

Case Number:	CM14-0149463		
Date Assigned:	09/18/2014	Date of Injury:	11/01/2000
Decision Date:	10/20/2014	UR Denial Date:	08/29/2014
Priority:	Standard	Application Received:	09/15/2014

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. The expert reviewer is Board Certified in Occupational Medicine, has a subspecialty in Preventive Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 1, 2000. Thus far, the applicant has been treated with the following: Analgesic medications; long and short-acting opioids; transfer of care to and from various providers in various specialties; and unspecified amounts of physical therapy over the course of the claim. In a Utilization Review Report dated August 19, 2014, the claims administrator failed to approve request for Opana, Idrasil, functional restoration program consultation, and 5-HTP. The applicant's attorney subsequently appealed. In an October 22, 2012 progress note, the applicant reported multifocal shoulder, arm, bilateral wrist, bilateral hand, and low back pain. The applicant received refills of Exalgo, Neurontin, Desyrel, Flector, Flexeril, Norco, Topamax, Celexa, and Medrox, it was stated at that point in time. A rather proscriptive 10-pound lifting limitation was endorsed. It was suggested that the applicant was working at this point in time. In an August 22, 2014 progress note, the applicant reported persistent complaints of low back, shoulder, hip, and leg pain. 8/10 pain was appreciated with medications versus 10/10 pain without medications. The applicant was reportedly in severe distress, it was stated. The applicant was reportedly having issues with opioid withdrawal. It was stated that the applicant was in the process of pursuing a hip replacement surgery. The attending provider then stated that he was endorsing Idrasil to diminish the applicant's reliance on opioid agents. The attending provider stated that he was seeking authorization for functional restoration program consultation for opioid detoxification purpose. The applicant was asked to continue Pristiq, Opana, Theramine, Prilosec, and 5-HTP. The applicant was apparently permanent and stationary. The applicant's work status was not clearly identified, although did not appear that the applicant was working. In an earlier note dated August 15, 2014, it was acknowledged that the applicant was pending an orthopedic surgery

consultation. The applicant was having a variety of familial issues. The attending provider stated that 5-HTP was a dietary supplement which the applicant was using for pain and depressive issue purposes. In an earlier note dated July 22, 2014, the applicant was given vitamin B12 injection. The applicant was described as having 7/10 pain with medications versus 10/10 pain without medications. There was no discussion of how the medications were helping the applicant perform activities of daily living.

IMR ISSUES, DECISIONS AND RATIONALES

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

Opana IR 10mg #240: 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: 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. In this case, however, the applicant no longer appears to be working with permanent limitations in place. While the attending provider has reported some low-grade reduction in pain scores from 10/10 without medications to 8/10 with medications, this appears to be a marginal to negligible benefit, one which is outweighed by the applicant's seeming failure to return to any form of work and the attending provider's failure to recount any tangible or material improvements in function achieved as a result of ongoing Opana usage. Therefore, the request is not medically necessary.

Opana ER 40mg #90: 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: 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. In this case, however, the applicant is seemingly no longer working with permanent limitations in place. The applicant's reports of reduction in pain scores from 10/10 with medications to 8/10 without medications appears marginal to negligible, and is seemingly outweighed by the applicant's failure to return to work and the attending provider's failure to recount any material improvements in function achieved as a result of ongoing Opana usage. Therefore, the request is not medically necessary.

Idrasil 25mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cannabinoids topic Page(s): 28.

Decision rationale: As noted on page 28 of the MTUS Chronic Pain Medical Treatment Guidelines, cannabinoids such as Idrasil are "not recommended," for a variety of reasons, including restricted legal access. Therefore, the request is not medically necessary.

NESP-R program consultation: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Patients with Intractable Pain section. Chronic Pain Programs topic. Page(s): 6, 32.

Decision rationale: While page 6 of the MTUS Chronic Pain Medical Treatment Guidelines does suggest considering an evaluation for treatment in a multidisciplinary treatment program in applicants who are prepared to make the effort to try and improve, in this case, however, it does not appear that the applicant is intent on making the effort to try and improve. The applicant is seemingly off of work. It is further noted that the applicant does not seemingly meet criteria set forth on page 32 of the MTUS Chronic Pain Medical Treatment Guidelines for pursuit of a chronic pain program/functional restoration program. Specifically, page 32 of the MTUS Chronic Pain Medical Treatment Guidelines notes that one of the cardinal criteria for pursuit of a chronic pain program/functional restoration program and, by implication, the precursor evaluation in question here, is evidence that there is an absence of other options likely to result in significant clinical improvement. In this case, it has not been clearly established outlined why the applicant cannot continue her rehabilitation through conventional outpatient office visits, psychological counseling, psychotropic medications, etc. Therefore, the request is not medically necessary.

5 HTP 100mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: ACOEM Practice Guidelines, Third Edition, Chronic Pain Chapter, Alternative Treatments section.

Decision rationale: The MTUS does not address the topic. However, as noted in the Third Edition ACOEM Guidelines, Chronic Pain Chapter, alternative treatments, complementary treatments, and/or dietary supplements such as 5-HTP are "not recommended" in the treatment of chronic pain as they have not been demonstrated to have any meaningful benefits or favorable outcomes in the treatment of the same. Therefore, the request is not medically necessary.