

<b>Case Number:</b>	CM14-0211946		
<b>Date Assigned:</b>	01/02/2015	<b>Date of Injury:</b>	09/11/2002
<b>Decision Date:</b>	02/27/2015	<b>UR Denial Date:</b>	11/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/17/2014

### 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 represented [REDACTED] employee who has filed a claim for chronic neck pain, shoulder pain, upper back pain, and depression reportedly associated with an industrial injury of September 11, 2002. In a utilization review report dated November 17, 2014, the claims administrator approved a request for Zanaflex, denied Lidoderm patches, partially approved Remeron, partially approved Seroquel, approved Lyrica, and approved Norco. The claims administrator referenced a November 12, 2014 progress note in its determination. The applicant's attorney subsequently appealed. In a progress note dated September 10, 2014, the applicant reported ongoing complaints of shoulder, neck, low back, mid back, and elbow pain with associated muscle spasm. The applicant was to continue Norco, Lidoderm, Zanaflex, Lyrica, Remeron, and Seroquel. The applicant was not working with permanent limitations in place, the treating provider acknowledged. On May 21, 2014, the applicant reported 6.5 to 7.5/10 neck, upper back, and lower back pain. The applicant reported poor quality of sleep. The attending provider stated that the applicant's activity levels were unchanged. The applicant's medication list included Lidoderm, Norco, Zanaflex, Lyrica, Remeron, and Seroquel. It was stated that both Remeron and Seroquel were being employed for sedative effect purposes. The applicant was severely obese, with a BMI of 35. The applicant was not working with previously imposed permanent limitations, it was once again acknowledged. On July 16, 2014, the attending provider again stated that the applicant's quality of sleep was poor, the applicant's activity level was unchanged, and that the applicant presented with multifocal complaints of neck, mid back, and low back pain. The applicant was not working with permanent limitations

in place. The attending provider stated that the applicant's medications were helpful but did not elaborate further. Multiple medications were refilled.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Lidoderm 5% patch QTY: 180.00:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 56-57.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Lidocaine Section Page(s): 112.

**Decision rationale:** While page 112 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that topical lidocaine is indicated in the treatment of localized peripheral pain/neuropathic pain in applicants in whom there has been a trial of first-line therapy with antidepressants and/or anticonvulsants, in this case, however, the applicant's ongoing usage of Lyrica, an anticonvulsant adjuvant medication, effectively obviated the need for the Lidoderm patches at issue. Therefore, the request is not medically necessary.

**Remeron 15mg QTY: 180.00:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 9.

**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 seemingly had been using Remeron for a minimum of several months, for sedative effect. The attending provider has, however, failed to outline any material benefit achieved as a result of ongoing Remeron usage. The applicant was/is off work. The applicant was consistently described as having issues with poor and fragmented sleep, including in an office visit of July 16, 2014, April 17, 2013, March 26, 2014, etc. The attending provider has failed to incorporate any discussion of medication efficacy insofar as Remeron is concerned in any of the aforementioned progress notes, referenced above. The fact that the applicant remains off work, coupled with the fact that the applicant continues to report issues with deranged sleep, despite ongoing Remeron usage, suggests a lack of functional improvement as defined in MTUS 9792.20(f), despite ongoing usage of the same. Therefore, the request is not medically necessary.

**Seroquel 25mg QTY: 180.00:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation FDA

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

**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 request is, however, qualified by commentary made in ACOEM Chapter 3, page 47 to the effect that an attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. Here, the attending provider has suggested that Zocor is being employed for sedative effect. However, as with the request for Remeron, the attending provider has failed to outline any evidence that Seroquel has proven effective in ameliorating the applicant's issues with sleep. Multiple progress notes, referenced above, including progress notes of May 21, 2014, July 21, 2014, and March 26, 2014 all suggested that the applicant's sleep remained significantly deranged and that the applicant's quality of sleep remained poor, despite ongoing Seroquel usage. All of the above, taken together, did not make a compelling case for continuation of the same and suggested that ongoing usage of Seroquel was not, in fact, effective here. Therefore, the request is not medically necessary.