

Case Number:	CM13-0051783		
Date Assigned:	12/27/2013	Date of Injury:	04/19/2002
Decision Date:	03/24/2014	UR Denial Date:	10/24/2013
Priority:	Standard	Application Received:	11/14/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine and Emergency Medicine, and is licensed to practice in Florida. 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 physician 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 patient is a 59 year-old with a date of injury of 04/19/02. A progress report associated with the request for services, dated 09/26/13, identified subjective complaints of increased pain for which he is taking a higher dose of oral analgesics. He had improvement in the paresthesias of his lower extremity as a result of his spinal stimulator. Objective findings included tenderness to palpation of the cervical and lumbar spines with decreased range-of-motion. There was decreased sensation in the L5-S1 dermatome and decreased reflexes. Diagnoses included lumbar degenerative disc disease with radiculopathy; medication induced gastritis; and left carpal tunnel syndrome. Treatment has included a spinal cord stimulator, bilateral carpal tunnel release in 2005, a knee arthroscopy, and oral therapy including analgesics. Long-term medications have included Soma, Kadian, Ambien, Lorcet, Anaprox, Topamax, and Neurontin. None of the typical indicators of functional improvement measures such as work function, activities of daily living, physical impairments, or compliance with a home program with associated reduction in treatment was documented. A Utilization Review determination was rendered on 10/24/13 recommending non-certification of "Kadian 30mg 2-3 times/day #80; Lortab 10/500mg 3-4 tabs/day #150; Soma 350 mg 1 tab tid #90; Prilosec 20mg daily #30; Neurontin 600mg 1 tab tid #90; Topamax 50 mg #60; Ambien 10mg qhs #30".

IMR ISSUES, DECISIONS AND RATIONALES

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

Kadian 30mg 2-3 times/day, #80: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Improvement Measures; Opioids Page(s): 48, 74-83.

Decision rationale: Kadian is a sustained release form of morphine. Morphine is classified as an opioid analgesic. The MTUS Guidelines related to on-going treatment of opioids indicate that there should be documentation and ongoing review of pain relief, functional status, appropriate use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. A recent epidemiologic study found that opioid treatment for chronic non-malignant pain did not seem to fulfill any of the key outcome goals including pain relief, improved quality of life, and/or improved functional capacity. The documentation submitted lacked a number of the elements listed above, including the level of functional improvement afforded by the chronic opioid therapy. The Guidelines also indicate that with chronic low back pain, opioid therapy "Appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (> 16 weeks), but also appears limited." Additionally, "There is also no evidence that opioids showed long-term benefit or improvement in function when used as treatment for chronic back pain (Martell - Annals, 2007)." The employee has been on opioids well in excess of 16 weeks. In this case, the level of pain has increased. There is no documentation of the other elements of the pain assessment referenced above or necessity of therapy beyond 16 weeks or specific functional improvement. Therefore, there is no documented medical necessity for Kadian.

Lortab 10/500mg 3-4 tabs/day, #150: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Improvement Measures; Opioids Page(s): 48, 74-83.

Decision rationale: The employee is on chronic Lortab 10/500. This is classified as an opioid analgesic in combination with acetaminophen. The MTUS Guidelines related to on-going treatment of opioids indicate that there should be documentation and ongoing review of pain relief, functional status, appropriate use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. A recent epidemiologic study found that opioid treatment for chronic non-malignant pain did not seem to fulfill any of the key outcome goals including pain relief, improved quality of life, and/or improved functional capacity. The documentation submitted lacked a number of the elements listed above, including the level of functional improvement afforded by the chronic opioid therapy. The Guidelines also indicate that with chronic low back pain, opioid therapy "Appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (> 16 weeks), but also appears limited." Additionally, "There is also no evidence that

opioids showed long-term benefit or improvement in function when used as treatment for chronic back pain (Martell - Annals, 2007)." The employee has been on opioids well in excess of 16 weeks. In this case, the level of pain has increased. There is no documentation of the other elements of the pain assessment referenced above or necessity of therapy beyond 16 weeks or specific functional improvement. Likewise, combination therapy containing the 500 mg strength of acetaminophen has been discouraged by the FDA due to the increased risk of dose-specific hepatotoxicity. Therefore, there is no documented medical necessity for Lortab.

Soma 350mg 1 tab TID, #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 65.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma) Page(s): 29.

Decision rationale: Soma (carisoprodol) is a centrally acting muscle relaxant with the metabolite meprobamate, a schedule-IV controlled substance. The MTUS Guidelines indicate that carisoprodol is not recommended. It has been suggested that the main effect is due to generalized sedation and treatment of anxiety. It has interactions with other drugs including benzodiazepines, tramadol, and hydrocodone. It is associated withdrawal symptoms and is abused for the above mentioned effects. Therefore, there is no documented medical necessity for Soma.

Prilosec 20mg daily, #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Section NSAIDs Page(s): 68-69.

Decision rationale: There is no indication for Prilosec, a proton pump inhibitor, for treatment of musculoskeletal pain. Likewise, prophylaxis against the GI side effects of NSAIDs is based upon the patient's risk factors. These include (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 NSAIDs. Specifically, non-selective NSAIDs without prophylaxis are considered "okay" in patients with no risk factors and no cardiovascular disease. In this case, there is no documentation of any of the above risk factors. Likewise, though there is a diagnosis of medication induced gastritis, there is no mention of ongoing symptoms or resolution. Therefore, the medical record does not document the medical necessity for Prilosec.

Neurontin 600mg 1 tab TID, #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 19.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy Drugs (AEDs), Page(s): 16-21, 49.

Decision rationale: Gabapentin (Neurontin) is an anti-seizure agent. The MTUS Chronic Pain Guidelines note that this class of agents is recommended for neuropathic pain, but there are few randomized trials directed at central pain and none for painful radiculopathy. Further, it states: "A recent review has indicated that there is insufficient evidence to recommend for or against antiepileptic drugs for axial low back pain." The Guidelines also indicate that the role for gabapentin is for: "...treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered first-line treatment for neuropathic pain." No recommendations are made for specific musculoskeletal etiologies. Due to the lack of supporting data, there is no documented medical necessity for gabapentin or evidence of functional improvement from gabapentin in this employee with back pain.

Topomax 50mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 21.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy Drugs (AEDs), Page(s): 16-21.

Decision rationale: Topamax (topiramate) is an anti-seizure agent. The MTUS Guidelines note that this class of agents is recommended for neuropathic pain, but there are few randomized trials directed at central pain and none for painful radiculopathy. Further, the MTUS states: "A recent review has indicated that there is insufficient evidence to recommend for or against antiepileptic drugs for axial low back pain." The Guidelines also indicate that Topamax specifically has shown variable efficacy, with failure to demonstrate efficacy in neuropathic pain of "central" etiology. It is only considered specifically when other anticonvulsants fail. Likewise, there is no evidence supporting the use of two different anticonvulsants for pain. Due to the lack of supporting data, there is no documented medical necessity for Topamax or evidence of functional improvement from Topamax in this employee.

Ambien 10mg QHS, #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 (ODG), Section Pain, Zolpidem.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Section Pain, Insomnia Treatment; and www.Ambien.com

Decision rationale: Ambien (zolpidem) is a non-benzodiazepine gamma-aminobutyric acid (GABA) agonist used for the short-term treatment of insomnia. The MTUS Guidelines do not

specifically address zolpidem. The Official Disability Guidelines (ODG) state that treatment of insomnia should be through correction of underlying deficits. They further note that zolpidem is indicated for short-term treatment of insomnia. They note that zolpidem has multiple side effects and adults who use zolpidem have a greater than 3-fold increased risk for early death. Likewise, the FDA has recommended lower doses for IR release products in women (10 mg to 5 mg) and a decrease from 12.5 mg to 6.25 mg for extended-release products (Ambien CR). In this case, Ambien has been used beyond the short-term. Therefore, the record does not document the medical necessity for Ambien.