MAXIMUS Federal Services

Case Number:	CM15-0008090		
Date Assigned:	01/26/2015	Date of Injury:	03/29/2008
Decision Date:	03/18/2015	UR Denial Date:	01/09/2015
Priority:	Standard	Application Received:	01/13/2015

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 pain syndrome reportedly associated with an industrial injury of March 29, 2008. In a Utilization Review Report dated January 9, 2015, the claims administrator failed to approve request for Percocet, Lyrica, Elavil, and a multimodality transcutaneous electric therapy device. The claims administrator referenced various progress notes, including historical Utilization Review Reports of late 2014, along with progress note and RFA form of October 8, 2014 and October 13, 2014 in its determination. The applicant's attorney subsequently appealed. The applicant received physical therapy and manipulative therapy on November 24, 2014. Multifocal complaints of shoulder and knee pain were evident on that date. In a progress note dated November 12, 2014, the applicant reported ongoing complaints of shoulder and knee pain, exacerbated by weight bearing. 5/10 pain was evident. Ancillary complaints of low back pain radiating into bilateral legs were evident. The applicant was using a cane and also reported issues with an unsteady gait. The applicant was using Percocet, Lyrica, and Voltaren gel. The applicant was not driving, was dependent on her family to take her to and from office visits. The applicant had comorbidities including diabetes for which she was using metformin and glipizide. The attending provider stated in one section of the note that the applicant had failed Percocet but went on to renew the same at the bottom of the report. Permanent work restrictions were renewed. Elavil, Lyrica, physical therapy, and H-Wave device, a cane, and a topical compounded medication were endorsed, along with additional physical therapy. It did not appear that the applicant was working with previously imposed permanent limitations. The

attending provider stated that he was seeking authorization for trial of an H-Wave device. In an RFA form dated November 18, 2014, the applicant was given refills of Percocet, Lyrica, Elavil, Voltaren gel, and Valium.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 5/325mg #30: 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: No, 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 seemingly off of work, despite ongoing Percocet usage. The applicant continued to report complaints of severe pain on multiple office visits, referenced above, including on November 12, 2014, at which point the attending provider seemingly concluded that the applicant had failed previous usage of Percocet. The applicant was having difficulty performing activities of daily living as basic as standing, walking, and driving, it was further noted. All of the foregoing, taken together, did not make a compelling case for continuation of opioid therapy with Percocet. Therefore, the request was not medically necessary.

Lyrica 100mg #60, 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pregabalin topic; Functional Restoration Approach to Chronic Pain Management section. Page(s): 9.

Decision rationale: Similarly, the request for Lyrica, an anticonvulsant adjuvant medication was likewise not medically necessary, medically appropriate, or indicated here. While page 99 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that pregabalin or Lyrica is recommended in the treatment of diabetic neuropathic pain, postherpetic neuralgia, and, by analogy, the neuropathy (radicular) 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/is off of work, despite ongoing usage of Lyrica. Permanent work restrictions remained in place,

seemingly unchanged, despite ongoing Lyrica usage. Ongoing usage of Lyrica failed to curtail the applicant's dependence on opioid agents such as Percocet. The applicant continued to report difficulties performing activities of daily living as basic as standing and walking. 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.

VQ ortho stimulator unit (2-month trail): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential current stimulation (ICS).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Galvanic Stimulation topic; Neuromuscular Electrical Stimulation topic. Page(s): 117; 121. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Product Description, VQ OrthoCare Website.

Decision rationale: The request for a VQ ortho stimulator unit was likewise not medically necessary, medically appropriate, or indicated here. The ortho stimulator device, per the product description, is an amalgam of several different transcutaneous electric therapy modalities, including the following-high-voltage pulsed current stimulation (AKA galvanic stimulation), neuromuscular electrical stimulation, and interferential stimulation, and pulsed direct current stimulation. Several of these modalities, however, carry unfavorable recommendations in the MTUS Chronic Pain Medical Treatment Guidelines. For instance, page 117 of the MTUS Chronic Pain Medical Treatment Guidelines notes that galvanic stimulation (AKA high-volt pulsed current stimulation) is 'not recommended' in the chronic pain context present here and is deemed 'investigational' for all purposes. Similarly, page 121 of the MTUS Chronic Pain Medical Treatment Guidelines notes that neuromuscular electrical stimulation, another modality in the device, is likewise not recommended in the chronic pain context present here. Since multiple modalities in the device are not recommended, the entire device is not recommended. Therefore, the request was not medically necessary.

Elavil 10mg #30, 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-depressants.

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

Decision rationale: Finally, the request for Elavil (amitriptyline) was likewise not medically necessary, medically appropriate, or indicated here. While page 13 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that amitriptyline (Elavil) is recommended in the chronic pain context 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/is off of work, despite ongoing usage of amitriptyline (Elavil). Ongoing usage of amitriptyline (Elavil) has failed to ameliorate the applicant's ability to perform activities of daily living as basic as standing and walking, nor has ongoing usage of Elavil (amitriptyline) curbed the applicant's dependence on opioid agents such as Percocet. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing usage of Elavil (amitriptyline). Therefore, the request was not medically necessary.