MAXIMUS Federal Services

Case Number:	CM14-0140205		
Date Assigned:	10/09/2014	Date of Injury:	06/01/2009
Decision Date:	12/02/2014	UR Denial Date:	08/08/2014
Priority:	Standard	Application Received:	08/29/2014

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 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 claimant was injured on 06/01/09. His mechanism of injury is cumulative trauma. His headaches began in 2010. OxyContin, Neurontin, Zanaflex, naproxen, Colace, Wellbutrin XL, Remeron, and Depakote are under review. His diagnoses have been pain in the joint of the upper arm, cervicobrachial syndrome, lateral epicondylitis, and low back pain. On 03/12/14, he was evaluated and his diagnoses were cervical disc herniations with radiculopathy and facet joint arthropathy. Symptoms and objective findings are not described. He had migraines and had been given Imitrex in the past. He was being treated by pain management. His current medications helped to manage his pain. He had tenderness of the cervical and lumbar areas and motor strength was symmetric but it was difficult to examine the upper arm due to pain. He had decreased sensation in his legs. On 04/03/14, he still had pain in his neck, low back, arms and legs. He had numbness that radiates down his arm. He had constant pain to his entire body with tingling numbness to his limbs and loss of feeling in his hands and feet. He refused the Jamar test. He had tenderness about the shoulder and pain with range of motion. He had pain with range of motion of his neck and back. He was to see a spine specialist for a cervical epidural injection and follow-up with neurology for his migraines. He was referred to a hand specialist for right cubital tunnel syndrome. He had a cervical epidural injection at C6-7 on 03/25/14. On 05/01/14, he still had pain and remained on multiple medications. His findings were unchanged. On 05/28/14, he was evaluated for his neck, shoulders, elbows, and wrists and all also had low back and bilateral ankle symptoms. The ESI did not provide any benefit but a second one had been recommended. He had ongoing constant severe bilateral elbow and shoulder pain. He was interested in having a cubital tunnel release. He had been using a TENS unit but had run out of supplies. He had multiple findings and diagnoses as before and a history of narcotic abuse. On 05/19/14, EMG/NCV was recommended for right upper extremity for cubital tunnel syndrome.

None of the notes actually provide a description of his pattern of use of his multiple medications or the benefit that he received. Notes indicate that the medications help him stay comfortable. On 07/03/14, he reported pain in his joint at level 8/10. He stated it was level 8 because he had taken the OxyContin. He was taking all of his prescribed medications. He reported his migraines were better with medication from the neurologist. He refused to do the grip test but otherwise his physical examination was unremarkable. He was given Depakote as he would not be seen by the neurologist until 06/20/14 and he was advised that he needed to get the medication from the neurologist after that. On 07/09/14, he was reevaluated for his multiple complaints.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 40mg #111: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for Chronic Pain; Medications for Chronic Pain Page(s): 110; 94.

Decision rationale: The history and documentation do not objectively support the request for the opioid, OxyContin 40 mg #111. The MTUS outlines several components of initiating and continuing opioid treatment and states "a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals." In these records, there is no documentation of trials and subsequent failure of or intolerance to first-line drugs such as acetaminophen or nonsteroidal anti-inflammatory drugs. MTUS further explains, "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." There is no indication that periodic monitoring of the claimant's pattern of use and response to this medication, including assessment of pain relief and functional benefit, has been or will be done. Additionally, the 4A's "analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors" should be followed and documented per the guidelines. The claimant's pattern of use of OxyContin is unclear. There is no evidence that a signed pain agreement is on file at the provider's office and no evidence that a pain diary has been recommended and is being kept by the claimant and reviewed by the prescriber at his office visits. No urine drug screen results have been submitted. As such, the medical necessity of the request for OxyContin 40 mg #111 has not been clearly demonstrated. If discontinued, this medication must be weaned.

Neurontin 600mg #111: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs) Page(s): 16.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin Page(s): 83.

Decision rationale: The history and documentation do not objectively support the request for gabapentin 600 mg #111. The MTUS state "gabapentin is an anti-epilepsy drug (AEDs - also referred to as anti-convulsants), which has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain." Additionally, MTUS state "relief of pain with the use of medications is generally temporary and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity. Before prescribing any medication for pain, the following should occur: (1) determine the aim of use of the medication; (2) determine the potential benefits and adverse effects; (3) determine the patient's preference. Only one medication to be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. Analgesic medication should show effects within 1 to 3 days, ... A record of pain and function with the medication should be recorded. (Mens 2005) In this case, the medical documentation provided does not establish the need for long-term/chronic usage of gabapentin. The claimant's pattern of use of this medication, including objective measures of pain relief and functional improvement, have not been documented. It is not clear whether neuropathic pain is being treated. Furthermore, the claimant's pattern of use of medications, including other first-line drugs such as acetaminophen and anti-inflammatories and his response to them, has not been described. As such, this request for gabapentin 600 mg #11 is not medically necessary.

Zanaflex 4gm #111: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Tizanidine (Zanaflex)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxers Page(s): 97.

Decision rationale: The history and documentation do not objectively support the request for the use of Zanaflex 4 mg #111. The MTUS state for Zanaflex and other muscle relaxers: "Muscle relaxants (for pain): Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. (Chou, 2007) (Mens, 2005) (Van Tulder, 1998) (van Tulder, 2003) (van Tulder, 2006) (Schnitzer, 2004) (See, 2008) Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they 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. (Homik, 2004) Sedation is the most commonly reported adverse effect of muscle relaxant medications." Additionally, MTUS state "relief of pain with the use of medications is generally temporary and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and

increased activity. Before prescribing any medication for pain, the following should occur: (1) determine the aim of use of the medication; (2) determine the potential benefits and adverse effects; (3) determine the patient's preference. Only one medication to be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. Analgesic medication should show effects within 1 to 3 days, ... A record of pain and function with the medication should be recorded. (Mens 2005)" The medical documentation provided does not establish the need for long-term use of Zanaflex which MTUS guidelines advise against. In this case, there is no evidence of trials of local modalities such as ice/heat, exercise, or judicious trials of first line medications for pain. As such, this request for Zanaflex 4 mg #111 is not medically necessary.

Naproxen 550mg #74: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Inflammatories Page(s): 102.

Decision rationale: The history and documentation do not objectively support the request for naproxen 550 mg, #74. The MTUS state re: NSAIDs "Osteoarthritis (including knee and hip): Recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain, and in particular, for those with gastrointestinal, cardiovascular or renovascular risk factors. NSAIDs appear to be superior to acetaminophen, particularly for patients with moderate to severe pain. There is no evidence to recommend one drug in this class over another based on efficacy. In particular, there appears to be no difference between traditional NSAIDs and COX-2 NSAIDs in terms of pain relief. The main concern of selection is based on adverse effects. COX-2 NSAIDs have fewer GI side effects at the risk of increased cardiovascular side effects, although the FDA has concluded that long-term clinical trials are best interpreted to suggest that cardiovascular risk occurs with all NSAIDs and is a class effect (with naproxen being the safest drug). There is no evidence of long-term effectiveness for pain or function. (Chen, 2008) (Laine, 2008) Back Pain -Acute exacerbations of chronic pain: Recommended as a second-line treatment after acetaminophen. Neuropathic pain: There is inconsistent evidence for the use of these medications to treat long-term neuropathic pain, but they may be useful to treat breakthrough and mixed pain conditions such as osteoarthritis (and other nociceptive pain) in with neuropathic pain." In this case, there is no evidence of degenerative joint disease or osteoarthritis and no indication that this medication is being use for acute exacerbations of chronic back pain. The claimant's pattern of use of this medication is unclear, including when he takes it, what pain relief he receives, how long it lasts, or the objective measurable or functional benefit he receives from it. There is no evidence of significant inflammation to support its use prior to a trial of first line medication such as acetaminophen. There is no indication that he has been involved in an ongoing program of exercise to try to maintain any benefits he receives from treatment measures. The medical necessity of the use of naproxen 550 mg #74 has not been clearly demonstrated.

Colace 100mg #74: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-80. Decision based on Non-MTUS Citation www.drugs.com

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: PDR - Colace

Decision rationale: The history and documentation do not objectively support the request for Colace 100mg #74. The use of Colace is recommended by the PDR for control or prevention of constipation, including when it is caused by the use of opiates. In this case, however, there is no description of a problem with constipation and the opioid OxyContin is being recommended to be weaned. The medical necessity of this request for Colace 100 mg #74 has not been clearly demonstrated.

Wellbutrin XL 150mg #37: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants Page(s): 155.

Decision rationale: The history and documentation do not objectively support the request for Wellbutrin XL 150 mg #37. The CA MTUS state on p. 155 that Wellbutrin is the brand name for bupropion, an atypical antidepressant that acts as a norepinephrine and dopamine reuptake inhibitor. The use of this medication can be supported for treatment of depression but there is no evidence of depression in the records. The indication for its use in this case is not described and none can be ascertained from the file. There is no documentation of objective measurable or functional improvement that has resulted from the use of this medication. It is not clear why two antidepressants have been prescribed. The medical necessity of the use of Wellbutrin XL has not been demonstrated.

Remeron 15mg #37: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants Page(s): 43.

Decision rationale: The history and documentation do not objectively support the request for Remeron 15 mg #37. The MTUS state "Antidepressants are recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain." The indication for the use of this medication, especially since Wellbutrin XL was also prescribed, is unclear and none can be ascertained from the records. The use of Remeron can be supported for treatment of depression

but there is no evidence of depression in the records. The claimant's pattern of use of this medication and the objective measurable and functional improvement that he receives from it have not been described. It is not clear why two antidepressants have been prescribed. The medical necessity of the use of Remeron 15 mg has not been clearly demonstrated.

Depakote ER 500mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.drugs.com/depakote

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: PDR, 2014. Depakote.

Decision rationale: The history and documentation do not objectively support the request for Depakote ER 500 mg #30. The PDR recommend Depakote for treatment of seizure disorders and prevention of seizures. There is no evidence that the claimant has a history of seizures. The medical documentation submitted for review does not support the use of this medication. The medical necessity of the use of Depakote ER 500 mg has not been clearly demonstrated.