

Case Number:	CM14-0131850		
Date Assigned:	08/20/2014	Date of Injury:	06/12/2009
Decision Date:	11/03/2014	UR Denial Date:	08/05/2014
Priority:	Standard	Application Received:	08/18/2014

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, has a subspecialty in Pain 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 injured worker is a 60-year-old male who reported a date of injury as 06/12/2009. The mechanism of injury was reported as a fall. The injured worker had diagnoses of adjustment disorder with anxious mood, chronic pain due to injury, chronic pain syndrome, insomnia, low back pain, myositis, neuralgia, thoracic radiculitis, and restless leg syndrome. Prior treatments included physical therapy and a Functional Restoration Program. Diagnostic studies were not indicated within the medical records provided. Surgeries included spinal cord stimulator and ORIF of the left ankle of unknown dates. The injured worker had complaints of left leg pain that radiated to the arms, ankles, calves, feet, and thighs, with the pain described as aching, burning, piercing, sharp, throbbing, deep, diffuse, discomforting, localized, numbness, shooting, and stabbing. The pain was aggravated by bending, descending stairs, lifting, pushing, sitting, walking, ascending stairs, and changing positions. The clinical note dated 09/22/2014 noted the injured worker had an antalgic balance and gait, joint pain, joint swelling, and muscle weakness; the injured worker had fatigue, night sweats, and edema. Medications included Aspirin, Temazepam, Soma, Ropinirole, MS-Contin, Norco, Doxepin, Cymbalta, and Amitriptyline. The treatment plan included tapering Soma, Temazepam, Elavil, MSER, and doxepin, and an adjustment and reprogramming of the injured worker's spinal cord stimulator. The rationale and Request for Authorization form were not provided within the medical records received.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg #210 with 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain), Page(s): 63-65.

Decision rationale: The request for Soma 350mg #210 with 3 refills is not medically necessary. The California MTUS Guidelines recommend non-sedating muscle relaxants with caution as a second line option for the short term treatment of acute exacerbations in patients with chronic low back pain. However, most low back pain cases show no benefit beyond NSAIDs in pain and overall improvement. Also, there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Muscle relaxers are used to decrease muscle spasms in conditions such as low back pain. Recommended for short course of therapy. Limited, mixed evidence does not allow for a recommendation for chronic use. This medication is not recommended to be longer than 2 to 3 weeks. The guidelines recommend muscle relaxants for the use of treatment for acute exacerbations in patients with chronic low back pain. However, the injured worker had complaints of left leg pain that radiated to the arms, ankles, calves, feet, and thighs, for which the guidelines do not recommend the use of muscle relaxants. Furthermore, the guidelines recommend short term use of no longer than 2 to 3 weeks. However, the injured worker is noted to have been prescribed Soma since the 01/13/2014 examination; this exceeds the recommended 2 to 3 week guideline. Additionally, the request as submitted did not specify a frequency of the medication's use. As such, the request is not medically necessary.

Ropinirole HCL 2mg #150 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg (Acute & Chronic), Restless legs syndrome (RLS).

Decision rationale: The request for Ropinirole HCL 2mg #150 with 2 refills is not medically necessary. The Official Disability Guidelines recommend medications for restless leg syndrome on an as needed basis to include the following medications; Levodopa with decarboxylase inhibitor such as Sinemet. Adverse effects include development of augmentation. Dyskinesia and sporadic movements are common. Psychiatric disturbances and mental depression have been reported. Other adverse effects include adverse GI effects, elevated hepatic enzymes, and orthostatic hypotension; Mild to moderate strength opioids and sedative hypnotics such as Benzodiazepines such as clonazepam. Dopamine agonists such as Requip (or ropinirole) or Mirapex are not considered first line treatment and should be reserved for patients who have been unresponsive to other treatment. Adverse effects include sleepiness, nausea, dizziness, fatigue, insomnia, hallucinations, constipation, and peripheral edema; Anticonvulsants such as Tegretol and Neurontin. These are useful when dopamine agonists have failed. They may also be

useful for treatment of coexisting peripheral neuropathy. The injured worker is noted to have been prescribed Temazepam, which is a benzodiazepine considered a first line treatment medication for restless leg syndrome. The guidelines state Requip is not considered a first line treatment medication and should be reserved for patients who have been unresponsive to first line medication treatments. However, there is a lack of documentation indicating the injured worker has failed first line treatment medications prior to the use of Requip. Additionally, the request as submitted did not specify a frequency of the medication's use. As such, the request is not medically necessary.

Prilosec 40mg #90 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: The request for Prilosec 40mg #90 with 3 refills is not medically necessary. The California MTUS Guidelines state "proton pump inhibitors are recommended for patients at risk for gastrointestinal events which would include, patients over the age of 65; have a history of peptic ulcer, GI bleeding, or perforation; concurrent use of aspirin, corticosteroids, and/or an anticoagulant; or high dose/multiple NSAIDs use." There is a lack of documentation indicating the injured worker has a history of peptic ulcer, GI bleeding, perforation or, is using Aspirin concurrently with NSAIDs, Corticosteroids, and/or Anticoagulant; using high dose/multiple NSAIDs to warrant the use of a proton pump inhibitor. Additionally, the request as submitted did not specify the frequency of the medication's use. As such, the request is not medically necessary.

Doxepin HCL #30 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13-16.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants Page(s): 13-14.

Decision rationale: The request for Doxepin HCL #30 with 2 refills is not medically necessary. The California MTUS Guidelines recommend antidepressants as a first line option for neuropathic pain. Tricyclics are generally considered a first line agent unless they are ineffective, poorly tolerated, or contraindicated. Analgesic effects generally occur within a few days to a week, whereas the effects of antidepressants take longer to occur. Assessment of treatment efficacy should include not only pain outcomes, but also an evaluation of function, changes in use of other analgesic medication, sleep quality and duration, and psychological assessment. Side effects, including excessive sedation (especially that which would affect work performance) should be assessed. It is recommended that these outcome measurements should be initiated at 1 week of treatment with a recommended trial of at least 4 weeks. The optimal duration of

treatment is not known because most double blind trials have been of short duration (6 to 12 weeks). It has been suggested that if pain is in remission for 3 to 6 months, a gradual tapering of antidepressants may be undertaken. Long term effectiveness of antidepressants has not been established. There is a lack of documentation indicative of the injured worker's changes in the use of other analgesic medications, sleep quality and duration, and a psychological assessment with Doxepin. Furthermore, the guidelines indicate the use of antidepressants for neuropathic pain; however, there is a lack of documentation the injured worker had objective findings of neuropathic pain during the 09/22/2014 examination. Additionally, the request as submitted did not specify a frequency of the medication's use. As such, the request is not medically necessary.

Norco 10/325 #90 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

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

Decision rationale: The request for Norco 10/325 #90 with 2 refills is not medically necessary. The California MTUS Guidelines recommend the lowest possible dose of opioids should be prescribed to improve pain and function. Ongoing review and 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; 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. Failure to respond to a time limited course of opioids has led to the suggestion of reassessment and consideration of alternative therapy. There is a lack of documentation of a complete pain assessment, to include how long it for pain relief after taking the medication, and how long the pain relief lasted. Furthermore, the guidelines indicate failure to respond to a time limited course of opioids has led to the suggestion of reassessment and consideration of alternative therapy. The injured worker is noted to have been prescribed Norco since at least the 01/13/2014 examination, with a lack of documentation indicative of the injured worker being reassessed for alternative treatments. Additionally, the request as submitted did not specify a frequency of the medication's use. As such, the request is not medically necessary.