

Case Number:	CM13-0061975		
Date Assigned:	12/30/2013	Date of Injury:	10/07/2009
Decision Date:	08/21/2014	UR Denial Date:	11/25/2013
Priority:	Standard	Application Received:	12/05/2013

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 54 year old male who was injured on 12/27/2009 due to an industrial injury. Prior medication history included Cetirizine Hcl 10 mg, Gabapentin 600 mg, Nortriptyline Hcl 50 mg, Voltaren-XR 100 mg, Pantoprazole Sodium 20 mg, Zolpidem Tartrate 10 mg, Hydrocodone-APAP, and Atenolol 25 mg. a progress report dated 11/14/2013 indicates the patient complained of low back pain that is aching, sharp and stabbing in nature. He also reported cramping of the bilateral calves and in the low back, and having difficulty with activities of daily living. He reported movement exacerbated his pain and it is alleviated with rest, massage therapy and medications. On exam, lumbar spine range of motion flexion is limited by 60%, extension is limited by 70%, right rotation is limited by 70%, left rotation is limited by 70%, right side bending is limited by 70%, and left side bending is limited by 70%. There is moderate tight band, moderate spasm, moderate hypertonicity, and moderate tenderness along the bilateral lumbar. Straight leg raise is moderately positive at L5 at 45 degrees and bilateral S1 at 40 degrees for radicular symptomatology. There are facet distraction/loading maneuvers bilaterally at L4-L5 and bilateral L5-S1 for axial lumbar pain. Deep tendon reflexes are 2+/4 at the bilateral medial hamstring and at the bilateral Achilles. He has diagnoses of post lumbar laminectomy syndrome, lumbar radiculopathy, lumbar spinal stenosis, jugular vein distention (JVD) disorder with myelopathy, depressive disorder, pain in the lower leg joint, lumbar spondylosis, lumbar degenerative disk disease, lumbar stenosis with neurogenic claudication, lumbago, gait instability and abnormal gait. He was recommended to continue home exercises and has been recommended for a spinal cord stimulator trial as well as the following medications: Gabapentin, Voltaren XR, Hydrocodone APAP, Nortriptyline, Pantoprazole, Orphenadrine citrate, and Zolpidem 10. He had a urine tox screen which revealed positive results for tricyclic antidepressant (TCA). Prior utilization review dated 11/25/2013 states the requests

for in-office spinal cord stimulator, Hydrocodone APAP 10-325, Orphenadrine citrate 100 mg 60, Gabapentin 600mg tablet, Nortriptyline hcl 50 mg tablet, Pantoprazole sodium dr 20 mg tablet, Voltaren XR 100mg tablet are denied as medical necessity has not been established.

IMR ISSUES, DECISIONS AND RATIONALES

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

IN-OFFICE SPINAL CORD STIMULATOR: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back , Spinal cord stimulator).

Decision rationale: Per MTUS guidelines, it is recommended only for selected patients in cases when less invasive procedures have failed or are contraindicated, for specific conditions indicated below, and following a successful temporary trial. Although there is limited evidence in favor of Spinal Cord Stimulators (SCS) for failed back surgery syndrome (FBSS) and complex regional pain syndrome (CRPS) type I, more trials are needed to confirm whether SCS is an effective treatment for certain types of chronic pain. Indications for stimulator implantation include: failed back syndrome, complex regional pain syndrome (CRPS)/reflex sympathetic dystrophy (RSD), post amputation pain (phantom limb pain), post herpetic neuralgia, spinal cord injury dysesthesias, pain associated with multiple sclerosis, peripheral vascular disease, after the patient has tried and failed conservative management and the patient successfully passes the psychological evaluation. In this case, the medical records do not document that the patient has failed all conservative options, as there is no record of prior history of physical therapy, home exercise program, psychotherapy, biofeedback, acupuncture, spinal injections, etc. There is no documentation of psychological clearance. Therefore, according to guidelines, the request is not medically necessary.

HYDROCODONE APAP 10-325: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 76. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Hydrocodone.

Decision rationale: Hydrocodone is indicated for moderate to severe pain. It is classified as a short-acting opioid, which are seen as an effective method in controlling chronic pain for intermittent or breakthrough pain. These agents are often combined with other analgesics such as acetaminophen and aspirin. Guidelines indicate four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects,

physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) 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). The medical records do not establish failure of non-opioid analgesics, such as NSAIDs or acetaminophen, which are known to be effective for treatment of moderate to severe pain and symptoms. There is no documentation of any significant improvement in pain and function with prior use. In addition there is no mention of ongoing attempts with non-pharmacologic means of pain management. As such, the request is not medically necessary.

ORPHENADRINE CIT ER 100 MG 60 TQB: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants(Orphenadrine) Page(s): 63-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Muscle relaxants(Orphenadrine).

Decision rationale: Per MTUS Guidelines, non-sedating muscle relaxants are recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain (LBP). Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond nonsteroidal anti-inflammatory drugs (NSAIDs) in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. In this case, there is little information as to the muscle spasm and its characteristics in this patient. It's not clear if the patient has failed first line treatments and alternatives such as spinal manipulations, home exercise program and stretching. There is no documentation of any significant improvement with prior use. Therefore, the request for Orphenadrine is considered not medically necessary.

GABAPENTIN 600MG TABLET: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin Page(s): 18-19. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain , Gabapentin.

Decision rationale: According to the guidelines, an anti-epilepsy drug (AED), such as Gabapentin, is recommended for neuropathic pain (pain due to nerve damage). Gabapentin has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. The medical records do not establish the patient has neuropathic pain. Furthermore, there is no documentation

of any significant subjective improvement with prior use of gabapentine. The medical necessity of Gabapentin has not been established under the guidelines.

NORTRITYLINE HCL 50 MG TABLET: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tricyclic antidepressants(Nortriptyline) Page(s): 15. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Tricyclic antidepressants(Nortriptyline).

Decision rationale: Tricyclic antidepressants are recommended as a first-line option in neuropathic pain, especially if pain is accompanied by insomnia, anxiety, or depression. Analgesia generally occurs within a few days to a week, whereas antidepressant effect takes longer to occur. Tricyclics have not been shown to be significantly effective in randomized controlled trials in treating neuropathic cancer pain, phantom limb pain, or chronic lumbar root pain. Tricyclics are contraindicated in patients with cardiac conduction disturbances and/or decompensation. For patients > 40 years old, a screening electrocardiography (ECG) is recommended prior to initiation of therapy. They can create anticholinergic side effects of dry mouth, sweating, dizziness, orthostatic hypotension, fatigue, constipation, and urinary retention. In this case, there is no clear evidence of neuropathic pain or details of a depressive disorder in this injured worker. Furthermore, there is no documentation of any significant subjective improvement with prior use. Therefore, under the guidelines and the submitted clinical information the request is not medically necessary.

PANTOPRAZOLE SODIUM DR 20 MG TABLET: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI symptoms and cardiovascular risk Page(s): 68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, PPI (Pantoprazole).

Decision rationale: According to the CA MTUS, proton pump inhibitors (PPIs) are recommended for patients at intermediate risk for gastrointestinal events. The CA MTUS guidelines state PPI medications may be indicated for patients at risk for gastrointestinal events, which should be determined by the clinician: (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. The guidelines recommend GI protection for patients with specific risk factors, however, the medical records do not establish the patient is at significant risk for GI events. In absence of documentation the medical necessity of Pantoprazole has not been established.

ZOLPIDEM TARTRATE 10 MG TABLET: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) PAin, Zolpidem).

Decision rationale: As per ODG, Zolpidem (Ambien) is a prescription short-acting nonbenzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia. Proper sleep hygiene is critical to the individuals with chronic pain and often is hard to obtain, which has not been addressed in this case. Additionally, it is unclear from the records for how long he has been prescribed this medication. As such, the request is not medically necessary.

VOLTAREN - XR 100MG TABLET: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67-68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) PAin, Voltaren.

Decision rationale: According to the MTUS Guidelines, Voltaren XR (Diclofenac sustained release) NSAIDs are recommended as an option for short-term symptomatic relief at the lowest dose. A Cochrane review of the literature on drug relief for low back pain (LBP) suggested that NSAIDs were no more effective than other drugs such as acetaminophen, narcotic analgesics, and muscle relaxants. The review also found that NSAIDs have more adverse effects than placebo and acetaminophen, but fewer effects than muscle relaxants and narcotic analgesics. The medical records do not demonstrate that this injured worker has obtained any benefit associated with this medication. In the absence of documented significant improvement of pain and function, the request is not medically necessary.

CETIRIZINE HCL 10MG TABLET: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: <http://www.nlm.nih.gov>.

Decision rationale: Cetirizine is in a class of medications called antihistamines. It works by blocking the action of histamine, a substance in the body that causes allergic symptoms. Cetirizine is used to temporarily relieve the symptoms of hay fever (allergy to pollen, dust, or other substances in the air) and allergy to other substances (such as dust mites, animal dander,

cockroaches, and molds). These symptoms include sneezing; runny nose; itchy, red, watery eyes; and itchy nose or throat. Cetirizine is also used to treat itching and redness caused by hives. However, Cetirizine does not prevent hives or other allergic skin reactions. There is no documentation of any of the above symptoms in this injured worker. Therefore, the request is not medically necessary.