

Case Number:	CM13-0045137		
Date Assigned:	12/27/2013	Date of Injury:	02/23/2000
Decision Date:	04/24/2014	UR Denial Date:	10/18/2013
Priority:	Standard	Application Received:	10/31/2013

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 Interventional Spine 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 57 year-old male with a date of injury of 02/23/2000. The listed impressions per [REDACTED] are: 1) Status post spinal surgery 01/12/2001 2) Wheel chair bound due to weakness to lower extremity 3) Status post completion of [REDACTED] (with modest benefit) 4) Chronic pain with high dose narcotic analgesics for chronic intractable pain with neuropathic pain 5) Shoulder, arms, hands pain 6) Trigeminal Neuralgia poor tolerance of Tegretol 7) Status post 2000 industrial injury to lumbar spine with spinal cord injury and full paralysis lower extremities. According to report dated 10/15/2013 by [REDACTED], the patient is experiencing stiffness in the back, numbness and weakness in the right and left leg, and sharp pain in the hip and upper back. Patient indicates back pain is 6-7/10 and described as aching, burning, sharp, stabbing and throbbing. The patient was seen by a Pharmacologist, [REDACTED], who tapered Baclofen and Celebrex with an increased cognitive functioning and increased Gabapentin with a decrease in pain from all three changes. Medication list includes alprazolam 1mg, Cymbalta 60mg, Duragesic 50mcg, famotidine 40mg, mirtazapine 30mg, modafinil 200mg, Neurontin 600mg, olanzapine 2.5mg, promethegan 25mg, senna 50mg, and trazodone 50mg. The treater is requesting a refill of medications, EMG/NCV, neurologist evaluation, psychiatric treatments and home health evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

PROMETHEGAN 25MG WITH THREE REFILLS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Mosby's Drug Consult

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) antiemetics.

Decision rationale: This patient presents with stiffness in the back, numbness and weakness in the right and left leg, and sharp pain in the hip and upper back. The treater is requesting Promethegan 25mg with 3 refills. The ACOEM, MTUS and ODG guidelines do not discuss Promethegan. Promethegan contains Promethazine, a drug sometimes used to counter nausea side effects from use of opiates. ODG guidelines state that antiemetics are not recommended for nausea and vomiting secondary to chronic opioid use. They are recommended for acute use only. Twenty two progress reports, dating from 11/27/2012 to 10/22/2013, by four different physicians were reviewed. In none of these reports are there any discussions as to why this patient is being prescribed this medication. It is assumed that it is used for nausea from Opiate but none of the reports discuss patient's side effects from medications. Given the lack of support from the guidelines for antiemetics for opioid induced nausea, recommendation is for denial.

120 SENNA-DOCUSATE 60MG WITH THREE REFILLS: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Mosby's Drug Consult

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76-78.

Decision rationale: This patient presents with stiffness in the back, numbness and weakness in the right and left leg, and sharp pain in the hip and upper back. Utilization review dated 10/18/2013 denied the request stating that without subjective or objective finding of constipation there is no medical necessity. The MTUS guidelines pg 76-78 discusses prophylactic medication for constipation when opiates are used. In this case, medical records indicate this patient has been taking opiates on a long term basis, specifically Duragesic since 03/01/2013. The requested Senna is medically necessary and recommendation is for approval.

30 MIRTAZAPINE 30MG WITH THREE REFILLS: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Remeron for insomnia.

Decision rationale: This patient presents with stiffness in the back, numbness and weakness in the right and left leg, and sharp pain in the hip and upper back. Utilization review dated

10/18/2013 modified the certification to #30 with the 3 refills being non-certified. The MTUS and ACOEM guidelines do not discuss this medication. Therefore, ODG guidelines were referenced. ODG guidelines have the following regarding Remeron for insomnia: "Sedating antidepressants (e.g., amitriptyline, trazodone, mirtazapine) have also been used to treat insomnia; however, there is less evidence to support their use for insomnia (Buscemi, 2007) (Morin, 2007), but they may be an option in patients with coexisting depression." In this case, functional restoration visit report dated 04/24/2013 indicates patient is "depressed and irritable." The report goes on to state, "there were no complaints of appetite or sleep problems." Given the reports discussion regarding depression and the patient's insomnia from chronic pain, use of this medication may be appropriate. However, none of the reports document the patient's sleep disturbance. None of the reports discuss how this medication has helped with the patient's sleep issues and how it has changed the patient's daily function. MTUS page 60 require discussion of pain/function for medications used to treat chronic pain. Given the lack of any documentation regarding this medication's efficacy, recommendation is for denial.

30 CYMBALTA 60MG WITH THREE REFILLS: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-17.

Decision rationale: This patient presents with stiffness in the back, numbness and weakness in the right and left leg, and sharp pain in the hip and upper back. The treater is requesting a refill of Cymbalta for patient's neuropathic pain. For Cymbalta, the MTUS guidelines pg16, 17 states, "Duloxetine (Cymbalta®) is FDA-approved for anxiety, depression, diabetic neuropathy, and fibromyalgia. Used off-label for neuropathic pain and radiculopathy. Duloxetine is recommended as a first-line option for diabetic neuropathy." In this case, the patient is prescribed Cymbalta for his neuropathic. Report from 02/23/2013 states patient gets pain relief from Cymbalta. Given Cymbalta is a first-line option for neuropathic pain and the treater is report some efficacy, recommendation is for approval.

15 DURAGESIC 60MCG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain Page(s): 60-61.

Decision rationale: This patient presents with stiffness in the back, numbness and weakness in the right and left leg, and sharp pain in the hip and upper back. The treater is requesting a refill of Duragesic 60mcg #15. Medical records show this patient has been prescribed Duragesic 60mcg since 03/01/2013. According to MTUS, pg. 8-9, "when prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain,

increased level of function, or improved quality of life." For chronic opiate use, MTUS guidelines pages 88 and 89 states: "Document pain and functional improvement and compare to baseline... Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." In this case, reports from 04/03/2013 through 10/22/2013 provide no discussions regarding how Duragesic has been helpful in terms of decreased pain or functional improvement. In addition, the treater does not use any numerical scales to assess patient's pain and function as required by MTUS. There are no discussions regarding the patient's ADL's and how this medication has affected it; no mention of the patient's quality of life. Given the lack of sufficient documentation demonstrating efficacy for chronic opiate use, the patient should slowly be weaned as outlined in MTUS Guidelines. Recommendation is for denial.

60 FAMOTIDINE 40MG WITH THREE REFILLS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Mosby's Drug Consult

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 69.

Decision rationale: This patient presents with stiffness in the back, numbness and weakness in the right and left leg, and sharp pain in the hip and upper back. The treater is requesting a refill of Famotidine. The ACOEM, MTUS and ODG Guidelines do not specifically discuss Famotidine. However, The MTUS pg 69 states under NSAIDs prophylaxis to discuss, GI symptoms & cardiovascular risk and recommendations are with precautions as indicated below. Clinicians should weigh the indications for NSAIDs against both GI and cardiovascular risk factors. Determine if the patient is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). In this case, the treater fails to mention any GI symptoms from this patient. The patient is not taking any NSAIDs either. It is not known why this medication is being prescribed as there is no documentation of any GI complaints. Recommendation is for denial.

30 OLANZAPINE 2.5MG WITH THREE REFILLS: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

Decision rationale: This patient presents with stiffness in the back, numbness and weakness in the right and left leg, and sharp pain in the hip and upper back. The treater is requesting Olanzapine 2.5mg #30 with 3 refills. Olanzapine is an atypical antipsychotic which is not recommended for chronic pain condition or depression per ODG guidelines. ODG states, "Not

recommended as a first-line treatment. Zyprexa (olanzapine) is used to treat the symptoms of psychotic conditions such as schizophrenia and bipolar disorder. There is insufficient evidence to recommend atypical antipsychotics for conditions covered in ODG." Given the lack of support from the guidelines for the use of this medication, and lack of specific discussion in the reports, recommendation is for denial.

90 BACLOFEN 10MG WITH THREE REFILLS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants for pain Page(s): 63.

Decision rationale: This patient presents with stiffness in the back, numbness and weakness in the right and left leg, and sharp pain in the hip and upper back. The treater is requesting Baclofen. For muscle relaxants for pain, the MTUS Guidelines page 63 states, "Recommended non-sedating muscle relaxants with caution as a second line option for short term treatment of acute exasperations in patients with chronic LBP. Muscle relaxants may be effective in reducing pain and muscle tension and increasing mobility; however, in most LBP cases, they showed no benefit beyond NSAIDs and pain and overall improvement." A short course of muscle relaxant for patient's reduction of pain and muscle spasms; however, the treater is requesting #90 with 3 refills. Baclofen is not recommended for long term use. Therefore, recommendation is for denial.

60 ALPRAZOLAM 1MG WITH THREE REFILLS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24.

Decision rationale: This patient presents with stiffness in the back, numbness and weakness in the right and left leg, and sharp pain in the hip and upper back. The MTUS guidelines page 24 states, "benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks." Medical records indicate this patient has been taking this medication since 01/24/2013. MTUS does not support long term use of benzodiazepines. Recommendation is for denial.

30 MODAFINIL 200MG WITH THREE REFILLS: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

Decision rationale: This patient presents with stiffness in the back, numbness and weakness in the right and left leg, and sharp pain in the hip and upper back. The ACOEM and MTUS guidelines do not discuss Modafinil. However, ODG guidelines have the following regarding Provigil: "Not recommended solely to counteract sedation effects of narcotics. Armodafinil is used to treat excessive sleepiness caused by narcolepsy or shift work sleep disorder. It is very similar to Modafinil. Studies have not demonstrated any difference in efficacy and safety between Armodafinil and modafinil." Once again, there are no discussions regarding why this medication is being prescribed. A review of twenty two progress reports by four different providers does not provide any discussions regarding this medication. It is presumably used to counter sedation side-effects from opiates. However, the ODG does not support this medication for sedation side effects. Recommendation is for denial.

30 TRAZODONE 50MG WITH THREE REFILLS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants Page(s): 13-17.

Decision rationale: This patient presents with stiffness in the back, numbness and weakness in the right and left leg, and sharp pain in the hip and upper back. Trazodone is classified as an anti-depressant. The MTUS Guidelines on antidepressants page 13 to 17 states "recommended as a first line option for neuropathic pain and is a possibility for non-neuropathic pain." As medical records documents, the patient has been prescribed this medication since 05/28/2013. This patient presents with long history of depression and Trazodone may be indicated. However, the treater does not discuss the efficacy of this medication. Progress reports dated 06/25/2013, 07/08/2013, 08/20/2013, 09/17/2013, 10/03/2013 and 10/13/2013 all make a request for continuation of Trazodone; however, there is no indication that this medication is doing anything for this patient.