

Case Number:	CM15-0090570		
Date Assigned:	05/14/2015	Date of Injury:	12/13/1990
Decision Date:	06/18/2015	UR Denial Date:	04/20/2015
Priority:	Standard	Application Received:	05/11/2015

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 61-year-old who has filed a claim for chronic low back pain (LBP), neck pain, headaches, and wrist pain reportedly associated with an industrial injury of December 30, 1990. In a Utilization Review report dated April 20, 2015, the claims administrator failed to approve requests for buspirone, oxycodone, and Neurontin. The claims administrator referenced an RFA form received on April 14, 2015 and an associated progress note of March 26, 2015 in its determination. On April 9, 2015, the applicant reported ongoing complaints of low back pain radiating to left leg. Ancillary complaints of neck pain were reported. 3-8/10 pain with medications versus 8-10/10 pain without medications was reported. The applicant noted that squatting, kneeling, climbing stairs, and walking provoked pain in one section of the note. In another section of the note, the applicant stated that all activities provoked and/or induced heightened pain complaints. The applicant's medications included BuSpar, oxycodone, Neurontin, and Wellbutrin, it was reported. The applicant did have a past medical history notable for hypertension and migraine headaches. The applicant's BMI was 20, it was reported. Multiple medications were renewed. The applicant's work status was not clearly outlined. It was suggested that fibromyalgia was the primary pain generator. It was not clearly established for what purpose buspirone was being employed. In a progress note dated March 26, 2015, the applicant again reported multifocal complaints of neck, low back, and shoulder pain, 8-10/10 without medications versus 3-8/10 with medications. Numbness and tingling about the left leg were noted. The applicant stated that "everything" exacerbated her pain complaints. In another section of the note, it was stated that activities of daily living including squatting,

kneeling, negotiating stairs, and walking remained problematic. The applicant was having difficulty sleeping secondary to pain, it was reported. The attending provider stated at the bottom of the report that Neurontin, oxycodone, and buspirone were all being employed for fibromyalgia. Toward the top of the report, it was stated that the applicant was permanent and stationary. It was not clearly established whether the applicant was or was not working with said permanent limitations in place, although this did not appear to be the case. psychiatric Medical-legal Evaluation dated April 18, 2008 suggested that the applicant had issues with fibromyalgia, fatigue, malaise, and depression. The applicant was apparently expecting Social Security Disability Insurance (SSDI). The medical-legal evaluator reported that the applicant was "over 100% disabled" because of the high levels of psychiatric disability. It was stated that the applicant was significantly isolated with the exception of her mother and her counselor.

IMR ISSUES, DECISIONS AND RATIONALES

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

Buspirone HCL 15mg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC Pain Procedure Summary last updated 04/06/2015, online version.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402; 47.

Decision rationale: No, the request for buspirone (BuSpar), an anxiolytic medication, was not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 15, page 402 does acknowledge that anxiolytics such as buspirone may be appropriate for "brief periods," in cases of overwhelming symptoms, here, however, the request in question was framed as a renewal or extension request for buspirone. Such usage, however, is incompatible with the short-term role for which anxiolytics are espoused, per ACOEM Chapter 15, page 402. The MTUS Guideline in ACOEM Chapter 3, page 47 also stipulates that an attending provider should incorporate some discussion of efficacy of medication for the particular condition for which it has been prescribed in order to ensure proper use. Here, however, such discussion was, quite clearly, lacking, as the attending provider did not clearly indicate whether BuSpar was being employed for anxiolytic effect, for issues with fibromyalgia, or some combination of the two. The attending provider's documentation likewise did not incorporate any mention whether or not buspirone was or was not effective for whatever role it was being employed. Therefore, the request was not medically necessary.

Oxycodone HCL 15mg: 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 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 off of work as of the date of the request. The applicant had been deemed permanently disabled, it was suggested by a psychiatric medical-legal evaluator on April 18, 2008, who opined that the applicant was "over 100% disabled" owing to her combination of mental health and chronic pain issues. While the attending provider's progress notes of March 26, 2015 and April 9, 2015 did suggest that the applicant had reported a low-grade reduction in pain scores from 8/10 without medications to 3- 8/10 with medications, these reports were, however, outweighed by the applicant's failure to return to work and the attending provider's commentary to the effect that the applicant was still having difficulty performing activities of daily living as basic as squatting, kneeling, climbing stairs, and walking, despite ongoing oxycodone usage. All of the foregoing, taken together, did not make a compelling case for continuation of opioid therapy with oxycodone. Therefore, the request is not medically necessary.

Neurontin 300mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin, Gabarone™, generic available) Page(s): 19.

Decision rationale: Finally, the request for Neurontin (gabapentin), an anticonvulsant adjuvant medication, was not medically necessary, medically appropriate, or indicated here. As noted on page 19 of the MTUS Chronic Pain Medical Treatment Guidelines, applicants using gabapentin should be asked "at each visit" as to whether there have been improvement in pain and/or function effected as a result of the same. Here, however, the applicant was off of work, seemingly receiving both Worker's Compensation indemnity benefits and Social Security Disability Insurance (SSDI) benefits, despite ongoing gabapentin usage. The applicant had been deemed "over 100% disabled," a medical-legal evaluator reported on April 18, 2008. The applicant's primary treating provider (PTP) reported on March 26, 2015 and April 9, 2015 that the applicant's ability to squat, kneel, climb stairs, and walk remained problematic, despite ongoing gabapentin usage. Ongoing usage of gabapentin failed to curtail the applicant's dependence on opioid agents such as oxycodone and/or anxiolytic agents such as buspirone. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e. Therefore, the request was not medically necessary.