

Case Number:	CM14-0101330		
Date Assigned:	07/30/2014	Date of Injury:	06/18/2002
Decision Date:	09/09/2014	UR Denial Date:	06/25/2014
Priority:	Standard	Application Received:	07/01/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in California and Washington. 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 a 44 year old female who reported an injury on 06/18/2002 due to an unknown mechanism. The injured worker was diagnosed with long-term medication management, cervical disc disorder, post cervical laminectomy syndrome, cervical pain, chronic pain syndrome, and depression NOS. Prior treatments included ice and heat treatments, as well as a TENS unit for pain relief. The injured worker underwent a cervical laminectomy on an unknown date. On 06/10/2014 the provider noted continued complaints of neck, upper back and bilateral knee pain. The injured worker reported no adverse side effects of medications and stated her condition remained the same. The injured worker's medications were working well and she continued to report functional benefit from her medications. The provider indicated the injured worker's function and activities of daily living were improved optimally with her medications. Appropriate pain contracts and patient teaching were completed with no indication to abuse of medications. The injured worker was prescribed Wellbutrin XL, Xanax, Lunesta, Lidoderm patch, oxycodone, oxycontin, Miralax powder, Aciphex, Soma, Subsys, Benedryl, Excedrin, Colace, and Vesicare. The clinical note dated 06/18/2014 noted the injured worker reported complaints of pain to the neck, upper back, right shoulder, right wrist, bilateral knees and left hips described as sharp, aching, and throbbing. Left knee pain increased with walking and standing making such activity more and more difficult. Pain was rated 7/10 and has increased since the prior visit, with new complaints of joint pain, stiffness, and edema. She reports her mood as being anxious or angry with increased pain. Sleep remained interrupted with pain. No status improvements in activities or quality of life were reported. Pain was rated 10/10 without medications and 6/10 with medications with relief occurring 15-30 minutes after taking the medication. Condition and range of motion were unchanged. The physician was requesting Xanax, Lunesta, Lidoderm patch 5%, oxycodone HCL 30 mg, oxycodone 60 mg, and Soma.

The rationale for these medications was to control pain for the injured worker, as well as provide uninterrupted sleep associated with pain. The Request for Authorization form was not submitted for review with these documents.

IMR ISSUES, DECISIONS AND RATIONALES

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

Xanax 0.5mg #30 x 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: The request for Xanax 0.5 mg 30 tablets with 2 refills is not medically necessary. The California MTUS guidelines note benzodiazepines (Xanax) are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. The guidelines note tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety; a more appropriate treatment for anxiety disorder is an antidepressant. There is no indication that the injured worker has significant anxiety; however, the physician noted the injured worker has anxiety or anger with increased pain. The physician recommended Xanax to help control pain. There is a lack of documentation indicating the injured worker has significant objective functional improvement with the medication. The continued use of Xanax would exceed the guideline recommendation for short term use. The request for refills would not be indicated as the efficacy of the medication should be assessed prior to providing additional medication. Additionally, the request does not indicate the frequency at which the medication is prescribed in order to determine the necessity of the medication. As such, the request is not medically necessary.

Lunesta 3mg #30: 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 Official Disability Guidelines (ODG), Mental Illness, Lunesta.

Decision rationale: The request for Lunesta 3 mg 30 tablets is not medically necessary. The Official Disability Guidelines note Lunesta is not recommended for long term use, but is recommended for short term use. The guidelines recommend limiting the use of hypnotics to 3 weeks maximum in the first 2 months of injury only and discourage the use in the chronic phase. The injured worker sustained her injury in 2002. The physician continues to prescribe this medication and is requesting an additional 30 tablets to aid the injured worker with sleep

interruption associated with pain. The injured worker continues to report poor sleep habits with no change. Psychological tests to determine sleep disorders were not documented. The continued use of Lunesta exceeds the guideline recommendation of 3 weeks. There is a lack of documentation indicating the injured worker has significant objective improvement in sleep onset, sleep duration, sleep quality, and next-day functioning with the medication. As such, the request is not medically necessary.

Lidoderm 5% patch 700mg/patch #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm Page(s): 56 and 57.

Decision rationale: The request for Lidoderm 5% patch 700 mg/patch count quantity 30 is not medically necessary. California MTUS guidelines for Lidoderm patch state topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first line therapy with a tricyclic, an SNRI antidepressant or an AED such as gabapentin or Lyrica. This is not a first line treatment and is only FDA approved for postherpetic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than postherpetic neuralgia. There is no indication that the injured worker has undergone a trial of first line therapy including tricyclic antidepressants or anti-epilepsy drugs such as gabapentin or Lyrica. There is no documentation of chronic neuropathic pain disorders nor is there documentation of postherpetic neuralgia. The physician notes no improvement in condition in the last six months raising questions of efficacy. There is a lack of documentation indicating the injured worker has significant objective functional improvement with the medication. Additionally, the request does not indicate the frequency at which the medication is prescribed in order to determine the necessity of the medication. As such, the request is not medically necessary.

Oxycodone Hcl 30mg #240: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 78.

Decision rationale: The request for oxycodone HCL 30 mg 240 tablets is not medically necessary. The California MTUS guidelines recommend ongoing review with documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include current pain, the least reported pain over the period since last assessment, average pain, and intensity of pain after taking the opioid, how long it takes for pain relief, and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The guidelines also recommend

providers assess for side effects and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors. The physician notes when using this medication the injured worker is able to perform activities of daily living and return to work full time. However, her pain remains the same. There is a lack of documentation indicating the injured worker has significant objective functional improvement with the medication. An adequate and complete pain assessment is not provided within the medical records. The guidelines recommend that opioid dosing not exceed 120 mg oral morphine equivalents per day. The injured worker is prescribed oxycodone HCL 30 1-2 as needed every 4-6 hours and oxycodone 60 mg twice daily. The injured worker is taking between 240mg and 360mg daily which is between 360-540 morphine equivalents per day, which exceeds the guideline recommendations. Additionally, the request does not indicate the frequency at which the medication is prescribed in order to determine the necessity of the medication. As such, the request is not medically necessary.

Oxycontin 60mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for Chronic Use, Chronic Back Pain Page(s): 80.

Decision rationale: The request for oxycodone 60 mg 60 tablets is not medically necessary. The California MTUS guidelines recommend ongoing review with documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include current pain, the least reported pain over the period since last assessment, average pain, and intensity of pain after taking the opioid, how long it takes for pain relief, and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The guidelines also recommend providers assess for side effects and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors. The physician notes when using this medication the injured worker is able to perform activities of daily living and return to work full time. However, her pain remains the same. There is a lack of documentation indicating the injured worker has significant objective functional improvement with the medication. An adequate and complete pain assessment is not provided within the medical records. The guidelines recommend that opioid dosing not exceed 120 mg oral morphine equivalents per day. The injured worker is prescribed oxycodone HCL 30 1-2 as needed every 4-6 hours and oxycodone 60 mg twice daily. The injured worker is taking between 240mg and 360mg daily which is between 360-540 morphine equivalents per day, which exceeds the guideline recommendations. Additionally, the request does not indicate the frequency at which the medication is prescribed in order to determine the necessity of the medication. As such, the request is not medically necessary.

Soma 350mg #90: Upheld

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

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

Decision rationale: The request for Soma 350 mg 90 tablets is not medically necessary. The California MTUS Guidelines do not recommend carisoprodol (Soma) for longer than two to three weeks. Carisoprodol is a commonly prescribed, centrally acting skeletal muscle relaxant whose primary active metabolite is meprobamate. The physician is requesting this medication regarding pain to the cervical spine as well as for chronic pain. The documentation does not indicate how long the injured worker has been prescribed this medication. There is no documentation indicating the injured worker has significant muscle spasms upon physical examination. There is a lack of documentation indicating the injured worker has significant objective functional improvement with the medication. Additionally, the request does not indicate the frequency at which the medication is prescribed in order to determine the necessity of the medication. As such, the request is not medically necessary.