrist noted, however, that the applicant symptoms of psychosis and schizophrenia had apparently worsened over time in the context of the applicant's social isolation and failure to return to work. The applicant's current treating provider, an Arizona-based family practitioner, has not, however, incorporated any discussion of medication efficacy insofar as Saphris is concerned into his progress notes of early 2015 and/or late 2014. The applicant's current treating provider has not stated whether or not ongoing usage of Saphris has or has not curtailed the applicant's symptoms of psychosis, schizophrenia, etc. Continuing Saphris without any evidence of medication efficacy or stabilization of the applicant's psychotic symptoms is not indicated, per ACOEM. Therefore, the request was not medically necessary.

Methadone HCL tab 10mg 1 tab PO 6 Tabs daily #120: Upheld

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

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

Decision rationale: Similarly, the request for methadone, an opioid agent, 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 for opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as result of the same. Here, however, the applicant was/is off of work, on total temporary disability, despite ongoing usage of methadone. A February 26, 2015 progress note failed to outline any quantifiable decrements in pain or material improvements in function affected as result of ongoing methadone consumption. Multiple other progress notes, including progress of November 21, 2014 and January 19, 2015 likewise failed to outline any quantifiable decrements in pain or material improvements in function effected as a result of ongoing methadone consumption (if any). Therefore, the request was not medically necessary.

Gabapentin 600mg 1 cap PO TID #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
SPECIFIC ANTI-EPILEPSY DRUGS:Gabapentin (Neurontin, GabaroneTM, generic available)
Page(s): 19.

Decision rationale: Finally, the request for gabapentin, an anticonvulsant adjuvant medication, was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 19 of the MTUS Chronic Pain Medical Treatment Guidelines, applicants using gabapentin should be asked at each visit as to whether there have been improvements in pain and/or function affected as result of the same. Here, however, the applicant was/is off of work, on total temporary disability, despite ongoing usage of gabapentin. Ongoing usage of gabapentin has failed to curtail the applicant's dependence on opioids agents such as methadone or non-opioid agents such as baclofen. The attending provider failed to outline any quantifiable decrements in pain or material improvements in function affected as result ongoing gabapentin usage (if any). All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing usage of gabapentin. Therefore, the request was not medically necessary.