

Case Number:	CM13-0009116		
Date Assigned:	09/16/2013	Date of Injury:	08/02/2001
Decision Date:	01/22/2014	UR Denial Date:	07/30/2013
Priority:	Standard	Application Received:	08/08/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Pain Management, has a subspecialty in Disability Evaluation 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 physician 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 claimant is a 56-year-old individual whose date of injury of August 2, 2001. Only a single handwritten note is available for review and it indicates that she has a failed back surgery syndrome with persistent pain. She has a spinal cord stimulator in place which she uses to manage her radiculopathy. She also takes medications. She was advised refills of her medications. No further information is available for review. A medical report from [REDACTED], dated September 7, 2013 states that he is familiar with the claimant since he saw her for her back on January 4, 2006 and corresponded to applicant attorney [REDACTED] that she was permanent and stationary for rating purposes as of that date and outlined her diagnosis of failed back status post interbody fusion with instrumentation L4-5, history of previous microdiscectomy L4-5, status post removal of hardware, regional pain syndrome and advanced arthritis left knee. On examination, [REDACTED] states that the claimant again appears in some distress, all responses are appropriate, and she has an antalgic gait walking with the knee in a semi-flexed position as previously noted. Tenderness and spasm were noted in the lower lumbar segments. Circumferential thigh measurements remain unchanged with 1" of atrophy on the left. A surgical scar was again noted about the left knee with extension to 160°, flexion to 70°. Color, temperature and circulation of both lower extremities appeared normal. Straight leg raising was positive at 50° bilaterally, plantar responses flexor, peripheral pulses full and there was no arucle clonus. There was decreased sensation to pin and there was hypersensitivity noted in the left lower extremity with knee responses absent symmetrically. The following diagnosis were made: Failed back syndrome status post posterior interbody fusion with instrumentation L4-5, Previous microdiscectomy L4-5, Status post hardware removal, Dorsal column stimulator placement, Region

IMR ISSUES, DECISIONS AND RATIONALES

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

prospective request for 180 tablets Methadone 10mg three (3) times a day (tid), between July 22, 2013 and August 21, 2013: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation ACOEM, Chronic Pain: Table 2, Summary of Recommendations, Chronic Pain Disorders

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Methadone Page(s): 92. Decision based on Non-MTUS Citation American College of Physicians- Medical Knowledge Self-Assessment Program 16th Edition (MKSAP 16): General Internal Medicine-Management of Chronic Non Cancer Pain

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, Methadone is used for moderate to severe pain the initial oral dose (opioid naive) is 2.5mg to 10mg every 8 to 12 hours. However, a smaller dosing interval (every 4 to 12 hours) may be needed to produce adequate pain relief. According to American College of Physicians- Medical Knowledge Self-Assessment Program 16th Edition (MKSAP 16): (General Internal Medicine)-In management of Chronic Non Cancer Pain, medication selection should be influenced by the severity and frequency of pain; long-acting opioids, which maintain more consistent drug levels, are preferred for the treatment of Chronic Non Cancer Pain. Physicians should be cautious when initiating methadone, which can cause QT-interval prolongation, hypotension, and cardiac arrhythmias. An electrocardiogram should be obtained at baseline, after 30 days of treatment, and annually thereafter. Methadone should be started at low doses and gradually increased to effective doses. Although methadone requires regular monitoring of QT intervals, it can be effective when other opioids are not. In addition, methadone lacks the euphoric effects of morphine and other opioids that can contribute to dose escalation and potential abuse. According to the treating pain management clinic, She is currently being managed on medications which consist of methadone for around the clock pain control. Therefore the prospective request for 180 tablets of Methadone 10mg three (3) times a day (tid) between July 22, 2013 and August 21, 2013 is medically necessary and appropriate.

prospective request for 30 Capsules of Lyrica 200mg every night at bedtime (qhs), between July 22, 2013 and August 21, 2013: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation ACOEM, Chronic Pain: Table 2, Summary of Recommendations, Chronic Pain Disorders

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epileptic Drugs Page(s): 19, 99.

Decision rationale: According to Chronic Pain Medical Treatment Guidelines Pregabalin (Lyrica®) has been documented to be effective in treatment of diabetic neuropathy and

postherpetic neuralgia, has FDA approval for both indications, and is considered first-line treatment for both. Pregabalin was also approved to treat fibromyalgia. Lyrica is also referred to as anti-convulsants and are recommended for neuropathic pain (pain due to nerve damage). Therefore the prospective request for 30 Capsules of Lyrica 200mg every night at bedtime (qhs) between July 22, 2013 and August 21, 2013 is medically necessary and appropriate.

prospective request for 60 Capsules of Cymbalta 60mg twice a day (bid), between July 22, 2013 and August 21, 2013: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation ACOEM, Chronic Pain: Table 2, Summary of Recommendations, Chronic Pain Disorders

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Selective Serotonin and Norepinephrine Reuptake Inhibitors (SNRIs) Page(s): 15, 105.

Decision rationale: According to Chronic Pain Medical Treatment Guidelines, Cymbalta, a SNRIs, is recommended as an option in first-line treatment of neuropathic pain, especially if tricyclics are ineffective, poorly tolerated, or contraindicated. It is FDA-approved for anxiety, depression, diabetic neuropathy, and fibromyalgia. Used off-label for neuropathic pain and radiculopathy. This patient has depression and chronic pain. The treating pain management clinic indicated that Cymbalta was prescribed for depression and neuropathy. Therefore the prospective request for 60 Capsules of Cymbalta 60mg twice a day (bid) between July 22, 2013 and August 21, 2013 is medically necessary and appropriate.

prospective request for 200 Tablets Norco 10/325mg as needed every 4-6 hours (prn q4-6 hours), between July 22, 2013 and August 21, 2013: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation ACOEM, Chronic Pain: Table 2, Summary of Recommendations, Chronic Pain Disorders

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state Norco (hydrocodone (is a semi-synthetic opioid which is considered the most potent oral opioid) and Acetamenophen) is indicated for moderate to moderately severe pain. However, the CA MTUS stipulates specific criteria to follow before a trial of opioids for chronic pain management. Evidence-based guidelines recommend the use of opioid pain medications for the short-term treatment of moderate to severe pain. Ongoing use of opiate medication may be recommended with documented pain relief, an increase in functional improvement, a return to work and evidence of proper use of the medications. Supplemental doses of break-through medication may be required for incidental pain, end-of dose pain, and pain that occurs with predictable situations. When discontinuing opiate pain medication a slow taper is recommended to wean the patient. Besides results of studies of opioids for musculoskeletal conditions (as opposed to cancer pain) generally

recommend short use of opioids for severe cases, not to exceed 2 weeks, and do not support chronic use. Therefore the prospective request for 200 Tablets Norco 10/325mg as needed every 4-6 hours (prn q4-6 hours) between July 22, 2013 and August 21, 2013 is not medically necessary and appropriate

prospective request for 90 Tablets of Zanaflex 4 mg every night at bedtime (qhs), between July 22, 2013 and August 21, 2013: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation ACOEM, Chronic Pain: Table 2, Summary of Recommendations, Chronic Pain Disorders

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-spasmodics Page(s): 66.

Decision rationale: The Chronic Pain Medical Treatment Guidelines states that Tizanidine (Zanaflex[®], generic available) is a centrally acting alpha2-adrenergic agonist that is FDA approved for management of spasticity; unlabeled use for low back pain. It may also provide benefit as an adjunct treatment for fibromyalgia. It is recommended to use this medication with caution in renal impairment; should be avoided in hepatic impairment. Tizanidine use has been associated with hepatic aminotransaminase elevations that are usually asymptomatic and reversible with discontinuation. Beside being unlabelled for low back pain treatment, there is no documentation of persistent muscle spasms or liver function studies in the medical records reviewed. Therefore the prospective request for 90 Tablets of Zanaflex 4 mg every night at bedtime (qhs) between July 22, 2013 and August 21, 2013 is not medically necessary and appropriate.

prospective request for 3 tubes of topical Voltaren Gel 100g four times a day (qid) for symptoms related to the lumbar spine and left knee, between July 22, 2013 and August 21, 2013: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation ACOEM, Chronic Pain: Table 2, Summary of Recommendations, Chronic Pain Disorders

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory Page(s): 111-112.

Decision rationale: The Chronic Pain Medical Treatment Guidelines states that there is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. It is not recommended for Neuropathic pain as there is no evidence to support use. Voltaren[®] Gel 1% is indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip or shoulder. Maximum dose should not exceed 32g per day (8g per joint per day in the upper extremity and 16g per joint per day in the lower extremity). Therefore the the prospective request for 3 tubes of topical Voltaren Gel 100g four times a day (qid) for symptoms

related to the lumbar spine and left knee between July 22, 2013 and August 21, 2013 is not medically necessary and appropriate.