MAXIMUS Federal Services

Case Number:	CM13-0064779		
Date Assigned:	01/03/2014	Date of Injury:	03/11/2005
Decision Date:	07/03/2014	UR Denial Date:	11/25/2013
Priority:	Standard	Application Received:	12/12/2013

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 Occupational Medicine 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 53 year-old female who has reported low back pain after an injury on 3/11/05. Treatment has included a lumbar spine fusion in August 2006 followed by revision surgeries. Another surgery has been proposed. Other treatments including a walker, brace, cane, physical therapy, chiropractic care, and polypharmacy. A urine drug screen result from 9/23/11 was positive for benzodiazepines, methadone, Hydrocodone, and Oxycodone. On 11/19/12, pain was severe, function was poor, and the blood pressure was 98/65. No medications were listed or discussed.Per the primary treating physician PR2 from 5/8/13, there was severe back and leg pain which impaired even light activities of daily living. All motion was restricted and painful. Surgery and narcotic rehab were discussed. A urine drug screen result from 5/8/13 was reportedly positive for methadone, Oxycodone, Oxymorphone, Cotinine, and Meprobamate. On 4/19/13 and 7/12/13, the treating physician prescribed Norco, methadone, Zanaflex, prednisone, Amlactin, Keflex, and Gabapentin. Back and leg pain were present, and the injured worker was using a cane. None of the medications were discussed. A motorized scooter was recommended. On 9/6/13 the treating physician prescribed Norco, methadone, Zanaflex, prednisone, Amlactin, Keflex, and Gabapentin. Back and leg pain were present, and the injured worker was using a cane. Function was not otherwise discussed and none of the medications were discussed. A urine drug screen report from 10/3/13 was positive for EDDP, Oxycodone, and Methadone. Medical reports during 2013 discuss plans for "narcotic rehab".On 11/25/13 Utilization Review non-certified the medications now under Independent Medical Review, noting the MTUS recommendations that were not followed for each of the medications. The Official Disability Guidelines were also cited. The Independent Medical Review application lists only "medications" as the requested treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

120 Oxycontin 80MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 92.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid management; Opioids, steps to avoid misuse/addiction indications, Chronic back pain; Mechanical and compressive etiologies Page(s): 77-81, 94, 80, 81.

Decision rationale: There is no evidence that the treating physician is prescribing opioids according to the MTUS, which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract, and there should be a prior failure of non-opioid therapy. None of these aspects of prescribing are in evidence. Per the MTUS, opioids are minimally indicated, if at all, for chronic non-specific pain, osteoarthritis, and chronic back pain. Aberrant use of opioids is common in this population. Hydrocodone has been prescribed even though it is not evident in the urine drug screen results. Patients who fail drug tests should not be continued on any opioids without a very specific treatment plan to address this. This has not occurred. None of the medical reports address the specific benefit of each of the opioids prescribed in this case, and the reports show very poor function, such that the injured worker is described as unable to perform simple walking, standing, and light activities of daily living. Pain levels remain very high. By any measure, the pain relief and functional benefit for this injured worker have been very poor, and are not sufficient to justify the ongoing opioids. Based on the failure of prescribing per the MTUS and the lack of specific functional benefit, Oxycontin is not medically necessary.

90 Methadone 10mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 93.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid management; Opioids, steps to avoid misuse/addiction indications, Chronic back pain; Mechanical and compressive etiologies Page(s): 77-81, 94, 80, 81.

Decision rationale: There is no evidence that the treating physician is prescribing opioids according to the MTUS, which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract, and there should be a prior failure of non-opioid therapy. None of these aspects of prescribing are in evidence. Per the MTUS, opioids are minimally indicated, if at all, for chronic non-specific pain, osteoarthritis, and chronic back pain. Aberrant use of opioids is common in this population. Hydrocodone has been prescribed even though it is not evident in the urine drug screen results. Patients who fail drug tests should not be continued on any opioids without a very specific treatment plan to address this. This has not occurred. None of the medical reports address the specific benefit of

each of the opioids prescribed in this case, and the reports show very poor function, such that the injured worker is described as unable to perform simple walking, standing, and light activities of daily living. Pain levels remain very high. By any measure, the pain relief and functional benefit for this injured worker have been very poor, and are not sufficient to justify the ongoing opioids. Based on the failure of prescribing per the MTUS and the lack of specific functional benefit, methadone is not medically necessary.

Topamax: Upheld

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

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

Decision rationale: Per the MTUS, Topiramate is recommended for neuropathic pain. There is no good evidence in this case for neuropathic pain. There are no physician reports which adequately address the specific symptomatic and functional benefit from the AEDs used to date. Note the criteria for a "good" response per the MTUS. The physician reports do not discuss this medication or the reasons why it should be continued. Function and pain relief are very poor. Per the MTUS, Topiramate (Topamax) may be considered for neuropathic pain when other anticonvulsants fail. There is no record of adequate trials of other anticonvulsants. Topiramate is not medically necessary based on the lack of any clear indication, and the lack of significant symptomatic and functional benefit from its use to date.

Cymbalta: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain; Antidepressants for chronic pain, SSRIs (selective serotonin reuptake inhibitors); SNRIs (serotonin noradrenaline reuptake inhibitors) Page(s): 13-16, 60, 105, 107.

Decision rationale: There is no clear indication for Cymbalta in this case, as there is no evidence for neuropathic pain. If there were to be an indication for an antidepressant for chronic pain in this case, a TCA would be the first choice (see the MTUS citations). None of the treating physician reports discuss the specific indications for Cymbalta, or the results of use. Function and pain relief are very poor. The MTUS recommends that when antidepressants are used for chronic pain, that the treating physician provide a careful assessment of pain outcomes, function, changes in other medications, sleep quality, and psychological status. This kind of outcome information was not discussed or presented. Continued use of Duloxetine is not medically necessary based on the MTUS recommendations. There is no good evidence of efficacy in the medical records, and no clear indication based on the lack of neuropathic pain.

Neurontin: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy Drugs (AEDs) Page(s): 18-19.

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

Decision rationale: Per the MTUS, Gabapentin is recommended for neuropathic pain. There is no good evidence in this case for neuropathic pain. There are no physician reports which adequately address the specific symptomatic and functional benefit from the Gabapentin used to date. Note the criteria for a "good" response per the MTUS. None of the medical reports discuss the use of Gabapentin. Gabapentin is not medically necessary based on the lack of any clear indication, and the lack of significant symptomatic and functional benefit from its use to date.

Nexium: 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), Pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

Decision rationale: There are no medical reports which adequately describe the relevant signs and symptoms of possible GI disease. There is no examination of the abdomen on record. The medical reports from the prescribing physician do not discuss the indications for Nexium. Cotherapy with an NSAID is not indicated in patients other than those at high risk. This patient is not taking NSAIDs and the treating physician has not discussed the indications for Nexium. The MTUS, FDA, and recent medical literature have described a significantly increased risk of hip, wrist, and spine fractures; pneumonia, Clostridium-difficile-associated diarrhea, and hypomagnesemia in patients on proton pump inhibitors. Nexium is not medically necessary based on lack of medical necessity and risk of toxicity.

Soma: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 29.

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

Decision rationale: The MTUS for Chronic Pain does not recommend muscle relaxants for chronic pain. Non-sedating muscle relaxants are an option for short term exacerbations of chronic LBP. The muscle relaxant prescribed in this case is sedating. This patient has chronic pain with no evidence of prescribing for flare-ups. No reports show any specific and significant

improvements in pain or function as a result of prescribing muscle relaxants. Soma is categorically not recommended for chronic pain. Note its habituating and abuse potential. Per the MTUS, Soma is not indicated and is not medically necessary.

Norco: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid management; Opioids, steps to avoid misuse/addictionindications, Chronic back pain; Mechanical and compressive etiologies Page(s): 77-81, 94, 80, 81.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines page 78 and 79 regarding There is no evidence that the treating physician is prescribing opioids according to the MTUS, which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract, and there should be a prior failure of non-opioid therapy. None of these aspects of prescribing are in evidence. Per the MTUS, opioids are minimally indicated, if at all, for chronic non-specific pain, osteoarthritis, and chronic back pain. Aberrant use of opioids is common in this population. Hydrocodone has been prescribed even though it is not evident in the urine drug screen results. Patients who fail drug tests should not be continued on any opioids without a very specific treatment plan to address this. This has not occurred. None of the medical reports address the specific benefit of each of the opioids prescribed in this case, and the reports show very poor function, such that the injured worker is described as unable to perform simple walking, standing, and light activities of daily living. Pain levels remain very high. By any measure, the pain relief and functional benefit for this injured worker have been very poor, and are not sufficient to justify the ongoing opioids. Based on the failure of prescribing per the MTUS and the lack of specific functional benefit, Norco is not medically necessary.

Triamterene: 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 UpToDate, Choice of therapy in primary (essential) hypertension: Clinical trials.

Decision rationale: The Treating physician has provided no indications for Triamterene and none of his reports discuss the treatment of hypertension in this injured worker. The only blood pressure documented in the available records was from 2012, and that pressure was low, not high. There are no serial blood pressure measurements. Guidelines listed provide clear direction for treatment of high blood pressure, but there is no evidence of a clear diagnosis, monitoring, and treatment plan. Triamterene is not medically necessary based on lack of adequate blood pressure monitoring, lack of specific indications, and lack of reports addressing this medication.

Lisinopril: 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 UpToDate, Choice of therapy in primary (essential) hypertension: Clinical trials.

Decision rationale: The treating physician has provided no indications for Lisinopril and none of his reports discuss the treatment of hypertension in this injured worker. The only blood pressure documented in the available records was from 2012, and that pressure was low, not high. There are no serial blood pressure measurements. Guidelines listed provide clear direction for treatment of high blood pressure, but there is no evidence of a clear diagnosis, monitoring, and treatment plan. Lisinopril is not medically necessary based on lack of adequate blood pressure monitoring, lack of specific indications, and lack of reports addressing this medication.

Amlactin: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.ncbi.nlm.nih.gov/pubmedhealth/PMHT0008962/.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Amlactin contains ammonium lactate, and is a skin moisturizer. No medical reports address the indications for skin treatment with this agent. The possible indications are numerous and varied. It is not possible to determine medical necessity in the absence of any reports which address Amlactin. Likewise, a guideline cannot be selected without more detailed information from the treating physician which addresses the proposed indications. Amlactin is not medically necessary based on lack of documented medical necessity, including lack of any documented indications.