

Case Number:	CM15-0128416		
Date Assigned:	07/15/2015	Date of Injury:	06/16/2006
Decision Date:	08/25/2015	UR Denial Date:	06/15/2015
Priority:	Standard	Application Received:	07/03/2015

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] beneficiary who has filed a claim for chronic pain syndrome reportedly associated with an industrial injury of June 16, 2006. In a Utilization Review report dated June 15, 2015, the claims administrator failed to approve requests for Duragesic, oxycodone, Cymbalta, and Lyrica. The claims administrator referenced a May 27, 2015 progress note in its determination. On said May 27, 2015 progress note, the applicant reported severe ankle and foot pain. The applicant was using a cane to move about. The applicant was not working and receiving Social Security Disability Insurance (SSDI) benefits in addition Workers Compensation indemnity benefits, it was reported. The attending provider stated that the applicant could not function without her pain medications. An adverse pain score of 8/10 was reported, at best 4/10 without medications versus 10/10 without medications. The applicant was given diagnoses of chronic ankle pain, history of ankle ORIF surgery, complex regional pain syndrome of the lower extremity, neurogenic claudications of the right lower extremity, generalized anxiety disorder, major depressive disorder, constipation associated with opioid use, and neuropathic pain about the right lower extremity. The applicant was asked to continue current medications while seemingly remaining off of work. The attending provider maintained that the applicant's medications were beneficial in various sections of the note. On April 27, 2015, the attending provider again stated that the applicant could not function without taking at least six oxycodone daily in addition to the Duragesic patches. The applicant was receiving Social Security Disability Insurance (SSDI) benefits in addition to Workers' Compensation indemnity benefits, it was reported. The applicant was starting to use a cane in lieu of a walker to move about, it was reported. The attending provider again stated that the applicant's medications were keeping the applicant functional but did not elaborate further.

IMR ISSUES, DECISIONS AND RATIONALES

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

Duragesic 75 mcg Qty 15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Fentanyl; Opioids Page(s): 47; 78, 93.

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

Decision rationale: No, the request for Duragesic, a long-acting opioid, is 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 off of work, it was reported on multiple progress notes of mid-2015, referenced above. The applicant was having difficulty standing and walking and was apparently still using a cane and, at times, a walker to move about, the treating provider acknowledged. While the treating provider did report that the applicant was deriving appropriate functional benefit from ongoing medication consumption, this was neither elaborated nor expounded upon and was, furthermore, outweighed by the applicant's failure to return to work, the applicant's receipt of both Workers' Compensation indemnity benefits and Social Security Disability Insurance (SSDI) benefits, and the applicant's continued difficulty performing activities of daily living as basic as standing and walking without the aid of a cane or walker. Therefore, the request is not medically necessary.

Oxycodone 30 mg Qty 180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

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

Decision rationale: Similarly, the request for oxycodone, a short-acting opioid, is 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 off of work and receiving both Workers Compensation indemnity benefits and Social Security Disability Insurance (SSDI) benefits, the treating provider reported on multiple office visits of mid-2015, referenced above. While the attending provider did recount some reported reduction in pain scores effected as a result of ongoing medication consumption, these reports were, however,

outweighed by the applicant's failure to return to work and the attending provider's failure to outline meaningful, material, or substantive improvements in function (if any) effective as a result of ongoing oxycodone usage. The attending provider's commentary to the effect that the applicant was having difficulty performing activities of daily living as basic as standing and walking without the aid of a cane or walker, coupled with the applicant's failure to return to work, did not make a compelling case for continuation of opioid therapy with oxycodone. Therefore, the request is not medically necessary.

Cymbalta 60 mg Qty 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 15.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Duloxetine (Cymbalta) Page(s): 15.

Decision rationale: Similarly, the request for Cymbalta, an antidepressant adjuvant medication, is likewise not medically necessary, medically appropriate, or indicated here. While page 15 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that duloxetine (Cymbalta) can be employed off label for neuropathic pain, as was seemingly present here in the form of the applicant's right lower extremity pain complaints attributed to complex regional pain syndrome (CRPS), 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 efficacy of medication into his choice of recommendations. Here, however, the applicant remained off of work, despite ongoing Cymbalta usage. The applicant was receiving Workers Compensation benefits and Social Security Disability Insurance (SSDI) benefits, it was reported on May 27, 2015. The applicant was having difficulty performing activities of daily living as basic as standing and walking. The applicant was using a cane to move about; it was noted on that date. Ongoing usage of Cymbalta failed to curtail the applicant's dependence on opioid agents such as Duragesic and oxycodone. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite ongoing usage of Cymbalta. Therefore, the request is not medically necessary.

Lyrica 200 mg Qty 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti epilepsy drugs (AEDs) Page(s): 16-20.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pregabalin (Lyrica) Page(s): 99.

Decision rationale: Finally, the request for Lyrica (pregabalin) is 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 FDA approved in the treatment of diabetic neuropathy and postherpetic neuralgia and, by analogy, the neuropathic pain reportedly present here, this recommendation is likewise 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 "efficacy of medication" into his choice of recommendations. Here, ongoing usage of Lyrica did not appear to have proven particularly profitable. The applicant remained off of work, despite ongoing Lyrica usage; it was reported on May 27, 2015. The applicant was using a cane and walker to move about at that point in time. The applicant was receiving Social Security Disability Insurance (SSDI) benefits; it was reported on that date. Ongoing usage of Lyrica failed to curtail the applicant's dependence on opioid agents such as oxycodone and Duragesic. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite ongoing usage of Lyrica. Therefore, the request is not medically necessary.