

Case Number:	CM14-0120727		
Date Assigned:	09/16/2014	Date of Injury:	10/28/2006
Decision Date:	10/27/2014	UR Denial Date:	07/08/2014
Priority:	Standard	Application Received:	07/31/2014

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 major depressive disorder, chronic low back pain, chronic neck pain, chronic knee pain, and chronic shoulder pain reportedly associated with an industrial injury of October 28, 2006. Thus far, the applicant has been treated with analgesic medications; opioid therapy; transfer of care to and from various providers in various specialties; unspecified amounts of physical therapy; earlier lumbar spine surgery; earlier knee arthroscopy; earlier shoulder arthroscopy; and adjuvant medications. In a Utilization Review Report dated July 8, 2014, the claims administrator retrospectively denied requests for Senna, Neurontin, Norco, and Cymbalta. The applicant's attorney subsequently appealed. In a November 5, 2013 progress note, the applicant presented with multifocal complaints of headaches, neck pain, shoulder pain, depression, sleep disturbance, knee pain, low back pain, and erectile dysfunction. The applicant was described as having failed to thrive. The applicant was using Norco, Sentra, Prilosec, Carafate, Meclizine, MiraLax, Cialis, Gaviscon, Ambien, Citrucel, Neurontin, Risperdal, Zoloft, Cymbalta, and Cogentin. It was stated that the applicant had been previously hospitalized for issues associated with depression, anxiety, and/or hallucinations. The applicant was described as using Vicodin/Norco six times a day. The applicant was often getting confused and doubling his dosage of Vicodin and Norco, it was noted. It was stated that the applicant was unable to bathe, dress, feed, or care for himself. Authorization was sought for a supervised detoxification program and a 24-hour home assistance. The applicant was described as "100% permanently disabled." On July 1, 2013, authorization was sought for several topical compounded creams and patches as well as consultations with numerous providers in numerous specialties. Multifocal 8-9/10 low back, neck, knee, and shoulder pain were reported. The applicant was placed off of work, on total temporary disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Senokot 8.6mg #120: Overturned

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 Initiating Therapy Page(s): 77.

Decision rationale: As noted on page 77 of the MTUS Chronic Pain Medical Treatment Guidelines, prophylactic initiation of treatment for constipation is indicated in applicants using opioids. In this case, the applicant is, in fact, using Norco, an opioid agent. Prophylactically providing the applicant with Senna, a laxative, is therefore indicated. Accordingly, the request was medically necessary.

Retrospective Neurontin (Gabapentin) 300mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin Page(s): 19.

Decision rationale: As noted on page 19 of the MTUS Chronic Pain Medical Treatment Guidelines, applicants using gabapentin (Neurontin) should be asked "at each visit" as to whether there have been improvements in pain and/or function with the same. In this case, however, the applicant is off of work. The attending provider has failed to outline any material improvements in pain or function achieved as a result of ongoing Gabapentin usage. The applicant continues to report pain levels at the 8-9/10 level or greater. Ongoing usage of gabapentin has failed to curtail the applicant's dependence on opioid agents such as Norco. All of the above, 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.

Retrospective Norco 10/325mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines- initiating therapy

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

Decision rationale: As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioids include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, however, the applicant is seemingly off of work. The applicant has been deemed "permanently disabled," one of his treating providers suggested. The applicant continues to report pain at the 8-9/10 level or greater. The attending provider has failed to outline any material improvements in function achieved as a result of ongoing Norco usage. The applicant remains highly dependent on family members to perform even basic activities of daily living. All of the above, taken together, does not make a compelling case for continuation of the same. Therefore, the request was not medically necessary.

Retrospective Cymbalta 60mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-depressants.

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

Decision rationale: While the MTUS Guideline in ACOEM Chapter 15, page 402 does acknowledge that it often takes "weeks" for antidepressants to exert their maximal effect, in this case, however, the applicant has been on Cymbalta, an atypical antidepressant, for what appears to be a span of several months to several years. There has been no clear demonstration of any improvements in mood or function achieved as a result of ongoing Cymbalta usage. The applicant remains depressed. The applicant remains confused. The applicant continues to report various and sundry mental health symptoms. The applicant has failed to return to work. All of the above, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing usage of Cymbalta. Therefore, the request was not medically necessary.