MAXIMUS Federal Services

Case Number:	CM14-0166068		
Date Assigned:	10/13/2014	Date of Injury:	01/22/2001
Decision Date:	11/13/2014	UR Denial Date:	09/03/2014
Priority:	Standard	Application Received:	10/08/2014

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 and hypertension reportedly associated with an industrial injury of January 22, 2001.Thus far, the applicant has been treated with the following: Analgesic medications; earlier lumbar laminectomy surgery; opioid therapy; blood pressure lowering medications; unspecified amounts of physical therapy; earlier cervical fusion surgery; and transfer of care to and from various providers in various specialties.In a Utilization Review Report dated September 3, 2014, the claims administrator denied a request for methadone, partially approved a request for Duragesic, and denied a request for Bystolic.The applicant's attorney subsequently appealed.In a progress note dated September 9, 2013, the applicant reported persistent complaints of low back and neck pain, 7/10 with medications versus 10/10 without medications. The applicant was given refills of Duragesic, methadone, Neurontin, Amitiza, Docuprene, and Fioricet. The applicant was off of work and receiving Social Security Disability Insurance (SSDI) benefits in addition to Worker's Compensation indemnity benefits, it was acknowledged. The applicant reportedly had a past medical history notable for hypertension; however, the applicant's blood pressure was not measured on this office visit.In an August 26, 2013 appeal letter, authorization was sought for an H-Wave device.On June 22, 2012, the applicant was again described as reporting 7/10 pain with medications versus 10/10 pain without medications. The applicant had a spinal cord stimulator implantation, it was acknowledged. The applicant was off of work.On January 27, 2014, the applicant was described as using six tablets of methadone 10 mg daily. The applicant was also using Neurontin for neuropathic pain. It was stated that the applicant's ability to perform household chores and housework was improved with medication consumption. The applicant was using Fioricet for migraines several times a week. The applicant was given refills of fentanyl, methadone,

Amitiza, and Neurontin. It was then stated in another section of the report that the applicant had "chronic intractable pain." The applicant was given refills of fentanyl, methadone, Neurontin, Amitiza, and Fioricet.On February 24, 2014, the applicant was again described as having chronic intractable pain despite usage of methadone six times daily. It was stated that the applicant should try Subsys in lieu of methadone for breakthrough pain. The attending provider posited that the applicant was able to walk 15 minutes a day with ongoing medication consumption.On June 16, 2014, the applicant was again given refills of fentanyl, methadone, Neurontin, Amitiza, and Fioricet. It was stated that the applicant now felt that indwelling spinal cord stimulator wires were bothering him a lot. The applicant was given a refill of Sprix for breakthrough pain. The applicant was off of work, receiving Social Security Disability Insurance (SSDI) benefits. It was again stated that the applicant's ability to walk 15 minutes daily was improved with ongoing medication consumption. 7/10 pain was appreciated, with medications.In an August 25, 2014 progress note, the applicant was described as using methadone, Duragesic, Fioricet, Neurontin, Sprix, and Toradol nasal spray. Bystolic was added for reported hypertension, despite the fact that the attending provider did not measure the applicant's blood pressure on this date. It was stated that the applicant was having difficulty performing activities of daily living as basic as doing dishes and laundry and was only able to walk up to 6 to 7 minutes daily.In an earlier note dated July 15, 2014, the applicant's blood pressure was in the normal to near normal range, 122/86.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methadone 10mg #270: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Methadone, Opioids for Chronic 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 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 off of work. The applicant is receiving both Workers' Compensation indemnity and Social Security Disability Insurance (SSDI) benefits. 7/10 pain is noted despite ongoing medication usage. The attending provider's commentary to the effect that the applicant is able to walk up to 15 minutes daily with medications and is able to perform household chores does not constitute meaningful benefit achieved as a result of the same and is outweighed by the applicant's failure to return to work. Therefore, the request is not medically necessary.

Durgesic 75mcg #45: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Duragesic (Fentanyl Transdermal System).

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 off of work. The applicant is receiving both Workers' Compensation indemnity and Social Security Disability Insurance (SSDI) benefits. The attending provider failed to outline any meaningful improvements in function achieved as a result of ongoing opioid usage. The applicant's self-report of reduction in pain scores from 10/10 without medications to 7/10 with medications does not appear to represent a significant decrement in pain scores and is, furthermore, outweighed by the applicant's failure to return to work and difficulty performing activities of daily living as basic as doing dishes and laundry. Therefore, the request is not medically necessary.

Duragesic 100mcg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Duragesic (Fentanyl Transdermal System).

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 off of work. The applicant is receiving both Worker's Compensation indemnity and Social Security Disability Insurance (SSDI) benefits. The applicant is having difficulty performing household chores as basic as doing dishes and laundry, despite ongoing opioid usage, including ongoing Duragesic usage. All of the foregoing, taken together, does not make a compelling case for continuation of the same. Therefore, the request is not medically necessary.

Bystolic 5mg #42: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Clinical Practice Guidelines on Arterial Hypertension, 2007 update, Vitoria-Gasteiz: Basque Health System-Osakidetza; 2008 135 p.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 7. Decision based on Non-MTUS Citation Label (PDF) - Food and Drug Administration www.accessdata.fda.gov/drugsatfda.../labe...

Decision rationale: While the MTUS does not specifically address the topic of Bystolic usage, page 7 of the Chronic Pain Medical Treatment Guidelines does stipulate that an attending

provider should tailor medications and dosages to the specific applicant. Bystolic, per the Food and Drug Administration (FDA), is a blood pressure lowering agent indicated in the treatment of hypertension. In this case, however, the attending provider did not clearly state or establish how the diagnosis of hypertension had been arrived upon. The applicant's blood pressure was in the near normal range on July 15, 2014, some one month before Bystolic was prescribed. The attending provider, furthermore, seemingly prescribed Bystolic without measuring the applicant's blood pressure on the date in question. Therefore, the request is not medically necessary.