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| Case Number: | CM14-0016792 | | |
| Date Assigned: | 06/11/2014 | Date of Injury: | 03/21/2002 |
| Decision Date: | 08/15/2014 | UR Denial Date: | 01/28/2014 |
| Priority: | Standard | Application Received: | 02/10/2014 |

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. 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 57-year-old female who reported an injury on 03/21/2002 due to an unknown mechanism. The injured worker was placed into conservative care and received medication for pain sustained during this injury. Her diagnoses included chronic lumbosacral sprain/strain with degenerative disc disease, lumbago and reflex sympathetic dystrophy of the upper limb. Prior therapies included an epidural spinal injection at left L3-4 and L4-5 which provided greater than 70% pain improvement. The injured worker's average pain was rated 7/10 and she reported improved function with activities of daily living and poor sleep associated with pain. The injured worker's medication regimen was noted to include Norco, Ambien and Zanaflex. Zanaflex and Ambien were discontinued due to complaints and Lunesta was prescribed. The injured worker has complained of weight gain related to a lack of activity associated with the initial injury. The injured worker continued seeing the physician through 08/05/2013 and during that period, the injured worker's pain remained at a rate of 6-7/10 with improved function. On 08/09/2013, a urine drug screen was performed and the results noted the injured worker was compliant with her drug regimen. The clinical note dated 09/11/2013 noted the injured worker reported continued pain rated 6-7/10; however, there was a change in function. The injured worker noted a decrease in function and advised the physician that she was receiving side effects of itching in relation to the Opana ER. The Opana ER was discontinued due to an opioid intolerance that included itching as a side effect. The clinical note dated 03/10/2014 noted the injured worker reported pain rated 5-8/10 as well as a continued decrease in function. The analgesia, adverse side effects, activity level, and signs of abuse/addiction were assessed. The provider noted that the injured worker met all the criteria with her reporting and remained compliant with the use of her medications documented with negative drug urine tests. The injured worker discussed her increase in weight due to the decreased ability to ambulate and

loss of range of motion; she is asking about exercise interventional programs. The physician recommended a new prescription for Hydroxyzine 50 mg twice a day for the itching which was an associated side effect of Lyrica. The physician was requesting Zanaflex 4 mg 1 to 2 tablets every night at bedtime for pain, Lyrica 100 mg 3 times a day as needed to manage neuropathic pain associated with a spinal cord injury, Phentermine 37.5 mg one half to 1 tablet a day for weight management, Ambien 10 mg 1 tablet daily every night at bedtime to help alleviate sleep loss associated with pain, Butrans 10 UGM every week at night to manage baseline pain, and Norco 10/325 mg one half to 1 tablet 4 times a day to also manage pain. The request for authorization form was not submitted for review in this document.

IMR ISSUES, DECISIONS AND RATIONALES

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

HYDROXYZINE 50 MG TWICE A DAY QUANTITY : 60: Overturned

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 Other Medical Treatment Guideline or Medical Evidence, RxList.com, Hydroxyzine.

Decision rationale: RX List notes this medication is available as Atarax, Vistaril, or Hydroxyzine. Rx List notes hydroxyzine is used for symptomatic relief of anxiety and tension, in the management of pruritus due to allergic conditions such as chronic urticaria and atopic and contact dermatoses, and in histamine-mediated pruritus, and as a sedative when used as premedication and following general anesthesia. This is a new prescription for the injured worker. The injured worker has told her physician Lyrica causes some itching and the physician is addressing that with this medication. As such, the request is medically necessary and appropriate.

ZANAFLEX 4 MG 1-2 EVERY NIGHT AT BEDTIME QUANTITY: 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 Muscle relaxants Page(s): 63-66.

Decision rationale: The MTUS Chronic Pain 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. The MTUS Chronic Pain Guidelines note Zanaflex demonstrated a significant decrease in pain associated with chronic myofascial pain syndrome and the authors recommended its use as a first line option to treat myofascial pain. The injured worker does not have a diagnosis of myofascial pain. The injured worker noted no improvement of pain prior to sleep and complained of side effects with this medication taken along with

Ambien. The use of this medication is outside of the MTUS Chronic Pain Guidelines. As such, the request is not medically necessary and appropriate.

LYRICA 100 MG THREE TIMES A DAY AS NEEDED: 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 Pregabalin (Lyrica Page(s): 19.

Decision rationale: The MTUS Chronic Pain Guidelines recommends Pregabalin (Lyrica) for neuropathic pain and postherpetic neuralgia. The injured worker presents with chronic symptoms of neuropathic pain including pain radiating from the lower back to the lower extremities, numbness, and tingling. The injured worker reports no improvement of symptoms with this medication. The physician has never documented a diagnosis for neuropathic pain which MTUS guidelines list as this medication's application. There is a lack of documentation indicating the injured worker had significant functional improvement with the medication. As such, the request is not medically necessary and appropriate.

PHENTEMINE 37.5 MG 1/2 TO 1 TWICE A DAY QUANTITY : 60: 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 Other Medical Treatment Guideline or Medical Evidence, Rx List, Phentemine.

Decision rationale: RX List notes this medication is used for weight loss. The injured worker has been documented with increased weight gains throughout the course of the injury. Attempts at exercise for the injured worker has been limited due to difficulty ambulating and a decreased range of motion associated with her industrial injury. The injured worker made inquiries of exercise interventional options. The documentation indicated the injured worker was previously prescribed this medication; however, the efficacy of the medication for facilitation of weight-loss was not demonstrated. This medication will address that issue and as such it is not medically necessary and appropriate.

MEDICATION RETRIAL - AMBIEN 10 MG 1 ORALLY EVERY NIGHT AT BEDTIME QUANTITY: 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 and Stress, Zolpidem (Ambien).

Decision rationale: The Official Disability Guidelines state Ambien as a medication used to treat insomnia. While it is not recommended for long-term use, it is recommended for short-term use. The Guidelines list short-term use as two to six weeks. The physician has noted the injured worker's complaints of insomnia were associated with pain. The injured worker also reported negative side effects when taking this medication earlier. The documentation indicated the medication was not effective in the past. There is also a lack of documentation indicating the severity of the injured worker's insomnia and the symptoms related to the insomnia. As such, the request is not medically necessary and appropriate.

MEDICATION TRIAL- BUTRANS 10 UGM QWKLY PM BASELINE PAIN - LAO QUANTITY :4: 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 Buprenorphine Page(s): 26 and 27.

Decision rationale: The MTUS Chronic Pain Guidelines indicate this medication is used 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. The use of Opana was noted to have side effects for the injured worker. The Butrans transdermal patch will be replacing that product for the control of pain. A review of the injured worker's medical files notes the injured worker has intolerance to opioids presenting with itching. There is no record of the injured worker ever being opioid dependent and in need of detoxification. As such, the request is not medically necessary and appropriate.

NARCOTIC NORCO - 10/325 MG 1/2 TO 1 ORALLY FOUR TIMES A DAY PM B/L PAIN - SAO QUANTITY: 120: 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, On-going Management Page(s): 78.

Decision rationale: According to the MTUS Chronic Pain Guidelines, the ongoing management of patients taking opioid medications should include routine office visits and detailed documentation of the extent of pain relief, functional status in regard to activities of daily living, appropriate medication use, and/or aberrant drug taking behaviors and adverse effects. The pain assessment showed to include current pain, the least reported pain over the period since last assessment, average pain, intensity of pain after taking the opioid, how long it takes for pain

relief, and how long pain relief lasts. The documentation submitted for review indicated that the injured worker's pain rating is 7/10 without medications and 5/10 with medications. The injured worker is noted to have a decreased ability to perform her activities of daily living without the medications, including not being able to return to work or perform light household chores. The injured worker presented with evidence of medication compliance a 08/09/2013 clean urine drug screen. The injured worker is on an informed consent plan for medical management and is being briefed at each office visit with the 4 A's including analgesia, adverse side effects, activity level and abuse/addiction. These issues were discussed, met, and documented at each visit. The MTUS Chronic Pain Guidelines' criteria for ongoing use with opioid medications have been met. However, documentation showed a decrease in ability to function and pain remained static at 5-7/10 on the pain scale. The only report of improvement in condition came after an epidural steroid injection. There is a lack of documentation indicating the injured worker has significant objective functional improvement with the medication. Finally, the physician noted the injured worker has intolerance to opioids presenting with complaints of itching. Norco is an anti-inflammatory opioid. As such, the request is not medically necessary and appropriate.