MAXIMUS Federal Services

Case Number:	CM14-0119163		
Date Assigned:	08/06/2014	Date of Injury:	08/01/2009
Decision Date:	10/02/2014	UR Denial Date:	07/21/2014
Priority:	Standard	Application Received:	07/29/2014

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 Family 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:

This is a 48-year-old female who reported an industrial injury on 8/1/2009, over five (5) years ago, attributed to the performance of her usual and customary job tasks. The cervical spine, thoracic spine, lumbar spine, bilateral shoulders, and bilateral wrists have been accepted for this industrial claim. The patient continues to complain of ongoing pain issues. The patient was initially treated conservatively; however, underwent surgical intervention to the right shoulder with rotator cuff repair and labral repair. The patient was provided to postoperative rehabilitation physical therapy. The patient claims that she has gained 50 pounds since the data surgery. The patient complains of neck pain and spasms the objective findings on examination included tenderness along the shoulder girdle; tenderness along the trapezius on the right side with spasm; tenderness along the shoulder; abduction is now 92 100 on the right with some discomfort; tenderness palpation to the left rotator cuff. The diagnoses included discogenic cervical condition with multilevel disc bulging without radiculopathy; impingement syndrome bilaterally with evidence of rotator cuff tear on the right and tendinosis on the left; discogenic lumbar condition; carpal tunnel syndrome cubital tunnel syndrome; insomnia; stress; anxiety/depression; weight gain. The patient was being prescribed Norco 10/325 mg #60; Cymbalta 60 mg #30; Voltaren 100 mg #30; Protonix 20 mg #60; LidoPro cream; and Terocin patches #20.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg QTY:60.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing Management; When to Continue Opioids; When to Discontinue.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-97. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter-opioids

Decision rationale: The prescription for Hydrocodone-APAP (Norco) 10/325 mg #60 for short acting pain is being prescribed as an opioid analgesic for the treatment of chronic pain to the back and neck for the date of injury five (5) years ago for the diagnosed underlying cervical and lumbar degenerative disc disease along with s/p arthroscopy to the shoulder with repair. The objective findings on examination do not support the medical necessity for continued opioid analgesics. The patient is being prescribed opioids for chronic mechanical low back pain and chronic neck pain, which is inconsistent with the recommendations of the California Medical Treatment Utilization Schedule (MTUS). There is no objective evidence provided to support the continued prescription of opioid analgesics for the cited diagnoses and effects of the industrial claim. The patient should be titrated down and off the prescribed Hydrocodone. The patient is five (5) years s/p date of injury with reported continued issues; however, there is no rationale supported with objective evidence to continue the use of opioids. There is no demonstrated medical necessity for the continuation of opioids for the effects of the industrial injury. The chronic use of Hydrocodone-APAP/Norco is not recommended by the California MTUS, the American College of Occupational and Environmental Medicine (ACOEM) Guidelines, or the Official Disability Guidelines (ODG) for the long-term treatment of chronic back pain. There is no demonstrated sustained functional improvement from the prescribed high dose opioids. The prescription of opiates on a continued long-term basis is inconsistent with the California MTUS and the Official Disability Guidelines (ODG) recommendations for the use of opiate medications for the treatment of chronic pain. There is objective evidence that supports the use of opioid analgesics in the treatment of this patient over the use of non-steroidal anti-inflammatory drugs (NSAIDs) for the treatment of chronic pain. The current prescription of opioid analgesics is inconsistent with evidence-based guidelines. The prescription of opiates on a continued long- term basis is inconsistent with the Official Disability Guidelines recommendations for the use of opiate medications for the treatment of chronic pain. There is objective evidence that supports the use of opioid analgesics in the treatment of this patient over the use of NSAIDs for the treatment of chronic pain issues. Evidence-based guidelines necessitate documentation that the patient has signed an appropriate pain contract, functional expectations have been agreed to by the clinician, and the patient, pain medications will be provided by one physician only, and the patient agrees to use only those medications recommended or agreed to by the clinician to support the medical necessity of treatment with opioids. The ACOEM Guidelines updated chapter on chronic pain states, "Opiates for the treatment of mechanical and compressive etiologies: rarely beneficial. Chronic pain can have a mixed physiologic etiology of both neuropathic and nociceptive components. In most cases, analgesic treatment should begin with acetaminophen, aspirin, and NSAIDs (as suggested by the WHO step-wise algorithm). When these drugs do not satisfactorily reduce pain, opioids for moderate to moderately severe pain may be added to (not substituted for) the less efficacious drugs. A major concern about the use of opioids for chronic pain is that most randomized controlled trials have been limited to a short-term period (70 days). This leads to a concern about confounding issues; such as, tolerance, opioid-induced hyperalgesia, long-range adverse effects, such as, hypogonadism and/or opioid abuse, and the influence of placebo as a variable for treatment effect." ACOEM guidelines state that opioids appear to be no more effective than safer analgesics for

managing most musculoskeletal symptoms; they should be used only if needed for severe pain and only for a short time. The long-term use of opioid medications may be considered in the treatment of chronic musculoskeletal pain, if: The patient has signed an appropriate pain contract; Functional expectations have been agreed to by the clinician and the patient; Pain medications will be provided by one physician only; The patient agrees to use only those medications recommended or agreed to by the clinician. ACOEM also notes, "Pain medications are typically not useful in the subacute and chronic phases and have been shown to be the most important factor impeding recovery of function." There is no clinical documentation by with objective findings on examination to support the medical necessity of Hydrocodone-APAP for this long period of time or to support ongoing functional improvement. There is no provided evidence that the patient has received benefit or demonstrated functional improvement with the prescribed Hydrocodone-APAP. There is no demonstrated medical necessity for the prescribed Opioids. The continued prescription for Norco 10/325 mg #60 is not demonstrated to be medically necessary.

Cymbalta 60mg QTY: 30.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cymbalta Page(s): 42. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter medications for chronic pain; antidepressants; Duloxetine

Decision rationale: The prescription of the antidepressant Cymbalta for the treatment of chronic pain is consistent with the recommendations of the Official Disability Guidelines for the treatment of neuropathic pain. The Official Disability Guidelines recommend the use of Cymbalta as a first line treatment for neuropathic pain. There is no documented neuropathic pain documented for this patient as she is treated for cervical spine and lumbar spine DDD along with postoperative shoulder. There is no demonstrated nerve impingement radiculopathy. The patient is diagnosed with shoulder, neck, and back pain. There is no clinical documentation by the provider to support the prescription for Cymbalta 60 mg q day for the effects of the industrial injury. There was no trial with the recommended tricyclic antidepressants. The patient has not been demonstrated to have functional improvement based on the prescribed significant dose of Cymbalta. There has been no attempt to titrate the patient down or off the Cymbalta. The prescribing provider did not provide a rationale for the use of the Cymbalta for the treatment of chronic pain and the clinical documentation provided did not note depression or neuropathic pain. There was no documentation of any functional improvement attributed to Cymbalta. There was no objective evidence to support the medical necessity of the prescription for Cymbalta. The patient is given a nonspecific diagnosis and has been prescribed Cymbalta for a prolonged period time without demonstrated functional improvement. There is no documented mental status examination and no rationale to support medical necessity Cymbalta is an antidepressant in a group of drugs called selective serotonin and norepinephrine reuptake inhibitors (SSNRIs). Cymbalta is used to treat major depression disorder and general anxiety disorder. Cymbalta is used to treat chronic pain disorder called fibromyalgia, treat pain caused by nerve damage in people with diabetes, and to treat chronic muscular skeletal pain including discomfort from osteoarthritis and chronic lower back pain. The California Medical Treatment Utilization Schedule (MTUS) guidelines state that Cymbalta is FDA approved for anxiety, depression, diabetic neuropathy, and fibromyalgia. This medication is often used off label for neuropathic pain and radiculopathy. Cymbalta is recommended as a first-line option for diabetic

neuropathy. The patient does not have a diagnosis of specific neuropathic pain. There is no demonstrated medical necessity for the continued prescription of Cymbalta 60 mg #30 for the treatment of the effects of the cited industrial injury.

Norflex 100mg QTY:60.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): Pages 64-66.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47,Chronic Pain Treatment Guidelines Muscle relaxants for pain Page(s): 63-
64. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter- medications for chronic pain; muscle relaxants; cyclobenzaprine

Decision rationale: The prescription for Norflex (Orphenadrine ER) 100 mg #60 is not demonstrated to be medically necessary in the treatment of the cited diagnoses. The chronic use of muscle relaxants is not recommended by the American College of Occupational and Environmental Medicine (ACOEM) Guidelines or the Official Disability Guidelines for the treatment of chronic low back pain. The use of muscle relaxants are recommended to be prescribed only briefly for a short course of treatment for muscle spasms and there is no recommendation for chronic use. The patient was not documented to have muscle spasms to the back and neck. The prescription for orphenadrine ER is not demonstrated to be medically necessary for the effects of the industrial injury five (5) years ago. The California Medical Treatment Utilization Schedule (MTUS) states that non-sedating muscle relaxants are to be used with caution as a second line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Muscle relaxants may be effective in reducing pain and muscle tension and increasing mobility. However, in most low back pain cases there is no benefit beyond non-steroidal anti-inflammatory drugs (NSAIDs) in pain and overall improvement. There is no additional benefit shown in combination with NSAIDs. Efficacy appears to be diminished over time and prolonged use of some medications in this class may lead dependence. There is no current clinical documentation regarding this medication. A prescription for a muscle relaxant no longer appears to be medically reasonable or medically necessary for this patient. Additionally muscle relaxants are not recommended for long-term use. There was no documented functional improvement through the use of the prescribed Norflex/Orphenadrine ER 100 mg #60.

Protonix 20mg QTY: 60.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-Steroidal Anti-Inflammatory Drugs (NSAIDs), GI Symptoms & Card.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines anti-inflammatory medication; NSAIDs Page(s): 67-68; 22. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter-medications for chronic pain; NSAIDs

Decision rationale: The Chronic Pain Medical Treatment Guidelines section on anti-inflammatory medications and gastrointestional symptoms states; "Determine if the patient is at risk for gastrointestional events." The medical records provided for review do not provide additional details in regards to the above assessment needed for this request. No indication or

rationale for gastrointestional prophylaxis is documented in the records provided. There are no demonstrated or documented Gastrointestinal (GI) issues attributed to non-steroidal anti-inflammatory drugs (NSAIDs) for this patient. The patient was prescribed Protonix 20 mg #60 routinely for prophylaxis for the prescribed pain management medications. The protection of the gastric lining from the chemical effects of NSAIDs is appropriately accomplished with the use of the proton pump inhibitors such as Omeprazole or Protonix. There is no documented GI issue. There is no industrial indication for the use of Protonix due to "stomach issues" or stomach irritation. The proton pump inhibitors provide protection from medication side effects of dyspepsia or stomach discomfort brought on by NSAIDs. The use of Protonix is medically necessary if the patient were prescribed conventional NSAIDs and complained of GI issues associated with NSAIDs. Whereas, 50% of patient taking NSAIDs may complain of GI upset, it is not clear that the patient was prescribed Protonix automatically. The prescribed opioid analgesic, not an NSAID, was accompanied by a prescription for Protonix without documentation of complications. There were no documented GI effects of the NSAIDs to the stomach of the patient and the Protonix was dispensed or prescribed routinely. There is no demonstrated medical necessity for the prescription for Protonix 20 mg #60.