

Case Number:	CM14-0008174		
Date Assigned:	02/07/2014	Date of Injury:	05/09/2001
Decision Date:	07/24/2014	UR Denial Date:	01/09/2014
Priority:	Standard	Application Received:	01/17/2014

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:

Patient is a 64-year-old female who has submitted a claim for lumbar disc herniation, facet syndrome, rotator cuff syndrome, and hypertension associated with an industrial injury date of May 9, 2001. Medical records from 2012 to 2013 were reviewed. Patient complained of low back pain, graded 9/10 in severity, and described as aching, burning, stabbing, throbbing, shooting, and radiating to bilateral lower extremities. Aggravating factors included any form of lumbar motion. Patient likewise complained of difficulty in sleeping. Physical examination revealed tenderness of the paralumbar area and right sciatic notch. Lumbar range of motion was painful. Muscle strength of bilateral lower extremities was graded 5/5. Sensation was diminished at right L5 dermatome. Gait was non-antalgic. Treatment to date has included neurolysis of lumbar nerve roots in 2008, right shoulder arthroscopy in 2010, and medications such as Aciphex, Amitriptyline, Butrans patch, Cymbalta, Flector patch, Glucophage, Hydroxychloroquine, Lidoderm patch, Lisinopril, Lunesta, Lyrica, Norco, Tenormin, Tolazamide, Aspirin, and Zanaflex. Utilization review from January 9, 2014 denied the requests for Aciphex 20 mg, #60 because of no gastrointestinal risk factors; Amitriptyline 50 mg, #60 because of no evidence of functional improvement attributed to its use; Butrans 20 mcg, #7 because it is not guideline recommended; Celebrex 200 mg, #60 because there were no gastrointestinal risk factors and hypertension which may require a COX-2 selective inhibitor; Cymbalta 60 mg, #30 because there was no evidence of functional improvement with its use; Flector patch 1.3%, #60 because the medical necessity was not established; Lidoderm 5%, #60; Lunesta 3 mg, #30 because long-term use is not recommended; Lyrica 50 mg, #60; Norco 10/325 mg, #150; and Zanaflex 4 mg, #60 because long-term use is not recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

ACIPHEX 20 MG #60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2., NSAIDS, GI Symptoms, and Cardiovascular Risk Page(s): 68.

Decision rationale: As stated on page 68 of CA MTUS Chronic Pain Medical Treatment Guidelines, clinicians should weigh the indications for NSAIDs against both GI and cardiovascular risk factors: age > 65 years, history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, or anticoagulant; or on high-dose/multiple NSAIDs. Patients with intermediate risk factors should be prescribed proton pump inhibitors (PPI). In this case, patient has been on Rabeprazole (Aciphex) since 2012. Patient is likewise on aspirin at present as cardiovascular protectant because of concomitant hypertension. Guideline criteria were met. Therefore, the request for Aciphex 20 mg, #60 is medically necessary.

AMITRIPTYLINE 50 MG #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2., Antidepressants for Chronic Pain Page(s): 14.

Decision rationale: As stated on page 14 of CA MTUS Chronic Pain Medical Treatment Guidelines, tricyclic antidepressants, such as Amitriptyline and Nortriptyline, are recommended as a first-line option for neuropathic pain, especially if pain is accompanied by insomnia, anxiety, or depression. In this case, the patient has been on Amitriptyline since 2012. Patient's manifestation of chronic low back pain radiating to bilateral lower extremities associated with shooting pain, is consistent with neuropathic pain. She likewise reported difficulty sleeping. However, medical records failed to provide evidence of functional improvement derived from Amitriptyline use. The medical necessity was not established due to insufficient information. Therefore, the request for Amitriptyline 50 mg, #60 is not medically necessary.

BUTRANS 20 MCG #7: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2, Buprenorphine Page(s): 26-27.

Decision rationale: According to pages 26-27 of the CA MTUS Chronic Pain Medical Treatment Guidelines, Buprenorphine is recommended for treatment of opiate addiction and as an option for chronic pain, especially after detoxification in patients who have a history of opiate addiction. In this case, patient has been on Butrans patch since April 2013. However, there was no documented pain relief or functional improvement associated from its use. Moreover, progress report from 1/29/2014 stated that patient had a rash on the anterior abdomen upon application of Butrans patch. There is likewise no evidence of any opioid addiction in this case. Therefore, the request for Butrans 20 mcg, #7 is not medically necessary.

CELEBREX 200 MG #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2, NSAIDs Page(s): 46.

Decision rationale: As stated on page 46 of the California MTUS Chronic Pain Medical Treatment guidelines, NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain and that there is no evidence of long-term effectiveness for pain or function. In this case, patient has been on Celebrex since 2012. However, medical records failed to provide evidence of pain relief or functional improvement derived from its use. Long-term use is likewise not recommended. Therefore, the request for Celebrex 200 mg, #60 is not medically necessary.

CYMBALTA 60 MG #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Duloxetine (Cymbalta) Page(s): 43-44.

Decision rationale: Duloxetine (Cymbalta) is a norepinephrine and serotonin reuptake inhibitor antidepressant (SNRI). Pages 43-44 of the CA MTUS Chronic Pain Medical Treatment Guidelines state that Duloxetine is recommended as an option in first-line treatment option in neuropathic pain, as well as depression. In this case, patient has been on Cymbalta since 2012. Patient's manifestations are consistent with neuropathic pain. However, review of systems showed absence of psychiatric or emotional difficulties. Patient has no concurrent depression. There is likewise no evidence of functional improvement attributed to Cymbalta use. Therefore, the request for Cymbalta 60 milligrams, #30 is not medically necessary.

FLECTOR PATCH 1.3% #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: FDA (Flector Patch).

Decision rationale: Pages 111-112 of CA MTUS Chronic Pain Medical Treatment Guideline state that topical NSAIDs, such as Diclofenac (Flector patch), have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. In addition, FDA indications for Flector patches include acute strains, sprains, and contusions. In this case, patient has been on Flector patch since March 2013. However, medical records submitted and reviewed do not indicate relief of pain or functional benefits derived from its use. Furthermore, there is no discussion regarding its indication for chronic use, which is not recommended by the guidelines. The medical necessity has not been established at this time. Therefore, the request for Flector patch 1.3%, #60 is not medically necessary.

LIDODERM 5% #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (Lidocaine Patch).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2, Lidocaine patch Page(s): 56-57.

Decision rationale: Pages 56 to 57 of CA MTUS Chronic Pain Medical Treatment Guidelines state that topical Lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as Gabapentin or Lyrica). In this case, patient has been on Gabapentin since 2012. Persistence of neuropathic pain prompted adjuvant Lidoderm patch since March 2013. However, medical records submitted and reviewed failed to provide evidence of functional benefits from its use. The medical necessity was not established. Therefore, the request for Lidoderm 5% #60 is not medically necessary.

LUNESTA 3 MG #30: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Section, Lunesta.

Decision rationale: CA MTUS does not specifically address Eszopiclone (Lunesta). Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, and the Official Disability Guidelines (ODG) was used instead. It states that Eszopiclone (Lunesta) is a non-benzodiazepine sedative-hypnotic

(benzodiazepine-receptor agonist) and is a first-line medication for insomnia. It is a schedule IV controlled substance that has potential for abuse and dependency. Lunesta has demonstrated reduced sleep latency and sleep maintenance, and is the only benzodiazepine-receptor agonist FDA approved for use longer than 35 days. In this case, patient has been on Lunesta since 2012 for sleep difficulty. However, medical records submitted and reviewed failed to provide documentation concerning sleep hygiene. There is likewise no functional benefit derived from its use. Therefore, the request for Lunesta 3MG #30 is not medically necessary.

LYRICA 50 MG #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2., Anti-Epilepsy Drugs Page(s): 16-17.

Decision rationale: As stated on pages 16 - 17 of CA MTUS Chronic Pain Medical Treatment Guidelines, antidepressants, such as Pregabalin and Gabapentin, are recommended as a first line option for neuropathic pain, i.e., painful polyneuropathy. In this case, patient has been on Lyrica since 2012. Patient's clinical manifestation is consistent with neuropathic pain. However, there is no documentation concerning pain relief and functional improvement derived from its use. The medical necessity was not established. Therefore, the request for Lyrica 50 MG, #60 is not medically necessary.

NORCO 10-325 MG #150: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26, Opioids Page(s): 78.

Decision rationale: As stated on page 78 of CA MTUS Chronic Pain Medical Treatment Guidelines, there are 4 A's for ongoing monitoring of opioid use: pain relief, side effects, physical and psychosocial functioning and the occurrence of any potentially aberrant drug-related behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. In this case, patient has been on Norco since 2012. However, the medical records do not clearly reflect continued analgesia, continued functional benefit, or a lack of adverse side effects. MTUS Guidelines require clear and concise documentation for ongoing management. Therefore, the request for Norco 10-325 MG #150 is not medically necessary.

ZANAFLEX 4 MG #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (For Pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2, Muscle Relaxant Page(s): 63.

Decision rationale: According to page 63 of the CA MTUS Chronic Pain Medical Treatment 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. In this case, the patient has been on Zanaflex since 2012. However, there is no documentation concerning pain relief and functional improvement derived from its use. Muscle spasm is likewise not evident on the most recent physical examination. Furthermore, long-term use is not recommended. Therefore, the request for Zanaflex 4 mg #60 is not medically necessary.