MAXIMUS Federal Services

Case Number:	CM14-0115096		
Date Assigned:	08/04/2014	Date of Injury:	02/14/2012
Decision Date:	10/30/2014	UR Denial Date:	06/13/2014
Priority:	Standard	Application Received:	07/22/2014

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 pain, back pain; left upper extremity pain, elbow pain, and neck pain reportedly associated with an industrial injury of February 14, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; unspecified amounts of physical therapy; topical agents; a TENS unit; and reported return to work as of late 2013. In a Utilization Review Report dated June 25, 2014, the claims administrator failed to approve request for Nucynta and Seroquel. Non-MTUS ODG Guidelines were invoked, despite the fact that the MTUS addressed the topic at hand. In a December 13, 2013 progress note, the applicant presented with chronic neck, back, shoulder, and upper extremity pain, but the applicant had reportedly been back to full duty work for about six weeks. The applicant was given refills of Ketamine cream, Naprosyn, and Tramadol. The applicant was diabetic, it was acknowledged, and was using Metformin for the same. In a June 16, 2014 progress note, the applicant reported 9/10 pain. The applicant had to miss two days of work secondary to pain. The applicant then stated that her pain was gradually improving. 12 sessions of physical therapy were sought. The applicant's medication list included ketamine, tramadol, Nucynta, Seroquel, Voltaren cream, Norflex, a muscle rub, and metformin. The applicant was apparently placed off of work for two days and then asked to return to regular duty work. A psychological consultation and regular duty work were sought. It was not clearly stated for what purpose Seroquel (quetiapine) was being employed. On June 5, 2014, the applicant presented with chronic neck and upper extremity pain. The applicant stated that she is having depression symptoms secondary to chronic pain. The applicant is using a TENS unit. The applicant acknowledged that she was working fully duty, although she did have to call in sick periodically. Multiple medications were refilled.On April 29, 2014, the applicant again described as working full duty as certified nursing assistant,

despite ongoing multifocal pain complaints. The applicant was apparently using a CPAP device and was diabetic, it is also noted. Seroquel was among the medications renewed.In a May 8, 2014 progress note, the applicant did report ongoing complaints of anxiety and depression. The applicant's mood and affect appeared normal, per the attending provider.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nucynta 50mg QTY 90: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines , When to Continue Opioids topic. 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, includes evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, the applicant has returned to and has maintained regular duty work status, which the attending provider has imputed to ongoing usage of opioids, including ongoing usage of Nucynta. The applicant's pain complaints have likewise been appropriately attenuated with ongoing usage of Nucynta, the attending provider has suggested on several occasions. Continuing the same, on balance, is indicated. Therefore, the request is medically necessary.

Quetiapine Fumarate-Seroquel 25mg QTY 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: Atypical antipsychotics

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment, Chapter 15 Stress Related Conditions Page(s): 47, 402.

Decision rationale: While the MTUS Guideline in ACOEM Chapter 15, page 402 does acknowledge that continuing with an established course of antipsychotics is important, this recommendation is qualified by commentary made on page 47 of the ACOEM Practice Guidelines to the effect that an attending provider should incorporate some discussion of medication efficacy into his choice of recommendations and state the "particular condition" for which the medication in question is being employed. In this case, the attending provider has not clearly stated for what purpose quetiapine (Seroquel) is being employed. It is not clearly stated whether Seroquel is being employed for psychosis, for sleep, for schizophrenia, for mania, for bipolar disorder, etc. While the Food and Drug Administration (FDA) notes that Seroquel can be employed for schizophrenia, manic episodes, depressive episodes, and/or as an adjunctive treatment for bipolar disorder, in this case, again, it was not clearly stated for what purpose Seroquel is being employed. It was not clearly stated whether Seroquel was effective or not in

terms of attenuating the applicant's depressive and/or anxiety symptoms. Therefore, the request is not medically necessary.