MAXIMUS Federal Services

Case Number:	CM13-0033350		
Date Assigned:	12/06/2013	Date of Injury:	05/01/2010
Decision Date:	08/15/2014	UR Denial Date:	09/30/2013
Priority:	Standard	Application Received:	10/09/2013

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 Physical Medicine and Rehabilitation 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 patient is a 31-year-old who was injured on May 1, 2010when a heavy desk fell onto the top of her head. Her prior medication history included Norco, cyclobenzaprine, ibuprofen, paroxetine, buproprion, and trazodone. MRI of the lumbar spine dated November 23, 2012 revealed L4-5 right disc bulge with no spinal canal stenosis but mild-to-moderate loss of disc height and mild-to-moderate L5-S1 neuroforaminal narrowing, small annular disc tear without any stenosis or obvious nerve root impingment. On September 18, 2013, the patient was documented to have persistent low back pain with muscle tightness and stiffness. Objective findings on exam revealed tenderness to palpation along the paraspinal muscles bilaterally with pain with facet loading. There is limited lumbar flexion at 30 degrees and extension is 10 degrees and pain with lateral tilting. Straight leg raise is negative bilaterally. She is diagnosed with discogenic lumbar condition with facet inflammation; and episode of depression, sleep issues, anxiety, and sexual dysfunction. She is recommended to undergo physical therapy with massage therapy 12 sessions. She was given a prescription for Norco 10/325 mg, #120, Motrion 800 mg #60, trazodone 50 mg #60, Wellbutrin 150 mg #60, Flexeril 7.5 mg #60, Paxil 20 mg #60, Terocin patch #20 and LidoPro lotion 4 ounces. Prior utilization review dated 09/30/2013 states the request for LidoPro lotion is denied, Norco 10/325mg #120 is partially certified and has been modified to Norco 10/325 mg #45; prospective request for a second prescription of Norco 10/325mg #120. The prospective request for Motrin 800mg #60 is certified. The prospective request for Trazodone 50mg #60 is denied, trazodone 50mg #60 dispensed on September 18, 2013 is denied, Wellbutrin 150mg #60 dispensed on September 18, 2013 is denied. The prospective request for Wellbutrin 150mg #60 is denied, Flexeril 7.5mg #60 dispensed on September 18, 2013 is denied. The prospective request for Flexeril 7.5mg #60 is denied. The prospective request for Paxil 20mg #60 is certified; Terocin patch #20 is denied.

These medications have been denied as it is not medically reasonable to request medications for a future date as requirements may change; guidelines recommend short term use of muscle relaxants; there is no mention of psychological treatment for depression and sleep disturbance and Terocin lotion is a compound medication and is recommended for localized neuropathic pain after failed first line of treatment which is not documented here.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg 120 count: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 75-94.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids; pain reflief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors. These domains have been summarized as the 4 A's (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors). In this case, there is no documentation of any significant evidence of functional improvement or reduction in pain level with prior use of this medication. Also, guidelines recommend urine drug screening to monitor prescribed substance and issues of abuse, addiction or poor pain control. Thus, the request for Norco 10/325mg 120 count is not medically necessary or appropriate.

A second prescription of Norco 10/325mg 120 count: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 75-94.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids; pain reflief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors. These domains have been summarized as the 4 A's (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors). In this case, there is no documentation of any significant improvement of functional or pain with prior use. Furthermore, request for refill at a future date cannot be justified without evidence of reduction in pain level or functional improvement. Therefore, the request for a second prescription of Norco 10/325mg 120 count is not medically necessary or appropriate.

Motrin 800mg sixty count: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects>, Ibuprofen (Motrin, Advil [otc], generic available), page(s) 71-72 Page(s): 71-72.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, NSAIDs are recommended as an option for short-term symptomatic pain relief. Ibuprofen, NSAID, is recommended at the lowest dose for the shortest period in patients with moderate to severe pain, as there is no evidence of long-term effectiveness for pain or function. The medical records do not document any significant improvement in pain level or function with prior use in this case. The request for Motrin 800mg sixty count is not medically necessary or appropriate.

Trazodone 50mg sixty count: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressant for chronic pain Page(s): 13-16.

Decision rationale: The Chronic Pain Medical Treatment Guidelines do not specifically discuss the issue in dispute and hence ODG have been consulted. As per ODG, Trazodone is recommended as an option for insomnia, only for patients with potentially coexisting mild psychiatric symptoms such as depression or anxiety. However, ODG indicates there is no clear-cut evidence to recommend trazodone first line to treat primary insomnia. In this case, there is no documentation of sleep hygiene or number of hours of sleep. There is no documentation of significant improvement in sleep or function with prior use of Trazadone. Therefore, the request for Trazodone 50mg sixty count is not medically necessary or appropriate.

Trazodone 50mg sixty count dispensed on September 18, 2013: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressant for chronic pain Page(s): 13-16.

Decision rationale: CA MTUS guidelines do not specifically discuss the issue in dispute and hence ODG have been consulted. As per ODG, Trazodone is recommended as an option for insomnia, only for patients with potentially coexisting mild psychiatric symptoms such as depression or anxiety. However, ODG indicates there is no clear-cut evidence to recommend

trazodone first line to treat primary insomnia. In this case, there is no documentation of sleep hygiene or number of hours of sleep. There is no documentation of significant improvement in sleep or function with prior use of Trazadone. Accordingly, request for refill at a future date may not be justified pending documentation of medication efficacy. Therefore, the request for Trazodone 50mg sixty count dispensed on September 18, 2013 is not medically necessary or appropriate.

Wellbutrin 150mg sixty count dispensed on September 18, 2013: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Bupropion (Wellbutrim) Page(s): 16. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Antidepresants(Bupropion).

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, Wellbutrin is a second-generation non-tricyclic antidepressant (a noradrenaline and dopamine reuptake inhibitor) that has been shown to be effective in relieving neuropathic pain of different etiologies in a small trial. It is generally a third-line medication for diabetic neuropathy and may be considered when patients have not had a response to a tricyclic or SNRI (serotonin-norepinephrine reuptake inhibitor). Ongoing efficacy with Wellbutrin has not been demonstrated. In this case, there is no clear evidence of neuropathic pain based on the submitted records. There is no documentation of psychotherapy as an adjunct non-pharmacological treatment. Furthermore, there is no documentation of any improvement in the patient's symptoms with prior use. Accordingly, request for refill at a future date is not justified pending documentation of medication efficacy. Therefore, the request for Wellbutrin 150mg sixty count dispensed on September 18, 2013 is not medically necessary or appropriate.

Wellbutrin 150mg sixty count: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Bupropion (Wellbutrim) Page(s): 16. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Antidepresants(Bupropion).

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, Wellbutrin is a second-generation non-tricyclic antidepressant (a noradrenaline and dopamine reuptake inhibitor) that has been shown to be effective in relieving neuropathic pain of different etiologies in a small trial. It is generally a third-line medication for diabetic neuropathy and may be considered when patients have not had a response to a tricyclic or SNRI (serotonin-norepinephrine reuptake inhibitor). Ongoing efficacy with Wellbutrin has not been demonstrated. In this case, there is no clear evidence of neuropathic pain based on the submitted records. There is no documentation of psychotherapy as an adjunct non-pharmacological treatment.

Furthermore, there is no documentation of any improvement in the patient's symptoms with prior use. Therefore, the request for Wellbutrin 150mg sixty is not medically necesssary or appropriate.

Flexeril 7.5mg sixty count dispensed on September 18, 2013: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available) Page(s): 64. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Muscle relaxants, Antispamodics (Flexeril)).

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, Flexeril is recommended for a short course of therapy for decrease muscle spasm. This medication is not recommended for chronic use. In this case, the IW was documented to have persistent low back pain with muscle tightness and stiffness. However, there is no evidence of muscle spasm. Furthermore, there is no documentation of any significant improvement in the patient's symptoms with prior use. Accordingly, no refill for a future date can be allowed. Therefore, the request for Flexeril 7.5mg sixty count dispensed on September 18, 2013 is not medically necessary or appropriate.

Flexeril 7.5mg sixty count: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available), page(s) 64 Page(s): 64. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Muscle relaxants, Antispamodics(Flexeril)).

Decision rationale: Accordign to the Chronic Pain Medical Treatment Guidelines, Flexeril is recommended for a short course of therapy for decrease muscle spasm. This medication is not recommended for chronic use. In this case, the IW was documented to have persistent low back pain with muscle tightness and stiffness. However, there is no evidence of muscle spasm. Furthermore, there is no documentation of any significant improvement in the patient's symptoms with prior use. Therefore, the request for Flexeril 7.5mg sixty count is not medically necessary or appropriate.

Paxil 20mg sixty count: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SSRIs (Paxil) Page(s): 16.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, Tricyclics are generally considered a first-line agent unless they are ineffective, poorly tolerated, or contraindicated. Furthermore, there is no documentation of any significant improvement in depressive symptoms with prior use. Therefore, the request for Paxil 20mg sixty count is not medically necessary or appropriate.

Terocin patch twenty count: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain), Topicl analgesics (Terocin Patch).

Decision rationale: According to the references, Terocin patches contain lidocaine and menthol. The Chronic Pain Medical Treatment Guidelines state only Lidocaine in the formulation of Lidoderm patch may be considered for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI [serotonin-norepinephrine reuptake inhibitor] anti-depressants or an AED [anti-epileptic drugs] such as gabapentin or Lyrica). The guidelines state no other commercially approved topical formulations of lidocaine are indicated for neuropathic pain. Only FDA-approved products are currently recommended. Topically applied lidocaine is not recommended for non-neuropathic pain. The medical records do not establish this topical patch is appropriate and medically necessary for this patient. The request of Terocin patch twenty count is not medically necessary or appropriate.

LidoPro lotion: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Topical analgesics.

Decision rationale: LidoPro contains Lidocaine, Menthol, Capsaicin and Methyl salicylate. According to the Chronic Pain Medical Treatment Guidelines, topical analgesics are considered to be largely experimental in use with few randomized controlled trials to determine efficacy or safety. Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. The medical records do not establish that to be the case of this patient. Methyl salicylate, NSAIDs (non-steroidal anti-inflammatory drugs), is recommended for short time (four to twelve weeks) in cases of osteoarthritis. The guidelines state that any compounded product that contains at least one drug (or drug class) that is not recommended is

not recommended. Therefore, the request for LidoPro lotion is not medically necessary or appropriate.