

Case Number:	CM14-0156493		
Date Assigned:	09/26/2014	Date of Injury:	01/02/2001
Decision Date:	10/29/2014	UR Denial Date:	09/04/2014
Priority:	Standard	Application Received:	09/24/2014

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 Interventional Spine 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 66 year old male with date of injury 1/2/01. The treating physician report dated 8/26/14 indicates that the patient presents for routine follow up of lower back pain that is moderate to severe with radiation into the left lower extremity. The patient also has difficulty sleeping and deals with chronic depression related to pain. Current medications: Cymbalta, Flexeril, weaned off of Percocet, Lyrica and Restoril. The patient recently hit his car into a curb due to decreasing attention span and was given a DUI. The physical examination findings reveal no signs of over medication, severe decrease in lumbar flexion and extension, tenderness of bilateral sacroiliac joints, + SLR bilaterally at 45 degrees, normal muscle strength, decreased reflexes and decreased pinprick sensation is stocking distribution. The current diagnoses are: 1. Chronic lower back pain, DDD and bilateral L5 radiculitis 2. Chronic depression 3. Difficulty sleeping 4. Peripheral polyneuropathy, non-industrial. The utilization review report dated 9/4/14 denied the request for Alprazolam, Cymbalta, Lyrica, Zanaflex and Ultram based on the MTUS guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Alprazolam tablet .5mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: The patient presents with chronic lower back pain, bilateral leg pain, depression, sleeplessness and a recent DUI due to decreased attention span. The current request is for Alprazolam (Xanax) tablet .5mg #30. The patient has been utilizing Benzodiazepines, Restoril or Klonopin since at least 1/15/14. The treating physician report dated 8/26/14 states, "Trial of Xanax 0.5mg qhs in place of Klonopin 1mg qhs to help in sleep and general anxiety symptoms." The MTUS Guidelines do not recommend benzodiazepines for longer than 4 weeks. The treating physician has prescribed benzodiazepines on an ongoing basis and there has been no documentation of the patient's response to the medication as required in MTUS page 8 and there is no medical rationale provided as to why the patient requires this medication beyond the MTUS recommendation. Recommendation is for denial of a trial of Xanax.

Cymbalta 60mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Selective serotonin and norepinephrine reuptake inhibitors (SNRIs), Duloxetine (Cymbalta) Page.

Decision rationale: The patient presents with chronic lower back pain, bilateral leg pain, depression, sleeplessness and a recent DUI due to decreased attention span. The current request is for Cymbalta 60mg #60. In reviewing the treating physician reports provided dated 1/15/14, 4/9/14, 6/5/14 and 8/26/14 there is no information provided to indicate that the continued prescriptions over the past 7 months been helpful with function or depression. The MTUS guidelines support the usage of Cymbalta for anxiety, depression, diabetic neuropathy, and fibromyalgia. MTUS page 8 states, "The physician should periodically review the course of treatment of the patient and any new information about the etiology of the pain or the patient's state of health. Continuation or modification of pain management depends on the physician's evaluation of progress toward treatment objectives." In this case the treating physician has not documented any benefit from the continued prescription of Cymbalta as required by MTUS. Recommendation is for denial.

Lyrica 75mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs), SPECIFIC ANTI-EPILEPSY DRUGS; Pregabalin (Lyrica) Page(s): 16-18, 1.

Decision rationale: The patient presents with chronic lower back pain, bilateral leg pain, depression, sleeplessness and a recent DUI due to decreased attention span. The current request is for Lyrica 75mg #60. In reviewing the medical records provided it appears that the patient has been prescribed Lyrica since at least 1/15/14. The MTUS guidelines support the usage of Lyrica for neuropathic pain, diabetic neuropathy and postherpetic neuralgia. In this case the patient has been diagnosed with lumbar radiculopathy and diabetic neuropathy and has positive objective findings on examination. The patient has been taking Lyrica for an extended period of time but the treating physician fails to document any benefit from the prescribed medication. Without any documentation of functional benefit as required by MTUS there is no way to tell if there is any benefit from the medication prescribed. While this patient may require the prescribed medication based on diagnosis alone there is no feedback from the treater to support ongoing usage. Recommendation is for denial.

Zanaflex 10mg qhs: 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 Muscle relaxants Page(s): 63, 66.

Decision rationale: The patient presents with chronic lower back pain, bilateral leg pain, depression, sleeplessness and a recent DUI due to decreased attention span. The current request is for Zanaflex 10mg qhs. In reviewing the treating physician reports dating back to 1/15/14 the patient has been continuously prescribed Zanaflex. Again there is no information provided in the reports to indicate the patient's response to this medication. MTUS page 66 supports Zanaflex for low back pain, myofascial pain and for fibromyalgia. However, MTUS page 60 also require recording of pain and function when medications are used for chronic pain. In this case, the treater does not discuss this medication's efficacy. Recommendation is for denial.

Ultram 50mg #90 x three: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Page(s): 113.

Decision rationale: The patient presents with chronic lower back pain, bilateral leg pain, depression, sleeplessness and a recent DUI due to decreased attention span. The current request is for Ultram (Tramadol) 50mg #90 x three. The patient was previously prescribed Percocet 10/325 4 x day from 1/15/14 through 6/5/14 and then weaned off of the Percocet. At this time the treating physician is requesting a trial of Ultram for the treatment of lower back pain. The MTUS Guidelines do support Tramadol for chronic moderately severe pain. In reviewing the previous reports provided the treating physician never documented the 4 A's (analgesia, ADL's, Adverse effects and Adverse behavior) as required for the usage of Percocet. However, this

request is for a trial of Ultram which does not appear to have been previously prescribed. MTUS has several reporting requirements that need to be documented by the treating physician for the ongoing usage of opioids and these requirements will need to be documented. My recommendation is for authorization of the trial of Ultram.