

Case Number:	CM14-0014487		
Date Assigned:	02/28/2014	Date of Injury:	11/04/1997
Decision Date:	07/28/2014	UR Denial Date:	01/14/2014
Priority:	Standard	Application Received:	02/05/2014

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:

The patient is a 64-year-old male who has filed a claim for lumbar intervertebral disc degeneration with postlaminectomy syndrome associated with an industrial injury date of November 04, 1997. A review of progress notes indicates left-sided low back pain radiating into the left hip and foot. Findings include paraspinal tightness, positive straight leg raise test on the left, and diffuse facet tenderness bilaterally. There is mention that the patient has low testosterone levels and chronic constipation secondary to chronic use of opiates, although progress notes do not describe symptoms related to these conditions. X-ray of the lumbar spine dated May 22, 2013 showed chronic stable mild L1 compression fracture, stable fusion at L5-S1, presence of neurostimulator leads, and multilevel mild hypertrophic spurring. The treatment to date has included opioids, NSAIDs, anti-depressants, Gabapentin, Lyrica, sedatives, muscle relaxants, androgen replacement, Glucosamine, physical therapy, injections, spinal cord stimulation, and lumbar spinal surgeries. The patient reports that the spinal cord stimulator provides 25% pain relief. MS Contin provides 80% pain relief, Amitriptyline provides help with sleep and pain control in the evening, Cymbalta successfully manages depression, Norco manages breakthrough pain and is used 1-2 times per month, and Flexeril manages flare-ups and is used once every 2 months. The patient does not notice improvement with Naprosyn. Utilization review from January 14, 2014 provided modified certification for the retrospective requests (date of service: 11/06/2013) of Topamax 50mg for #180 + 1 refill to control the patient's radicular pain; Flexeril 5mg for #20 as the patient presents with acute exacerbation of low back pain, and patient only uses this medication once every 2 months; Lactulose solution 10gm/15ml for 1 bottle + 1 refill and MiraLax powder 3350 17gm for 1 bottle + 1 refill as the patient is on opioid therapy; Cymbalta 60mg for #30 + 1 refill as it has successfully managed the

patient's depression and AndroGel pump gel 1.62gm/ACT (1%) for 3 pump bottles + 1 refill as the patient has low testosterone levels due to chronic use of opiates.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro request Lactulose solution 10gm/15ml qty 1 bottle + 3 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Veterans Health Administration.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Initiating Therapy Page(s): 77.

Decision rationale: As stated on page 77 of the California MTUS Chronic Pain Medical Treatment Guidelines, prophylactic treatment of constipation should be initiated with opioid treatment. According to FDA, Lactulose solution is indicated for the treatment of constipation. The patient has been on this medication since August 2013. Continued use of this medication is indicated while the patient is still on opioid therapy. However, there was authorization for MS Contin for only a 2-month supply. Additional refills of Lactulose are not necessary without evidence of continued use of opioids. Therefore, the retrospective request for Lactulose solution 10gm/15ml 1 bottle + 3 refills was not medically necessary.

Retro request Topamax 50mg qty 180+ 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy Drugs (AEDS).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 16-21.

Decision rationale: California MTUS Chronic Pain Medical Treatment Guidelines state that Topiramate is considered for use for neuropathic pain when other anticonvulsants fail. The patient has been on this medication since January 2013. Progress notes indicate that patient has previously taken Gabapentin and Lyrica. However, there is no documentation regarding symptomatic improvement or objective functional benefits derived from this medication. Therefore, the retrospective request for Topamax 50mg #180 + 3 refills was not medically necessary.

Retro request Flexeril 5mg qty 30 +1 refill: 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 Cyclobenzaprine (Flexeril) Page(s): 41-42.

Decision rationale: California MTUS Chronic Pain Medical Treatment Guidelines state that Cyclobenzaprine is a skeletal muscle relaxant and a CNS depressant that is recommended as a short-course therapy. The effect is greatest in the first 4 days of treatment. The patient has been on this medication since January 2013, noting use of this medication once every 2 months for flare-ups of pain. However, progress notes do not document acute exacerbation of low back pain as the pain level and physical examination findings have been unchanged from previous progress notes. Therefore, the retrospective request for Flexeril 5mg #30 + 1 refill was not medically necessary.

Retro request Miralax powder 3350, 17 gm qty 1 bottle + 3 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Initiating Therapy Page(s): 77. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: FDA (MiraLAX).

Decision rationale: As stated on page 77 of the California MTUS Chronic Pain Medical Treatment Guidelines, prophylactic treatment of constipation should be initiated with opioid treatment. According to FDA, MiraLax is used to relieve occasional constipation. The patient has been on this medication since January 2013. Continued use of this medication is indicated while the patient is still on opioid therapy. However, there was authorization for MS Contin for only a 2-month supply. Additional refills of MiraLax are not necessary without evidence of continued use of opioids. Therefore, the retrospective request for MiraLax powder 3350 17g 1 bottle + 3 refills was not medically necessary.

Retro request Cymbalta 60mg qty 30+ 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain, Selective serotonin and norepinephrine reuptake inhibitors (SNRIs); SNRIs (serotonin noradrenaline reuptake inhibitors) Page(s): 15; 105.

Decision rationale: As noted on pages 15 and 105 of the California MTUS Chronic Pain Medical Treatment Guidelines, SNRIs are recommended as an option in first-line treatment of neuropathic pain, especially if tricyclics are ineffective, poorly tolerated, or contraindicated. According to ODG, antidepressants are recommended for initial treatment of presentations of major depressive disorder that are moderate, severe, or psychotic. They are not recommended for mild symptoms. The patient has been on this medication since January 2013. Progress notes indicate that this medication is able to successfully manage the patient's depression. However, there is no documentation regarding the patient's depression symptoms to support continued use

of this medication. Therefore, the retrospective request for Cymbalta 60mg #30 + 2 refills was not medically necessary.

Retro request Androgel pump gel 1.62gm/act (1%), qty 3 pump bottles + 3 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Mosby's Drug Consult.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Testosterone replacement for hypogonadism (related to opioids) Page(s): 110-111.

Decision rationale: California MTUS Chronic Pain Medical Treatment Guidelines states that testosterone replacement for hypogonadism (related to opioids) is recommended in limited circumstances for patients taking high-dose long-term opioids with documented low testosterone levels. The patient has been on this medication since January 2013. There is mention that the patient has low testosterone secondary to chronic intake of pain medications. However, there are no lab results in the submitted documentation showing low testosterone levels, or progress notes indicating symptoms related to low testosterone. Therefore, the request for AndroGel pump gel 1.62gm/ACT (1%) 3 pump bottles + 3 refills was not medically necessary.