

Case Number:	CM13-0034589		
Date Assigned:	02/05/2014	Date of Injury:	01/25/2001
Decision Date:	04/15/2014	UR Denial Date:	10/01/2013
Priority:	Standard	Application Received:	10/15/2013

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, has a subspecialty in Pain Management 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:

This is a patient with a date of injury of 1/25/01. A utilization review determination dated 10/1/13 referencing 9/24/13 requests recommends non-certification of Zofran, gabapentin, Rozerem, Cymbalta, surgical evaluation for displaced L4-5 disc prosthesis, and alcohol counseling. Dilaudid was modified to #180, Restoril was modified from #45 to #38, and clonidine was modified to #14. A separate utilization review determination also dated 10/1/13 referencing 9/3/13 requests recommends certification of a referral to orthopedic surgery, modification of Cymbalta to #30, and conditional non-certification of Rozerem. 9/24/13 medical report identifies pain radiating down the RLE to the foot. She has a spinal cord stimulator providing 30% relief to the lower extremities, and pump providing 20% improvement. The intrathecal morphine is being converted to intrathecal Dilaudid due to nighttime stimulation. Last UDS 9/3/13 was said to be positive for hydrocodone consistent with the patient's prescriptions and also positive for alcohol metabolites. The patient experienced cognitive dullness on systemic opioids, which has cleared with the intrathecal opioids. She is no longer able to do any cleaning, shopping, driving, or participate in activities that bring her joy. On exam, no abnormal findings are noted. Diagnoses include failed back surgery syndrome with disc prostheses at L4-5 and L5-S1 with situational depression and poor functional status. Recommendations include a surgical evaluation for displaced L4-5 disc prosthesis, Cymbalta, clonidine as the patient is likely to experience some withdrawal symptoms for a few days due to the intrathecal conversion from morphine to Dilaudid, Dilaudid 2 mg 1-2 every 3-4 hours p.r.n. 12 per day x 15 days (hold Norco for now), Rozerem, Restoril, Zofran, gabapentin, pump refill and reprogramming, counseling for alcohol use, and follow-up weekly x 4 for pump adjustments.

IMR ISSUES, DECISIONS AND RATIONALES

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

ZOFRAN 8 MG: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) OFFICIAL DISABILITY GUIDELINES, CHRONIC PAINNON-MTUS

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Antiemetics (for opioid nausea)

Decision rationale: Regarding the request for Zofran, California MTUS does not address this medication. ODG states that it is FDA-approved for nausea and vomiting secondary to chemotherapy and radiation treatment, postoperative nausea, and gastroenteritis, but that antiemetics are not recommended for nausea and vomiting secondary to chronic opioid use. Within the documentation available for review, there is no documentation of any nausea and/or vomiting secondary to a supported indication as noted above. In the absence of such documentation, the currently requested Zofran is not medically necessary.

GABAPENTIN 300MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CA CHRONIC PAIN MEDICAL TREATMENT GUIDELINES (MAY 2009). .

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, PAGE 16-21. Page(s): 16-21.

Decision rationale: Regarding request for gabapentin, CA MTUS Chronic Pain Medical Treatment Guidelines state that antiepilepsy drugs are recommended for neuropathic pain. They go on to state that a good outcome is defined as 50% reduction in pain and a moderate response is defined as 30% reduction in pain. Guidelines go on to state that after initiation of treatment, there should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with use. The continued use of Anti-Epilepsy Drugs (AEDs) depends on improved outcomes versus tolerability of adverse effects. Within the documentation available for review, there is no identification of any specific analgesic benefit (in terms of percent reduction in pain or reduction of NRS), and no documentation of specific objective functional improvement. In the absence of such documentation, the currently requested gabapentin is not medically necessary.

PRESCRIPTION OF DILAUDID 2MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CHRONIC PAIN MEDICAL TREATMENT GUIDELINES (MAY 2009) HYDROMORPHONE.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, PAGE 76-79. Page(s): 76-79.

Decision rationale: Regarding the request for Dilaudid 2 mg, California MTUS Chronic Pain Medical Treatment Guidelines state that, due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, the patient is noted to have pain relief from spinal cord stimulation and an intrathecal pump. Intrathecal medication was changed from morphine to Dilaudid, while oral opioids were changed from Norco to Dilaudid. The previous utilization review modified the request for Dilaudid 2 mg to #180 from an unspecified number of tablets/duration, which appears to be appropriate for breakthrough pain during the transition. However, since the current request is for an unspecified number of tablets/duration, the request is not medically necessary since, unfortunately, there is no provision for modification of this request. In light of the above issues, the currently requested Dilaudid 2 mg is not medically necessary.

PRESCRIPTION ROZEREM 8MG, #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CHRONIC PAIN DISORDER MEDICAL TREATMENT GUIDELINES. 2011 Dec 27.. Decision based on Non-MTUS Citation COLORADO DEPARTMENT OF WORKERS' COMPENSATION (DWC); CHRONIC PAIN DISORDER MEDICAL TREATMENT GUIDELINES. 2011 Dec 27. 110 p.

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

Decision rationale: Regarding the request for Rozerem, California MTUS does not address the issue. ODG cites that it is recommended for short-term use (7-10 days) only. Within the documentation available for review, there is no documentation of any significant improvement with the use of this medication and it appears that the medication is being utilized for long-term treatment rather than the short-term treatment recommended by the guidelines. In light of the above issues, the currently requested Rozerem is not medically necessary.

PRESCRIPTION OF RESTORIL 15MG, \$45: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS BENZODIAZEPINES, CHRONIC PAIN MEDICAL TREATMENT GUIDELINES.. Decision based on Non-MTUS Citation MTUS: BENZODIAZEPINES, CHRONIC PAIN MEDICAL TREATMENT GUIDELINES,

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, PAGE 24, ADDITIONALLY, OFFICIAL DISABILITY GUIDE.

Decision rationale: Regarding the request for Restoril, California MTUS states that benzodiazepines are not recommended for long-term use and most guidelines limit their use to 4 weeks. Specific to insomnia, ODG cites that it is recommended for short-term use only. Within the documentation available for review, there is no documentation of any significant improvement with the use of this medication and it appears that the medication is being utilized for long-term treatment rather than the short-term treatment recommended by the guidelines. In light of the above issues, the currently requested Restoril is not medically necessary.

PRESCRIPTION CLONIDINE 0.1MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CA CHRONIC PAIN MEDICAL TREATMENT GUIDELINES (MAY 2009). Decision based on Non-MTUS Citation NON-MTUS CITATION: (ODG) OFFICIAL DISABILITY GUIDELINES, PAIN CHRONIC.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Weaning, opioids (specific guidelines).

Decision rationale: Regarding the request for clonidine, California MTUS does not address its use for withdrawal symptoms. ODG cites that clonidine can relieve many opioid withdrawal symptoms (an off-label treatment) as long as there are no contraindications to use. Clonidine is often maintained for 2-3 days after cessation of opioids and tapered over 5-10 days. Within the documentation available for review, there is documentation that the purpose of the medication is to relieve expected withdrawal symptoms with the change from intrathecal morphine to intrathecal Dilaudid. The previous utilization review modified the request from an unspecified amount of this medication to #14 for that purpose. However, the current request is for an unspecified amount of medication and, unfortunately, there is no provision for modification of the current request. In light of the above issues, the currently requested clonidine is not medically necessary.

PRESCRIPTION OF CYMBALTA 60MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS SNRIs (SEROTONIN REUPTAKE INHIBITORS, CHRONIC PAIN MEDICAL TR.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, PAGE 13-16. Page(s): 13-16.

Decision rationale: Regarding the request for Cymbalta, CA MTUS states that antidepressants are recommended as a 1st line option for neuropathic pain and as a possibility for non-neuropathic pain. Guidelines go on to recommend a trial of at least 4 weeks. Assessment of treatment efficacy should include not only pain outcomes, but also an evaluation of function, changes in use of other analgesic medication, sleep quality and duration, and psychological assessment. Within the documentation

ONE SURGICAL EVALUATION FOR DISPLACED L4-5 DISC PROSTHESIS: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-306. Decision based on Non-MTUS Citation MTUS: SURGICAL CONSULTATION, CHAPTER 12- LOW BACK COMPLAINTS, 288. 305-306

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM, INDEPENDENT MEDICAL EXAMINATIONS AND CONSULTATIONS , 127

Decision rationale: Regarding the request for ONE SURGICAL EVALUATION FOR DISPLACED L4-5 DISC PROSTHESIS, California MTUS does not address this issue. ACOEM supports consultation if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. Within the documentation available for review, it is noted that a separate request for an orthopedics for this purpose was certified and this request would be redundant. In light of the above issues, the currently requested ONE SURGICAL EVALUATION FOR DISPLACED L4-5 DISC PROSTHESIS is not medically necessary.

ONE ALCOHOL COUNSELING: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation the NON-MTUS CITATION: BLOOMINGTON (MN): INSTITUTE FOR CLINICAL SYSTEMS IMPROVEMENT (ICSI); 2012 SEP, 96 P.

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 127. Decision based on Non-MTUS Citation MTUS: ACOEM, INDEPENDENT MEDICAL EXAMINATIONS AND CONSULTATIONS, 127

Decision rationale: Regarding the request for alcohol counseling, California MTUS does not address this issue. ACOEM supports consultation if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. Within the documentation available for review, it is noted that the request was made given that a urine drug screen was positive for alcohol metabolites. However, there is no documentation of a history of alcohol abuse or any discussion with the patient regarding alcohol use that identifies a need for specialized counseling. In light of the above issues, the currently requested alcohol counseling is not medically necessary.