

Case Number:	CM15-0013309		
Date Assigned:	01/30/2015	Date of Injury:	08/26/2009
Decision Date:	06/10/2015	UR Denial Date:	01/07/2015
Priority:	Standard	Application Received:	01/22/2015

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, New York, 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, chronic neck pain, and major depressive disorder (MDD) reportedly associated with an industrial injury of August 26, 2009. In a Utilization Review Report dated January 7, 2015, the claims administrator failed to approve requests for Oxycodone, Morphine, Cymbalta, Klonopin, Xanax, and Valium. The claims administrator referenced a January 5, 2015 progress note in its determination. The claims administrator contended that the applicant had failed to profit from earlier medication consumption. An outpatient podiatry consultation was also apparently denied, it was incidentally noted. The applicant's attorney subsequently appealed. In the IMR application, the applicant's attorney stated that all of the medications were being appealed, along with the podiatry consultation. In a January 7, 2015 progress note, the applicant was given diagnoses of reflux sympathetic dystrophy, chronic pain syndrome, chronic neck pain, major depressive disorder. The note was quite sparse. The applicant's work status was not clearly outlined. In a progress note dated January 5, 2015, the applicant reported ongoing complaints of low back and ankle pain. The applicant was placed off of work, on total temporary disability. The applicant was status post failed lumbar spine surgery, it was acknowledged. The attending provider stated that the applicant was potentially a candidate for surgery involving the ankle. The applicant's medication list prior to the encounter included morphine, Cymbalta, Oxycodone, Klonopin, Valium, and Xanax, it was acknowledged. A podiatry referral, medication refills, and lumbar MRI imaging were endorsed while the applicant was kept off of work, on total temporary disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone 30mg #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): 80.

Decision rationale: No, the request for Oxycodone, 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 placed off of work, on total temporary disability, on the January 5, 2015 progress note on which Oxycodone was renewed. The attending provider's progress note was sparse, thinly developed, and contained no mention of any quantifiable decrements in pain or material improvements in function achieved as a result of ongoing Oxycodone usage (if any). Therefore, the request was not medically necessary.

MS Contin 100mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): 80.

Decision rationale: Similarly, the request for MS Contin, a long-acting opioid, was likewise 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 morphine usage. The attending provider's January 5, 2015 progress note was thinly and sparsely developed, contained little-to-no narrative commentary, and failed to outline any meaningful or material improvements in function or quantifiable decrements in pain achieved as a result of ongoing MS Contin usage (if any). Therefore, the request is not medically necessary.

Cymbalta 20mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressant.

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

Decision rationale: Similarly, the request for Cymbalta, an SNRI antidepressant, was likewise not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 15, page 402 does acknowledge that it often takes 'weeks' for antidepressants such as Cymbalta to exert their maximal effect, in this case, however, the applicant had been using Cymbalta, an SNRI antidepressant, for a minimum of several months on or around the date of the January 5, 2015 progress note on which it was renewed. The attending provider failed to outline any meaningful or material improvements in mood or function affected as a result of ongoing Cymbalta usage (if any) on that date. The fact that the applicant remained off of work, on total temporary disability, however, suggests that lack of functional improvement as defined in MTUS 9792.20f, despite ongoing usage of Cymbalta. Therefore, the request was not medically necessary.

Clonazepam 2mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines.

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

Decision rationale: Similarly, the request for Clonazepam (Klonopin), a benzodiazepine anxiolytic, was likewise not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 15, page 402 does acknowledge that anxiolytics such as clonazepam (Klonopin) may be appropriate for 'brief periods' in cases of overwhelming symptoms, in this case, however, the 60-tablet supply of Klonopin at issue represents chronic, long-term, and scheduled usage. Such usage, however, runs counter to the short-term usage of anxiolytics espoused by ACOEM. It is further noted that the attending provider did not furnish any compelling applicant-specific rationale which would support concurrent usage of three separate anxiolytic medications, clonazepam, Xanax, and Valium. Therefore, the request was not medically necessary.

Xanax 0.5mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines.

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 anxiolytics such as Xanax may be appropriate for "brief periods" in cases of overwhelming symptoms, in this case, however, the 60-tablet supply of Xanax at issue represents chronic, long-term, and daily usage. Such usage, however, is incompatible with the short-term role for which anxiolytics are espoused, per ACOEM. It is further noted that, as with

the preceding request, the attending provider failed to outline any clear or compelling basis for concurrent usage of three separate anxiolytic medications, clonazepam, Xanax, and Valium. Therefore, the request was not medically necessary.

Valium 10mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines.

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

Decision rationale: The request for Valium, another anxiolytic medication, was likewise not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 15, page 402, anxiolytics such as Valium may be appropriate for "brief periods." Here, however, the 90-tablet supply of Valium at issue implies chronic, long-term, and thrice-daily usage. Such usage, however, runs counter to the short-term role for which anxiolytics are espoused, per ACOEM Chapter 15, page 402. It is further noted that the attending provider has failed to outline any clear or compelling basis for concurrent usage of three separate anxiolytic medications, Klonopin, Xanax, and Valium. Therefore, the request was not medically necessary.

Podiatry consultation: Overturned

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 Page(s): 1.

Decision rationale: As noted on page 1 of the MTUS Chronic Pain Medical Treatment Guidelines, the presence of persistent complaints which prove recalcitrant to conservative management should lead the primary treating provider to reconsider the operating diagnosis and determine whether a specialist evaluation is necessary. Here, the applicant was/is off of work, on total temporary disability. Ongoing complaints of foot and ankle pain were evident on or around the January 5, 2015 office visit in which the podiatry consultation was proposed. The attending provider has suggested that the applicant was potentially considering surgical intervention involving the foot and/or ankle. Obtaining the added expertise of a foot and ankle specialist (AKA podiatrist) to determine the applicant's suitability for surgical intervention involving the foot and ankle was, thus, indicated. Therefore, the request was medically necessary.