

Case Number:	CM14-0216358		
Date Assigned:	01/06/2015	Date of Injury:	11/02/1993
Decision Date:	03/06/2015	UR Denial Date:	12/08/2014
Priority:	Standard	Application Received:	12/23/2014

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 low back pain reportedly associated with an industrial injury of November 2, 1993. In a Utilization Review Report dated December 8, 2014, the claims administrator failed to improve request for Maxalt, ketoprofen containing compound, Zoloft, Lidoderm, and Lyrica. The claims administrator referenced progress notes of November 3, 2014 and December 2, 2014 in its determination. On November 3, 2014, the applicant reported ongoing complaints of neck pain, shoulder pain, and arm pain. The applicant was unable to lift articles weighing greater than 5 pounds, it was acknowledged. The attending provider stated that the applicant was limited in her ability to perform cooking, walking, laundry, dressing, showering, and bathing herself. The applicant could only perform basic household chores. The applicant was not currently working and was having issues with sleep. Highly variable 4-6/10 pain complaints were reported. The applicant was status post a cervical fusion surgery and status post left and right carpal tunnel release surgery. The applicant also received physical therapy, manipulative therapy, acupuncture, facet injections, a TENS unit, occipital nerve blocks, and epidural injections, it was noted. The applicant was using Avinza, Maxalt, a ketoprofen containing topical compound, Zoloft, Lidoderm, Motrin, and Lyrica, it was acknowledged. The applicant was given diagnoses of cervical disk degeneration, brachial neuritis, occipital neuralgia, shoulder capsulitis, depressive disorder, and drug dependence. The attending provider nevertheless posited that the applicant was somehow improving as a result of medications and went on to renew all of the same. Despite diagnosing the applicant with drug dependence/opioid dependence disorder, the

attending provider stated at the bottom of the report that the applicant was improving with medications and went on to renew each of the same. There was no mention of any issues with migraine headaches.

IMR ISSUES, DECISIONS AND RATIONALES

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

Maxalt 10MG #15: Upheld

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 Functional Restoration Approach to Chronic Pain Management section. Page(s): 7-8. Decision based on Non-MTUS Citation Food and Drug Administration (FDA), Maxalt Medication Guide.

Decision rationale: While the MTUS does not specifically address the topic of Maxalt, pages 7 and 8 of the MTUS Chronic Pain Medical Treatment Guidelines notes that an attending provider using a drug for non-FDA labeled purposes has the responsibility to be well informed regarding usage of the same and should, furthermore, furnish compelling evidence to support such usage. Here, the Food and Drug Administration (FDA) notes that Maxalt is indicated in the treatment of migraine headaches, with or without aura. The November 3, 2014 progress note, however, contained no mention of the applicant's having any issues with migraine headaches. Migraine headaches were not listed amongst the stated diagnoses. The attending provider did not describe issues with nausea, vomiting, photophobia, phonophobia, etc., which would characterize migraine headaches. Usage of Maxalt here, thus, amounts to non-FDA labeled purpose. The attending provider did not furnish any rationale which would support such usage. Therefore, the request was not medically necessary.

Ketoprofen/Lidocaine 50gm Cream (2 refills): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics topic. Page(s): 111-112.

Decision rationale: As noted on page 112 of the MTUS Chronic Pain Medical Treatment Guidelines, ketoprofen, the primary ingredient in the compound, is not recommended for topical compound formulation purposes. Since one more ingredients in the compound is not recommended, the entire compound is not recommended, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.

Zoloft 100mg #60 (5 refills): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Selective Serotonin Reuptake inhibitors (SSRIs) Page(s): 16.

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

Decision rationale: While page 402 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that antidepressant medications such as Zoloft often take weeks to exert their maximal affect, in this case, however, the request in question represents a six-month supply of Zoloft. The applicant had, furthermore, seemingly been using Zoloft for prior to the November 3, 2014 progress note at issue. The November 3, 2014 progress note at issue noted that the applicant had continued issues with depression and sleep disturbance. There was no mention of how (or if) ongoing usage of Zoloft had or had not proven beneficial in terms of attenuating the applicant's depressive symptoms and/or augmenting the applicant's mood. Therefore, the request was not medically necessary.

Lidoderm Patches 5% #30 (5 refills): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 127.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Lidocaine section, Functional Restoration Approach to Chronic Pain Management section..

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, this recommendation is, however, qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect an attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. Here, however, the attending provider failed to outline how (or if) ongoing usage of Lidoderm patches had or had not proven beneficial here. Permanent work restrictions remain in place as of the November 2014 office visit at issue. The applicant did not appear to be working with said permanent limitations in place. Ongoing usage of lidocaine patches had failed to curtail the applicant's dependence on opioid agents such as Avinza. The applicant continued to report difficulty performing activities of daily living as basic as gripping, grasping, lifting, sleeping, doing laundry, etc. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing usage of Lidoderm patches. Therefore, the request was not medically necessary.

Lyrica 75mg #90 (3 refills): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pregabalin topic, Functional Restoration Approach to Chronic Pain Management section. Page(s): 7.

Decision rationale: While page 99 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that pregabalin or Lyrica is recommended in the treatment of postherpetic neuralgia and/or diabetic neuropathic pain or, by analogy, the neuropathic pain reportedly present here, this recommendation is, however, 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. Here, however, the applicant was off of work as of the November 3, 2014 office visit at issue. The applicant was having difficulty performing activities of daily living as basic as lifting, cooking, pushing, pulling, walking, doing laundry, dressing herself, etc. Ongoing use of Lyrica had failed to curtail the applicant's dependence on opioid medications. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing usage of Lyrica. Therefore, the request was not medically necessary.