

Case Number:	CM13-0051950		
Date Assigned:	12/27/2013	Date of Injury:	11/20/2008
Decision Date:	03/10/2014	UR Denial Date:	10/25/2013
Priority:	Standard	Application Received:	11/15/2013

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 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 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 61-year-old male with a date of injury of 11/20/2008. The current listed diagnoses from 10/17/2013 report by treating physician are lumbar radiculopathy, disk disorder of lumbar spine, low back pain. The presenting symptoms are lower back pain, pain increased since last visit, and no change in location. The listed current medications are trazodone, Lyrica, Cymbalta, Norco, and amlodipine besylate. An MRI of the lumbar spine in 2011, showed a large disk extrusion at L4-L5. Electromyography/nerve conduction velocity (EMG/NCV) studies in 2009, showed right chronic L5 radiculopathy. Under discussion, the treating physician has Norco #90 for breakthrough pain, Zanaflex #90 for muscle spasms, Lyrica 75 mg for neuropathic pain, trazodone 100 mg for insomnia, and Cymbalta 30 mg for pain. A phone call is documented on 10/22/2013, with the utilization reviewer by the physician. However, in this note, he only has current medications listed and there are no discussions regarding pain assessment and functional measures.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zanaflex 4 mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ant spasticity/antispasmodic drugs Page(s): 66.

Decision rationale: This patient presented with chronic low back pain, and an MRI which demonstrated disk herniation at L4-L5. The treating physician has been prescribing Zanaflex for a number of months. However, despite the review of reports from 06/20/2013 to 12/12/2013, there is not a single mention of muscle spasms or the use of Zanaflex. This medication is not discussed by itself as to how it has affected this patient's pain level, spasms, and function. The reports have generic descriptions of this patient stating that medications are working with the patient's activities of daily living improved optimally on current doses. However, there is not a specific discussion regarding what Zanaflex is doing for this patient. The Chronic Pain Guidelines do not recommend muscle relaxants in general. However, Zanaflex is allowed for low back pain, myofascial pain, and for chronic pain conditions such as fibromyalgia. There is no documentation of myofascial pain. Although low back pain is documented, the physician does not provide a description as to what this medication is doing for this patient and whether or not the patient has spasms or spasticity. Recommendation is for denial.

Norco 10/325mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 79-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain and Criteria for use of opioids. Page(s): 60-61,88-89.

Decision rationale: This patient presented with chronic low back pain, and an MRI which demonstrated disk herniation at L4-L5. The treater has been prescribing Norco for a number of months. Despite the review of reports from 06/20/2013 to 12/12/2013, there are inadequate documentations of pain assessment and the patient's functional level. For example, 10/17/2013 states that the patient's activity remains the same, medications are used as prescribed, and they are working well. The 09/17/2013 report talks about no new injury, quality of life is the same, activity is the same, medications are taken as prescribed, and they are "working well". On this visit, the patient tested positive for Oxycontin, which was apparently due to the patient receiving Percocet at [REDACTED] for neck pain. The report from 08/15/2013 has near identical description of this patient's function and pain, stating that the patient is stable on medications, there is no change in 6 months or greater, and function and activities of daily living have improved optimally on medications. The physician's report finally goes into a little more detail on 12/12/2013, stating that the patient is able to care for himself, sit, stand, walk for 60 minutes, run errands, and help with the yard work, use of the leaf blower, and the self-propelled mower. Reports dating back to 06/20/2013 show similar generic description of this patient's function and activities and improvement. There is no mention of numerical scale to depict the patient's pain or function as required by MTUS Guidelines. For chronic use of opiates, the Chronic Pain Guidelines require documentation of pain and functional improvement compared to baseline. Pain should be assessed at each visit and function should be measured at 6-month intervals using a numerical scale or validated instrument. In this case, there is no numerical scale or use of a valid instrument. There is lack of documentation of pain and all of the responses are generic,

templated description of pain and function. Under outcome measures, the guidelines also require documentation of current pain, the least reported pain over the period since the last assessment, average pain, and intensity of pain after taking the opioids. The documentation provided for review does not provide this information. A slow weaning process is recommended per MTUS Guidelines.

Lyrica 75mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 20.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 16-17,19-20.

Decision rationale: This patient presented with chronic low back pain, and an MRI which demonstrated disk herniation at L4-L5. The treating physician has been prescribing Lyrica 75 mg for a number of months. However, despite the review of reports from 06/20/2013 to 12/12/2013, there is not a single mention of what this medication is doing for this patient. Each progress report is generic and appears to be repeated on a monthly basis, with such descriptions as stable on medication, no change in six months or greater, function and ADL improved optimally on medications. None of the reports describe specifically what Lyrica is doing for this patient. None of the reports describe neuropathic pain, a diagnosis required for use of this medication. The Chronic Pain Guidelines do recommend anti-epilepsy drugs for neuropathic pain, and it states that Lyrica has been demonstrated effective in treatment of diabetic nephropathy and post-hepatic neuralgia, and is considered first line treatment for both. The patient has disk herniation at L4-L5; however, there is no documentation indicating significant radiating symptoms down the lower extremity. Furthermore, there is no documentation indicating whether or not Lyrica has done anything with this patient's potential neuropathic pain. Recommendation is for denial.

Trazodone 100 mg: 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) Mental Illness and Stress Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants Page(s): 13-15. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

Decision rationale: This patient presented with chronic low back pain, and an MRI which demonstrated disk herniation at L4-L5. The patient has been prescribed trazodone all along. However, the treating physician does not provide any documentation as to what this medication is doing for the patient. Despite the review of the reports from 06/20/2013 to 12/12/2013, there is no indication of what trazodone has done for this patient. Each of the reports state that the quality of sleep is fair, but does not mention whether or not this is due to the use of trazodone.

The Chronic Pain Guidelines indicate that antidepressants are recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain; however, the guidelines do not specifically address trazodone for insomnia. The Official Disability Guidelines support the use of trazodone for insomnia. Therefore, it would be reasonable to use trazodone, but documentation of medication efficacy is required. In this case, such documentation is lacking. Recommendation is for denial.

Cymbalta 30mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 15-16.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Specific antidepressants: Selective serotonin and norepinephrine reuptake inhibitors (SNRIs) Pag.

Decision rationale: This patient presented with chronic low back pain, and an MRI which demonstrated disk herniation at L4-L5. The Chronic Pain Guidelines indicate that Cymbalta is FDA approved for anxiety and depression, diabetic nephropathy, and fibromyalgia. There is off-label use for neuropathic pain and radiculopathy. Despite the review of reports from 06/20/2013 to 12/12/2013, there is no documentation of radiculopathy other than the listed diagnosis. There is no documentation of radiating symptoms in the lower extremities, or numbness and tingling symptoms, which are characteristic of neuropathy and radiculopathy. Each of the reports describes subjective pain as "lower back ache." In this case, the use of Cymbalta would not be indicated per MTUS Guidelines. The reports describe whether or not the Cymbalta is doing anything for this patient specifically. None of the documentation indicates what Cymbalta is doing for this patient. Given the lack of documentation, recommendation is for denial.