

Case Number:	CM13-0017908		
Date Assigned:	03/03/2014	Date of Injury:	06/12/1999
Decision Date:	05/29/2014	UR Denial Date:	08/19/2013
Priority:	Standard	Application Received:	08/28/2013

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 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, chronic mid-back pain, facet arthropathy, and depression reportedly associated with an industrial injury of June 12, 1999. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; muscle relaxants; a spinal cord stimulator trial; earlier failed lumbar spinal fusion surgeries; subsequent failed lumbar spinal course stimulator trials; and adjuvant medications. In a Utilization Review Report of August 19, 2013, the claims administrator denied a request for Zanaflex, denied a request for tramadol, denied a request for senna, approved a request for Lyrica, denied a request for Lunesta, denied a request for Lidoderm, denied a request for fentanyl, and denied a request for Celebrex. The applicant's attorney subsequently appealed. In a progress note of February 22, 2013, the applicant is described as having moderate-to-severe pain. The applicant states that he is able to get out of bed without medications. He stays at home all day without medications. With medications, however, the applicant states that he struggles to fulfill his daily home responsibilities. He is not able to do any outside activities, stays at home all day, and does not work or volunteer, it is further stated. In a progress note of February 18, 2014, the applicant is described as reporting mild-to-moderate low back pain, persistent. The applicant is somewhat depressed. He is status post two spine surgeries. He is on Celebrex, Elavil, Duragesics, lidocaine, Lyrica, tramadol, senna, tizanidine, Saphris, Viibryd, and Tylenol. It is again stated he has struggled with medications and is even unable to fulfill daily responsibilities. He is not able to perform any outside activities. He is not able to do work or volunteer even with medications. The applicant states that he stays in bed at least half the day and has no contact with the outside world without medications. The applicant complains that the claims administrator is not honoring his provision for future medical care. It is

stated that the applicant's pain score is 7/10 without medications and 3/10 pain with medications. It is stated that Lyrica is diminishing the applicant's neuropathic pain by 50% to 60%. In the psychiatric review of systems section, it is stated that the applicant has a variety of mental health issues, including depression, dizziness, weakness, headaches, memory impairment, anxiety, and insomnia.

IMR ISSUES, DECISIONS AND RATIONALES

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

ZANAFLEX 4MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MUSCLE RELAXANTS FOR PAIN.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MUSCLE RELAXANTS Page(s): 63.

Decision rationale: Zanaflex is a muscle relaxant. As noted on page 63 of the MTUS Chronic Pain Medical Treatment Guidelines, muscle relaxants are recommended with caution as a second-line option for short-term treatment of acute exacerbations of chronic low back pain. In this case, however, the attending provider is prescribing Zanaflex for twice or thrice daily scheduled use purposes. This is not indicated, per 63 of the MTUS Chronic Pain Medical Treatment Guidelines, particularly when the applicant is using a variety of other analgesic and adjuvant medications. Accordingly, the request remains not certified, on Independent Medical Review.

TRAMADOL 50MG: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS, CRITERIA FOR USE..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines WHEN TO CONTINUE OPIOIDS Page(s): 80.

Decision rationale: Tramadol is a synthetic opioid. 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 function, and/or reduced pain achieved as a result of ongoing opioid therapy. In this case, the information on file seemingly suggests that two of the three aforementioned criteria have been met. The attending provider has posited that usage of medications gives the applicant 60% pain relief and allows him to perform activities of daily living, including household chores. The applicant's pain levels dropped from 7/10 to 3/10 with medications, it is suggested. Thus, on balance, it appears that the applicant is reporting appropriate analgesia and improved performance of non-work activities of daily living as a result of ongoing tramadol usage. Accordingly, the request is certified, on Independent Medical Review.

SENNA LAXATIVE 8.6 MG: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS, CRITERIA FOR USE..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS, INITIATING THERAPY Page(s): 77.

Decision rationale: As noted on page 77 of the MTUS Chronic Pain Medical treatment Guidelines, prophylactic treatment of constipation is indicated in applicants who are using opioids chronically. In this case, the applicant is an individual who is using several opioid analgesics, two of which have been approved through this Independent Medical Review report. Concomitant usage of senna, a laxative, is therefore indicated, appropriate, and supported by page 77 of the MTUS Chronic Pain Medical Treatment Guidelines, particularly since the attending provider has suggested that the applicant is in fact reporting opioid-induced constipation. For all of the stated reasons, then, the request is certified.

LUNESTA 2MG: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG: PAIN CHAPTER: INSOMNIA TREATMENT

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG CHRONIC PAIN CHAPTER, INSOMNIA TREATMENT TOPIC

Decision rationale: While the ODG Chronic Pain Chapter, Insomnia Treatment topic does note that Lunesta is the only benzodiazepine receptor agonist which is FDA approved for use greater than 35 days, in this case, however, the request in question represents a renewal request for Lunesta. The attending provider has not documented the applicant's prior response to Lunesta. The applicant continues to report issues with anxiety and insomnia; it appears, despite ongoing Lunesta usage. There is, thus, no evidence of a favorable response to earlier usage of Lunesta. Accordingly, the request is not certified, on Independent Medical Review.

LODODERM 5%: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines LIDOCAINE Page(s): 112.

Decision rationale: As noted on page 112 of the MTUS Chronic Pain Medical Treatment Guidelines, topical Lidoderm is indicated in the treatment of localized peripheral pain or neuropathic pain in applicants in whom there has been a trial of first-line therapy with

antidepressants and/or anticonvulsants. In this case, however, there is no indication that first-line antidepressants and/or anticonvulsants have been trialed and/or failed for neuropathic pain. As noted by the attending provider, applicant, and claims administrator, Lyrica, an anticonvulsant medication, has attenuated the applicant's symptoms of neuropathic pain about the legs by 50% to 60%, effectively obviating the need for Lidoderm patches. Accordingly, the request is not certified, on Independent Medical Review.

FENTANYL 50MCG/48 HOUR: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS, CRITERIA FOR USE..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines WHEN TO CONTINUE OPIOIDS Page(s): 80.

Decision rationale: Fentanyl is an opioid. 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 ongoing opioid therapy. In this case, it does appear that two of the three aforementioned criteria have been met. The applicant has reported appropriate reduction in pain scores from 7/10 to 3/10 as a result of ongoing Duragesic usage. The applicant does report that he is able to perform household chores and non-work activities of daily living to a much greater degree as a result of ongoing fentanyl usage. Continuing the same, on balance, is therefore indicated. Accordingly, the original utilization review decision is overturned. The request is certified, on Independent Medical Review.

CELEBREX 400MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ANTI-INFLAMMATORY MEDICATION Page(s): 22.

Decision rationale: As noted on page 22 of the MTUS Chronic Pain Medical Treatment Guidelines, COX-2 inhibitors such as Celebrex may be considered if an applicant has a risk of GI complications but are generally not indicated for the majority of applicants. In this case, however, the attending provider has not established any issues with reflux, heartburn, and/or dyspepsia which might make a case for usage of a COX-2 inhibitor, Celebrex. The applicant was described on an office visit of February 18, 2014 as specifically denying issues with heartburn, nausea, and/or vomiting. The attending provider has not furnished any rationale which would support usage of COX-2 inhibitors such as Celebrex in lieu of a non-selected NSAID such as Motrin or Naprosyn. Accordingly, the request remains not certified, on Independent Medical Review.