

Case Number:	CM13-0070508		
Date Assigned:	01/03/2014	Date of Injury:	10/07/2009
Decision Date:	08/13/2014	UR Denial Date:	12/19/2013
Priority:	Standard	Application Received:	12/24/2013

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 Family Medicine and is licensed to practice in North Carolina. 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 53 year-old with a reported date of injury of June 30, 2011. The patient has the diagnoses of post lumbar laminectomy syndrome, lumbar radiculopathy, lumbar spinal stenosis, intervertebral disc (IVD) disorder with lumbar myelopathy, depression, pain in joint lower leg, lumbar spondylosis, lumbar degenerative disc disease, lumbar stenosis with neurogenic claudication and lumbago. Treatment modalities have included transforaminal lumbar epidural injections, surgery and medication. Progress reports provided by the primary treating physician dated December 19, 2013 indicates the patient has complaints of intense low back pain with radiation to the lower extremities, difficulty controlling his urine/bowels with incontinence, sexual dysfunction due to low back pain, depression and insomnia. Physical exam showed a moderately antalgic gait, moderate decrease in sensation over the S1 dermatome on the right side, moderate muscle spasm of the lumbar spine with restriction in range of motion in the lumbar spine. Treatment plan consisted of recommendation for neurosurgery consult, urologic consultation, gastrointestinal consultation for stool incontinence, psychotherapy sessions, continuation of medication, quad cane, wheeled walker with a seat and a TENS unit for home use.

IMR ISSUES, DECISIONS AND RATIONALES

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

Butrans (10mg): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines buprenorphine Page(s): 26-27.

Decision rationale: The California MTUS Guidelines recommend Butrans for the treatment of opiate addiction. Butrans is also recommended as an option for chronic pain, especially after detoxification in patients who have a history of opiate addiction. When used for treatment of opiate dependence, Clinicians must be in compliance with the Drug Addiction Treatment Act of 2000. Buprenorphine's pharmacological and safety profile makes it an attractive treatment for patients addicted to opioids. Buprenorphine's usefulness stems from its unique pharmacological and safety profile, which encourages treatment adherence and reduces the possibilities for both abuse and overdose. Studies have shown that buprenorphine is more effective than placebo and is equally as effective as moderate doses of methadone in opioid maintenance therapy. Few studies have been reported on the efficacy of buprenorphine for completely withdrawing patients from opioids. In general, the results of studies of medically assisted withdrawal using opioids (e.g., methadone) have shown poor outcomes. Buprenorphine, however, is known to cause a milder withdrawal syndrome compared to methadone and for this reason may be the better choice if opioid withdrawal therapy is elected. There is no indication in the medical records provided that this medication is being used as recommended for the treatment of opioid addiction or as an option for chronic pain treatment when the patient has been through detoxification when addicted to opioids. Therefore, the request is not medically necessary.

Cetirizine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Library of Medicine.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation FDA product insert indications for Cetirizine.

Decision rationale: According to the FDA monogram concerning Cetirizine, the medication is indicated for chronic urticarial, seasonal allergic rhinitis and perennial allergic rhinitis. According to the progress reports, the medication is being used for decreasing swelling and inflammation. Since the medication is not being used for a documented FDA indication, the request is not medically necessary.

Voltaren XR (100mg): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-68.

Decision rationale: The California MTUS Guidelines recommend NSAIDs as an option for short-term symptomatic relief. 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 had more adverse effects than placebo and acetaminophen but fewer effects than muscle relaxants and narcotic analgesics. In addition, evidence from the review suggested that no one NSAID, including COX-2 inhibitors, was clearly more effective than another. There is inconsistent evidence for the use of these medications to treat long-term neuropathic pain, but they may be useful to treat breakthrough and mixed pain conditions such as osteoarthritis (and other nociceptive pain) in with neuropathic pain. The patient is not prescribed this medication for short-term relief but rather as a chronic, ongoing medication. The patient also does not have the diagnosis of osteoarthritis. Therefore, the request is not medically necessary.

Zolpidem (Ambien), 5mg: 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 Official Disability Guidelines (ODG) zolpidem.

Decision rationale: The California MTUS Guidelines do not address Ambien. According to the Official Disability Guidelines zolpidem is a prescription short-acting non-benzodiazepine hypnotic, which is approved for the short-term (usually 2-6 weeks) treatment of insomnia. Proper sleep hygiene is critical to the individual with chronic pain and often is hard to obtain. Various medications may provide short-term benefit. According to the medical records, the Ambien is being prescribed for anxiolytic effect to treat anxiety and muscle spasms. This patient is being prescribed the medication not in accordance to its indications and in excess of the length of treatment recommended. Therefore, the request is not medically necessary.

Orphenadrine (100mg): Upheld

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

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

Decision rationale: The California MTUS Guidelines recommend non-sedating muscle relaxants 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 NSAIDs in pain and overall improvement. In addition, 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. The medication in question is a

muscle relaxant and is being used chronically, not as the recommended short-term treatment of acute exacerbation of chronic low back pain. Therefore, the request is not medically necessary.

Pantoprazole DR: 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 NSAIDs Page(s): 68-69.

Decision rationale: According to the California MTUS Guidelines, proton pump inhibitors, like Pantoprazole, should be used in conjunction with NSAIDs when the following criteria are met: the patient is at risk for gastrointestinal events: (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 NSAID (e.g., NSAID + low-dose ASA). Recent studies tend to show that H. Pylori does not act synergistically with NSAIDS to develop gastroduodenal lesions. The patient does not have documentation that places him in intermediated risk and thus justify the use of a proton pump inhibitor with the NSAID. Therefore, the request is not medically necessary.