MAXIMUS Federal Services

Case Number:	CM13-0020309		
Date Assigned:	02/05/2014	Date of Injury:	05/12/2007
Decision Date:	06/10/2014	UR Denial Date:	08/20/2013
Priority:	Standard	Application Received:	09/05/2013

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,, has a subspecialty in General Surgery, 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:

[redacted] is a 33-year-old with a date of injury of May 12, 2007. She developed low back pain after twisting at that time. An MRi ion February 12, 2010 did not reveal nerve root impingement. Pain drawings during an IME with [redacted] in 2012 showed a non-anatomic distribution including the entire low back and right leg and left leg to the knee. She noted at that time that the medications helped, but this was not further quantified. IDET was unsuccessful as were several stimulators. Her diagnoses as of June 7 2013 include lumbar degenerative disc disease with radiculopathy, anxiety, depression, diabetes, and stimulator failure. At that time she was taking long and short acting opioids. Her functional status was described as able to drive perform activities of daily living, and walk and stand for reasonable periods of time. Her sleep was described as disturbed. The most recent prescription in he record was the visit on June 7, 2013 to PA-C [redacted] for a pre-operative examination in preparation to remove a failed stimulator. That visit note included these prescriptions. Her subjective symptom then was persistent low back pain. Objective findings documented in the note were clear speech, alert and oriented, erect and normal gait and normal vital signs. No neurological examination was documented. A request was made on August 20, 2013 for prescriptions for Zanaflex, gabapentin, Dilaudid, MS Contin, Prozac, Prilosec and Ambien. Physical examination at the Napa pain Institute on November 4, 2013 was reported as normal.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRESCRIPTION OF AMBIEN 10MG #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) CHRONIC PAIN Chapter.

Decision rationale: Zolpidem (Ambien) is a prescription short-acting nonbenzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia. Proper sleep hygiene is critical to the individual with chronic pain and often is hard to obtain. Various medications may provide short-term benefit. While sleeping pills, so-called minor tranquilizers, and anti-anxiety agents are commonly prescribed in chronic pain, pain specialists rarely, if ever, recommend them for long-term use. They can be habit-forming, and they may impair function and memory more than opioid pain relievers. There is also concern that they may increase pain and depression over the long-term. The request for Ambien 10mg, thirty count, is not medically necessary or appropriate.

1 PRESCRIPTION OF PROZAC 20MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SSRIs (Selective Reuptake Inhibitors)..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Page(s): 48.

Decision rationale: SSRIs (selective serotonin reuptake inhibitors) have not been shown to be effective for chronic low back pain or radiculopathy. The patient is said to be depressed, but the prescriptions are written by a physician's assistant. Documents from a psychologist are listed but not present in the documentation available for review, so control or remission of depression cannot be assessed. The request for Prozac 20mg is not medically necessary or appropriate.

1 PRESCRIPTION OF CYMBALTA 30MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 48. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter.

Decision rationale: SNRIs (serotonin norepinephrine reuptake inhibitors) have not been evaluated for chronic low back pain or shown to be effective for radiculopathy. This patient does not have an identified source of neuropathic pain. The patient is said to be depressed, but the prescriptions are written by a physician's assistant. Documents from a psychologist are listed but not present in the documentation available for review, so control or remission of depression

cannot be assessed. Recommended as an option in first-line treatment of neuropathic pain. Duloxetine (CymbaltaÂ®) is a norepinephrine and serotonin reuptake inhibitor antidepressant (SNRIs). It has FDA approval for treatment of depression, generalized anxiety disorder, and for the treatment of pain related to diabetic neuropathy. The request for one prescription of Cymbalta 30mg is not medically necessary or appropriate.

1 PRESCRIPTION OF PRILOSEC 20MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS (non-steroidal anti-inflammatory drugs), GI (gastrointestinal) Symptoms & Cardiovascular Risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Page(s): 68.

Decision rationale: There is no documentation available that indicates the patient is at risk for adverse gastrointestinal events. Long term PPI (proton pump inhibitor) use has been shown to increase the risk of hip fracture. The request for one prescription of Prilosec 20mg is not medically necessary or appropriate.

1 PRESCRIPTION OF GABAPENTIN 600MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy Drugs (AEDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Page(s): 51-52.

Decision rationale: Gabapentin is recommended for painful polyneuropathy. It is not recommended for chronic low back pain or radiculopathy. The patient's eurological examinations are normal, and her pain diagram is non-anatomical, i.e. she does not evidence the diagnostic criteria for neuropathic pain. The request for one prescription of Gabapentin 600 mg is not medically necessary or appropriate.

1 SINGLE POSITIONAL MRI OF THE LUMBAR SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) LOW BACK – MRI Section.

Decision rationale: MRI, and particularly repeat MRI, are not recommended for chronic low back pain. The request for one single positional MRI of the lumbar spine is not medically necessary or appropriate.

1 PRESCRIPTION OF MS CONTIN 60MG #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids For Chronic Pain Page(s): 114.

Decision rationale: Long term efficacy for chronic back pain is unclear. There are no long term studies to support such use. The patient still reports activity-limiting pain, so one would conclude opioids are ineffective or causing hyperalgesia. The request for one prescription of MS Contin 60mg, sixty count, is not medically necessary or appropriate.

1 PRESCRIPTION OF DILAUDID 4MG #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid For Chronic Pain Page(s): 114.

Decision rationale: Long term efficacy for chronic back pain is unclear. There are no long term studies to support such use. The patient still reports activity-limiting pain, so one would conclude opioids are ineffective or causing hyperalgesia. The request for one prescription of Dilaudid 4mg, 180 count, is not medically necessary or appropriate.

1 PRESCRIPTION OF ZANAFLEX 4MG #120: 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 centrally acting alpha2-adrenergic agonist that is FDA approved for management of spasticity. It is not FDA approved for low back pain. The Chronic Pain section recommends non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. These medications are not recommended for ongoing use, and have significant side effects. The request for one prescription of Zanaflex 4mg, 120 count, is not medically necessary or appropriate.