

Case Number:	CM14-0142718		
Date Assigned:	09/12/2014	Date of Injury:	12/05/2007
Decision Date:	03/26/2015	UR Denial Date:	08/21/2014
Priority:	Standard	Application Received:	09/03/2014

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. 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, Ohio, 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 51-year-old represented [REDACTED] employee who has filed a claim for chronic neck and low back pain reportedly associated with an industrial injury of December 5, 2007. Thus far, the applicant has been treated with the following: Analgesic medications; earlier lumbar spine surgery; opioid therapy; topical agents; sleep aids; unspecified amounts of physical therapy; and transfer of care to and from various providers in various specialties. In a Utilization Review Report dated August 21, 2014, the claims administrator failed to approve requests for OxyContin, Neurontin, Lunesta, Celebrex, and Percocet. The applicant's attorney subsequently appealed. In a progress note dated July 3, 2014, the applicant reported ongoing complaints of low back pain. The applicant stated that his pain complaints were more tolerable with his current medication regimen. The applicant was status post multiple lumbar spine surgeries and had received multiple epidural steroid injections, the treating provider acknowledged. The note was somewhat difficult to follow and mingled historical issues with current complaints. The applicant did report left lower extremity paresthesias on review of systems. 5/5 lower extremity strength and dysesthesias were noted about the left leg on exam. The applicant was asked to continue OxyContin, Neurontin, Lunesta, Celebrex, Percocet, and baclofen. The applicant was asked to discontinue Cymbalta. A topical compounded ketamine-lidocaine containing compound was endorsed. A repeat epidural steroid injection was also sought. Additional physical therapy was endorsed. The applicant was placed off of work, on total temporary disability. The applicant was having difficulty performing lifting tasks. The attending provider posited that the applicant was able to get up out of bed with his

medications and suggested that the applicant would have difficulty getting up out of bed without his medications. In a progress note dated January 21, 2014, the applicant was placed off of work, on total temporary disability, owing to ongoing complaints of neck and low back pain. Multiple medications were renewed on that occasion, including Lunesta, Plavix, Percocet, baclofen, Duragesic, and Neurontin. Additional physical therapy was also proposed at that point.

IMR ISSUES, DECISIONS AND RATIONALES

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

OxyContin 20 mg # 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): Chronic Pain Medical Treatment Guidelines 8 C.C.R. 97.

Decision rationale: 1. No, the request for OxyContin, a long-acting opioid, was 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 of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant was/is off of work, on total temporary disability, despite ongoing usage of Celebrex. The attending provider's progress note failed to identify any meaningful, material, and/or significant improvements in function effected as a result of ongoing OxyContin usage. The applicant's commentary to the effect that he would be unable to get up out of bed without his medications does not, in and of itself, constitute evidence of a meaningful or material benefit derived as a result of the same. Therefore, the request was not medically necessary.

Neurontin 600 mg # 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines AED's.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin, GabaroneTM, generic available) Page(s): Chronic Pain Medical Treatment.

Decision rationale: 2. Similarly, the request for Neurontin (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 achieved as a result of the same. Here, however, the applicant was/is off of work, on total temporary disability, despite ongoing usage of Neurontin (gabapentin). The applicant continues to remain dependent on opioid agents such as OxyContin and Percocet. The attending provider's documentation failed to outline any meaningful or material improvements in

function achieved as a result of ongoing gabapentin usage. 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 was not medically necessary.

Lunesta: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Med Lett Drugs Ther. 2005 Feb 28, Eszopiclone (Lunesta)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Mental Illness & Stress

Decision rationale: 3. The request for Lunesta, a sleep aid, was not medically necessary, medically appropriate, or indicated here. The MTUS does not address the topic. However, ODG's Mental Illness and Stress Chapter Eszopiclone topic notes that eszopiclone or Lunesta is not recommended for long-term use purposes but, rather, should be reserved for short-term use purposes. Here, however, all evidence on file points to the applicant's using Lunesta on a chronic, long-term, and/or daily use purpose. Such usage, however, is incompatible with the short-term usage for which Lunesta is espoused, per ODG. Therefore, the request was not medically necessary.

Celebrex 200 mg # 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID's.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Page(s): Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.2.

Decision rationale: 4. Similarly, the request for Celebrex, a COX-2 inhibitor, was likewise not medically necessary, medically appropriate, or indicated here. While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that COX-2 inhibitors such as Celebrex can be considered if an applicant has a risk of GI complications, in this case, however, there was no mention of the applicant's having a history of or risk factors for GI complications on the July 3, 2014 progress note on which Celebrex was renewed. In fact, the applicant specifically denied issues with nausea in the gastrointestinal review of systems section of the July 3, 2014 progress note at issue. Therefore, the request was not medically necessary.

Percocet 10/325 mg # 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20;.

Decision rationale: 5. Finally, the request for Percocet, a short-acting opioid, was 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 of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant was/is off of work, on total temporary disability, despite ongoing Percocet usage. The July 3, 2014 progress note failed to outline any meaningful or material improvements in function effected as a result of the same. The applicant's comments to the fact that he would be unable to get up out of bed on a day-to-day basis without his medications does not, in and of itself, constitute evidence of meaningful or material benefit derived as a result of ongoing Percocet usage. Therefore, the request was not medically necessary.