MAXIMUS Federal Services

Case Number:	CM13-0066039		
Date Assigned:	01/03/2014	Date of Injury:	05/03/2006
Decision Date:	09/30/2014	UR Denial Date:	12/09/2013
Priority:	Standard	Application Received:	12/16/2013

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 Internal Medicine and is licensed to practice in Pennsylvania. 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 injured worker is an approximately 56-year-old woman (date of birth not provided) with a date of injury of 05/03/2006. An AME report by [redacted] dated 06/16/2009 identified the mechanism of injury as the worker was struck by a door when someone opened it not knowing the worker was on the other side, causing lower back pain, neck pain, and left shoulder pain. This AME report, a supplemental AME report by [redacted] on 09/03/2009, and a psychiatric AME report by [redacted] dated 12/08/2009 indicated the worker was experiencing neck pain, left arm pain, left hand tingling, excessive sweating from both hands, right leg numbness, headaches, dry eyes, pain involving the entire back, poor sleep, abdominal discomfort, constipation, and depressed mood. More recent clinical records were not submitted. The documented examinations revealed severe depressed mood; non-dermatomally and circumferential abnormal hypersensitivity in the legs with tenderness; and diffuse discomfort to light touch involving the left upper neck, back, shoulder, right lower back, and buttocks. The submitted and reviewed documentation concluded the worker was suffering from chronic pain syndrome, lumbar spondylosis, multilevel cervical spondylosis, probable complex regional pain syndrome, and a mood disorder. Treatment recommendations included the consideration of another trial of antidepressant medication and indicated the worker was not a good candidate for psychotherapy or a functional restoration program. A Utilization Review decision by [redacted] was rendered on 12/10/2013 recommending modification for Opana-ER (oxymorphone) 5mg to #45 and nortriptyline 25mg to #60 and recommending non-certification for Celebrex 200mg, Amitiza 8mcg, Topamax 100mg, Fexmid 7.5mg, pantoprazole 10mg, and Flector 1.3% patches.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 RX OPANA ER 5MG #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-95.

Decision rationale: Opana-ER is a medication in the opioid class. The MTUS Guidelines stress the lowest possible dose of opioid medications should be prescribed to improve pain and function, and monitoring of outcomes over time should affect treatment decisions. Documentation of pain assessments should include the current pain intensity, the lowest intensity of pain since the last assessment, the average pain intensity, pain intensity after taking the opioid medication, the amount of time it takes to achieve pain relief after taking the opioid medication, and the length of time the pain relief lasts. Acceptable results include improved function, decreased pain, and/or improved quality of life. No recent clinical records were submitted for review. The submitted and reviewed documentation from 2009 indicated the worker was experiencing pain and discomfort in a number of diffuse areas of the body despite continued treatment with oxymorphone and other pain medications. The reviewed records concluded the worker was suffering from chronic pain syndrome in addition to other issues. In light of the lack of supportive documentation, the current request for Opana-ER (oxymorphone) 5mg #60 is not medically necessary.

1 RX CELEBREX 200MG: 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): 67-73.

Decision rationale: Celebrex (celecoxib) is a medication in the selective non-steroidal anti-inflammatory drug (NSAID) class. The MTUS Guidelines support the use of NSAIDs in managing osteoarthritis-related moderate to severe pain. The Guidelines stress the importance of using the lowest dose necessary for the shortest amount of time. They further emphasize that clinicians should weigh the benefits of these medications against the potential negative effects, especially in the setting of gastrointestinal or cardiovascular risk factors. No recent clinical records were submitted for review. The submitted and reviewed documentation from 2009 indicated the worker was experiencing pain and discomfort in a number of diffuse areas of the body despite continued treatment with celecoxib and other pain medications. The reviewed records concluded the worker was suffering from chronic pain syndrome in addition to other issues. The request was made for an indefinite supply of celecoxib, which does not account for potential changes in the worker's overall health or treatment needs. Given these issues, the

current request for Celebrex (celecoxib) 200mg with an unknown quantity is not medically necessary.

1 RX NORTRIPTYLINE 25MG: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for Chronic Pain; Specific Antidepressants: Tricyclic Antidepressants Page(s): 13-14; 15.

Decision rationale: Nortriptyline is a medication in the tricyclic antidepressant class. The MTUS Guidelines recommend tricyclic antidepressants as first line agents against neuropathic pain unless the therapy is ineffective, poorly tolerated, or not able to be given for medical reasons. Analgesia generally occurs within a few days while the antidepressant effects tend to take longer. Efficacy should be assessed based on pain outcomes, functional improvement, decreased use of other pain medications, mood and psychiatric symptoms, and side effects. No recent clinical records were submitted for review. The submitted and reviewed documentation from 2009 indicated the worker was experiencing pain and discomfort in a number of diffuse areas of the body despite continued treatment with nortriptyline and other pain medications. The reviewed records concluded the worker was suffering from chronic pain syndrome, depressed mood, and problems sleeping, in addition to other issues. The request was made for an indefinite supply of nortriptyline, which does not account for potential changes in the worker's overall health or treatment needs. Given these issues, the current request for nortriptyline 25mg with an unknown quantity is not medically necessary.

1 RX AMITIZA 8MCG: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES.

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: Lubiprostone: Drug information. Topic 10195, version 62.0. UpToDate, accessed 09/23/2014.

Decision rationale: Amitiza (lubiprostone) is a medication in the miscellaneous gastrointestinal agent class. The MTUS Guidelines are silent on this issue in this clinical situation. Lubiprostone is approved to treat opioid-induced constipation, chronic constipation from an unclear cause, and irritable bowel syndrome with primarily constipation symptoms. This requested 8mcg dosage is approved for treatment of irritable bowel syndrome. No recent clinical records were submitted for review. The submitted and reviewed documentation from 2009 indicated the worker was experiencing pain and discomfort in a number of diffuse areas of the body despite continued treatment with opioids and other pain medications. The reviewed records concluded the worker was suffering from chronic pain syndrome and constipation, in addition to

other issues. There was no assessment of the constipation and no discussion suggesting the cause of this issue. The request was made for an indefinite supply of lubiprostone, which does not account for potential changes in the worker's overall health or treatment needs. Given these issues, the current request for Amitiza (lubiprostone) 8mcg with an unknown quantity is not medically necessary.

1 RX TOPAMAX 100MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy Drugs Page(s): 16-22.

Decision rationale: Topamax (topiramate) is a medication in the anticonvulsant class. The MTUS Guidelines recommend its use for neuropathic pain when other anticonvulsant medications have failed. The literature demonstrates variable efficacy with central neuropathic pain. No recent clinical records were submitted for review. The submitted and reviewed documentation from 2009 indicated the worker was experiencing pain and discomfort in a number of diffuse areas of the body despite continued treatment with topiramate and other pain medications. The reviewed records concluded the worker was suffering from chronic pain syndrome in addition to other issues. There was no mention of seizures. The request was made for an indefinite supply of topiramate, which does not account for potential changes in the worker's overall health or treatment needs. Given these issues, the current request for Topamax (topiramate) 100mg with an unknown quantity is not medically necessary.

1 RX FEXMID 7.5 MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-66.

Decision rationale: Fexmid (cyclobenzaprine) is a medication in the antispasmodic muscle relaxant class. The MTUS Guidelines support the use of muscle relaxants with caution as a second-line option for short-term use in the treatment of a recent flare-up of long-standing lower back pain. Some literature suggests these medications may be effective in decreasing pain and muscle tension and in increasing mobility, although efficacy decreases over time. In most situations, however, using these medications does not add additional benefit over the use of non-steroidal anti-inflammatory drugs (NSAIDs), nor do they add additional benefit in combination with NSAIDs. Negative side effects, such as sedation, can interfere with the worker's function, and prolonged use can lead to dependence. No recent clinical records were submitted for review. The submitted and reviewed documentation from 2009 indicated the worker was experiencing pain and discomfort in a number of diffuse areas of the body despite continued treatment with another muscle relaxant and other pain medications. The reviewed records concluded the worker

was suffering from chronic pain syndrome in addition to other issues. The request was made for an indefinite supply of cyclobenzaprine, which does not account for potential changes in the worker's overall health or treatment needs. Given these issues, the current request for Fexmid (cyclobenzaprine) 7.5mg with an unknown quantity is not medically necessary.

1RX PANTOPRAZOLE 10MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, Gastrointestinal Symptoms and Cardiovascular Risk Page(s): 68-69.

Decision rationale: Pantoprazole is a medication in the proton pump inhibitor class. The MTUS Guidelines recommend an individualized assessment of a worker's risk for gastrointestinal events when prescribing non-steroidal anti-inflammatory drugs (NSAIDs). Risk factors include age older than 65 years; a history of prior bleeding from the stomach or intestines, an ulcer, or an ulcer that eroded through the wall of the stomach or intestine; use of aspirin, steroids, or blood thinning medications at the same time as the NSAID; use of high dose NSAIDs; or use of multiple NSAIDs at the same time. If the worker has no risk factors, a non-selective NSAID alone is recommended. If the worker has an intermediate risk of gastrointestinal events, a non-selective NSAID with proton pump inhibitor medication is suggested. If the worker is assessed to have a high risk for gastrointestinal events, a selective NSAID with proton pump inhibitor medication is recommended only if absolutely necessary. No recent clinical records were submitted for review. The submitted and reviewed documentation from 2009 indicated the worker was experiencing pain and discomfort in a number of diffuse areas of the body despite continued treatment with multiple pain medications, including a selective NSAID. The reviewed records concluded the worker was suffering from chronic pain syndrome and constipation, in addition to other issues. There was no mention of any of the above risk factors, no discussion of the worker's risk for gastrointestinal events, and no indication other related issues were involved. The request was made for an indefinite supply of pantoprazole, which does not account for potential changes in the worker's overall health or treatment needs. Given these issues, the current request for pantoprazole 10mg with an unknown quantity is not medically necessary.

1RX FLECTOR 1.3% PATCHES: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: Flector (diclofenac) is a topical medication delivered through a patch in the non-steroidal anti-inflammatory drug (NSAID) class. The MTUS Guidelines recommend topical NSAIDs to treat pain due to osteoarthritis and tendonitis but not neuropathic pain. Use is

restricted to several weeks because the benefit decreases with time. It is specifically not recommended for use at the spine, hip, or shoulder areas. This particular medication is approved by the FDA only for the treatment of recent pain. No recent clinical records were submitted for review. The submitted and reviewed documentation from 2009 indicated the worker was experiencing pain and discomfort in a number of diffuse areas of the body despite continued treatment with topical diclofenac and other pain medications. The reviewed records concluded the worker was suffering from chronic pain syndrome in addition to other issues. The request was made for an indefinite supply of topical diclofenac, which does not account for potential changes in the worker's overall health or treatment needs. Given these issues, the current request for Flector (diclofenac) 1.3% patches with an unknown quantity is not medically necessary.