

<b>Case Number:</b>	CM14-0134553		
<b>Date Assigned:</b>	09/03/2014	<b>Date of Injury:</b>	04/11/2008
<b>Decision Date:</b>	11/10/2014	<b>UR Denial Date:</b>	08/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/20/2014

### 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 pain syndrome reportedly associated with an industrial injury of April 11, 2008. Thus far, the applicant has been treated with the following: Analgesic medications; earlier lumbar laminectomy surgery; opioid therapy; and unspecified amounts of physical therapy. In a Utilization Review Report dated August 11, 2014, the claims administrator failed to approve request for a trigger point injection, fentanyl patches, Norco, Colace, Relafen, Celexa, and lactulose. The claims administrator stated that the MTUS does not endorse antidepressants for chronic pain in its rationale, it is incidentally noted. The applicant's attorney subsequently appealed. In a February 5, 2014 progress note, the applicant reported 4-5/10 pain on average, 10/10 without medications, and 3/10 with medications. The applicant stated that electrical stimulator was effective. The applicant stated that she would be unable to do self-care and would be bed confined without her medications. The applicant was using Norco, Colace, Duragesic, Celexa, Lactulose, Relafen, and Tegaderm, it was acknowledged. Multiple medications were refilled. Salonpas patches were also sought. It was stated that the applicant was appealing previously denied trigger point injections. The applicant was apparently permanent and stationary. The applicant's work status was not clearly stated, although it did not appear that the applicant was working with permanent limitations in place. It was not clearly stated whether Celexa was being employed for depressive symptoms or for pain issues. The applicant was, however, described as having persistent complaints of low back pain radiating into left leg and persistent complaints of neck pain radiating into left arm.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TRIGGER POINT INJECTION XI: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Trigger Point Injections topic. Page(s): page 122.

**Decision rationale:** As noted on page 122 of the MTUS Chronic Pain Medical Treatment Guidelines, trigger point injections are "not recommended" for radicular pain complaints, as appeared to be present here. The applicant's primary pain generator appears to be low back pain radiating into the left leg status post earlier lumbar laminectomy surgery. The applicant also has ancillary complaints of neck pain radiating into the arm. Trigger point injections are not indicated in the context of the cervical and lumbar radiculopathy reportedly present here. Therefore, the request is not medically necessary.

**FENTANYL PATCHES 50MCG: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**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 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 does not appear to be working with permanent limitations in place. While the attending provider has reported some reduction in pain levels through ongoing opioid therapy, the attending provider has failed to outline any meaningful improvements in function achieved as a result of the same. The applicant's commentary to the fact that she would be unable to get up out of bed and/or would be bedridden without her medications does not constitute a meaningful improvement in function with the same and is seemingly outweighed by the applicant's failure to return to work. Therefore, the request is not medically necessary.

**NORCO 10/325MG: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS.

**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 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. While the applicant has reported some reduction in pain scores with ongoing opioid therapy, this is seemingly outweighed by the attending provider's failure to report any meaningful improvements in function achieved as a result of the same. The applicant's commentary to the fact that she would be bedridden without her medications and that the opioids in question are facilitating her ability to get up out of bed does not constitute meaningful improvement in function achieved as a result of ongoing opioid usage and is seemingly outweighed by the applicant's failure to return to work. Therefore, the request is not medically necessary.

**COLACE 250MG:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Initiating Therapy section. Page(s): 77,.

**Decision rationale:** As noted on page 77 of the MTUS Chronic Pain Medical Treatment Guidelines, prophylactic provision of treatment for constipation is indicated in applicants using opioids. In this case, the applicant is using both long and short-acting opioids. Prophylactically providing Colace, a stool softener/laxative, is indicated to combat any symptoms of constipation which might arise as a result of the same. Therefore, the request is medically necessary.

**RELAFEN 750MG:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory Medications topic. Page(s): page 22, 7.

**Decision rationale:** While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that anti-inflammatory medications such as Relafen do represent the traditional first line of treatment for various chronic pain conditions, including the chronic low back pain reportedly present here, this recommendation is qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. In this case, however, the applicant is seemingly off of work. Ongoing usage of Relafen has failed to curtail the applicant's dependence on opioid agents such as Norco and Duragesic. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing usage of the same. Therefore, the request is not medically necessary.

**CELEXA 20MG: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402, Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management section. Page(s): 7.

**Decision rationale:** While page 402 of the ACOEM Practice Guidelines does acknowledge that antidepressants such as Celexa "may be helpful" to alleviate symptoms of depression, in this case, however, the sole progress note provided failed to allude to any issues with depression for which selection and/or ongoing usage of Celexa would be indicated. It was not clearly stated whether or not the applicant was using Celexa for pain, depression, or some other purpose. As further noted on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines, an attending provider's choice of pharmacotherapy should be based on the type of pain to be treated and/or pain mechanism involved. In this case, again, it was not stated for what purpose Celexa was being employed here. Therefore, the request is not medically necessary.

**LACTULOSE (1) ONE BOTTLE: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Initiating Therapy section. 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 opioid. In this case, the applicant is, in fact, using multiple opioid agents. Prophylactically providing a laxative agent, lactulose, is indicated to combat any issues with opioid-induced constipation which might arise. Therefore, the request is medically necessary.