

Case Number:	CM14-0157386		
Date Assigned:	10/01/2014	Date of Injury:	06/12/2009
Decision Date:	11/25/2014	UR Denial Date:	09/11/2014
Priority:	Standard	Application Received:	09/25/2014

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 Illinois. 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 an injury on 06/12/2009. The mechanism of injury was reported as a fall from a ladder. The injured worker sustained injuries to his low back, hip, legs, knees, ankles, and feet. The injured worker's treatment history included medications, H wave unit, physical therapy, surgery, MRI studies, physical therapy, and surgery. It was documented that the injured worker had a urine drug screen on 06/05/2014; however, the results were not submitted for this review. The injured worker was evaluated on 08/20/2014 and it was documented the injured worker complained of back pain radiating into the feet, that was noted to be moderate to severe. The injured worker rated his pain without medication at 10/10 and with medication as 8/10 on the pain scale. The injured worker reported that with medication, he was able to get dressed in the morning and perform minimal activities at home. Without medication, the injured worker was able to stay in bed all day. Medications included Amitriptyline, Aspirin, Cymbalta, Doxepin, Hydroxyzine Hcl, Miralax, MS-Contin, Norco, Prilosec, Ropinirole, Soma, and Temazepam. It was noted that the injured worker's spinal cord stimulator was still used every day and was on almost all of the time. It continued to decrease the injured worker's pain about 20% to 35%. Diagnoses included chronic pain syndrome, gastro esophageal reflux disease, insomnia, low back pain, neuralgia, thoracic radiculitis, and restless leg syndrome. The Request for Authorization was not submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Temazepam 15mg 1 po QHS PRN #90 with 3 refills: Upheld

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

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

Decision rationale: The requested is not medically necessary. The California MTUS Chronic Pain Medical Guidelines does not recommend Benzodiazepines for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. The medical records indicated an ongoing prescription for Temazepam since 12/12/2012. The injured worker had diagnoses of insomnia. There was no indication as to the efficiency of Temazepam. Nonetheless, the guidelines state that benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence recommended for long term use. As such, the request for Temazepam 15 mg 1 PO QHS PRN with 3 refills #90 is not medically necessary.

Soma 350mg 1 po TID PRN spams #270 with 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

Decision rationale: The requested is not medically necessary. The California MTUS Chronic Pain Medical 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. There is lack of evidence provided that the injured worker received conservative care such as physical therapy and pain medication management. The medical records indicated an ongoing prescription for soma since at least 11/04/2011. The most recent treatment plan dated 08/20/2014, including decrease in soma to 2 pills per day. This is inconsistent with the submitted request. In addition, the quantity requested does not correlate with the dosing instructions. Nonetheless, the guidelines do not recommend the use of Soma. As such, the request for Soma 350 mg 1 PO TID PRN spams with 3 refills #270 is not medically necessary.

Ropinirole HCL 2mg q PO QD BID PRN RLS #270 with 3 refills: 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), Treatment Index, 12th Edition (web), 2014, Knee and Leg

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Knee & Leg, Restless Legs Syndrome

Decision rationale: The request for Ropinirole HCl 2 mg q PO QD PRN RLS with 3 refills #270 is not medically necessary. The Official Disability Guidelines (ODG) state that dopamine agonists Requip (Ropinirole), Mirapex (Pramipexole) 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. The medical records provided indicate an ongoing prescription for Ropinirole since at least 06/20/2012. The injured worker's diagnosis included restless leg syndrome. The guidelines state Ropinirole is approved for the use of treatment of restless leg syndrome. Based on this information, continued use is supported. However, the quantity requested is inconsistent with dosing instructions. As such, the request for Ropinirole HCl 2 mg q PO QD BID PRN RLS with 3 refills #270 is not medically necessary.

Prilosec 40mg 1 PO QD #90 with 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Proton pump inhibitors Page(s): 68-69.

Decision rationale: The requested is not medically necessary. Prilosec is recommended for patients taking NSAIDs who are at risk of gastrointestinal events. The documentation did not indicate that the injured worker having gastrointestinal events however, the provider failed to indicate the frequency or duration of medication on the request submitted for the injured worker. The only NSAID currently used with aspirin 81 mg. As such, the request for Prilosec 40 mg 1 PO QD with 3 refills #90 is not medically necessary.

Norco 10/325mg 1 PO 4-6 times per day PRN #450 with 3 refills: Upheld

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

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

Decision rationale: The requested is not medically The California Medical Treatment Utilization Schedule (MTUS) Schedule (MTUS) guidelines state that criteria for use for ongoing- management of opioids include ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. There was no outcome measurements indicated for the injured worker such as home exercise regimen or long-term functional goals for the injured worker. As of 08/20/2014, the injured worker rated his pain as

8/10 with medications and 10/10 without medications. Therefore, the continued use of Norco with no objective functional improvements documented for the injured worker, continued use of Norco is not medically necessary. As such, the request for Norco 10/325 mg 1 PO 4 to 6 times per day PRN with 3 refills #450 is not medically necessary.

MS Contin 15mg TID PO #90: Upheld

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

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

Decision rationale: The requested is not medically The California Medical Treatment Utilization Schedule (MTUS) Schedule guidelines state that criteria for use for ongoing-management of opioids include ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The medical records indicate an ongoing prescription for MS-Contin 15 mg since 11/04/2011. As of 08/20/2014, the injured worker rated his pain at 8/10 with medications and 10/10 without medications. The injured worker reported that with medication, he was able to get dressed in the morning and perform minimal activities at home. A urine drug screen was last addressed on 06/05/2014; however, the results were not submitted for this review. There was a lack of documentation regarding significant pain relief, objective functional improvements while the injured worker takes MS-Contin. As such, the request for MS-Contin 15 mg TID PO #90 is not medically necessary

Miralax 17gm 1 TBSP PO every 12 hours #1500 with 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Laxative Opioids Page(s): 77.

Decision rationale: The request for Miralax 17 gm 1 TBSP PO every 12 hours with 3 refills #1500 is not medically necessary. The California Medical Treatment Utilization Schedule recommends Miralax for constipation. The injured worker is diagnosed with constipation secondary to narcotics. The assumption that the injured worker will continue to have constipation with continued use of narcotics, supports the use of Miralax. The medical records indicate chronic opioid use. The guidelines recommend the initiation of prophylactic treatment of constipation for patients taking opiates. However, clarification is needed on the quantity requested. As such, the request for Miralax 17 gm 1 TBSP PO every 12 hours with 3 refills, #1500, is not medically necessary

Hydroxyzine HCL 10mg/5mL take 5-15; QD PRN #750 with 3 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pain Anxiety Medications

Decision rationale: The requested is not medically necessary. Per the Official Disability Guidelines (ODG) recommends anxiety medications for diagnosing and controlling anxiety as an important part of chronic pain treatment, including treatment with anxiety medications based on specific DSM-IV diagnosis as described below. Benzodiazepines are not recommended for long-term use unless the patient is being seen by a psychiatrist. Definition of anxiety disorders: Anxiety disorders for this entry include (1) generalized anxiety disorder (GAD); (2) panic disorder (PD); (3) post-traumatic stress disorder (PTSD); (4) social anxiety disorder (SAD); & (5) obsessive-compulsive disorder (OCD). Descriptions of each are included below. Anxiety affects millions of Americans and leads to a decreased quality of life and productivity. In any given year approximately 40 million American adults ages 18 and older have an anxiety disorder (approximately 18.1 percent). Approximately 62% of anxiety disorders are associated with other mental health disorders, in particular depression. Substance abuse is also a frequent co-morbid condition. Anxiety and chronic pain. Per records submitted indicating ongoing prescription for Hydroxyzine HCL since 12/10/2012. It was indicated for as needed use for an allergic reaction. As of 08/20/2014, the injured worker's medication regimen also included Aller-Tec 10 mg tab and Fluticasone 50 mcg disc, both for allergies. There is no indication as to the efficacy of Hydroxyzine. As such, the request for Hydroxyzine HCL 10 mg/5mL, take 5 to 15 QD PRN with 3 refills #750 is not medically necessary.

Cymbalta 60mg 1 PO QD #90 with 3 refills: 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 Duloxetine (Cymbalta) Page(s): 43-44.

Decision rationale: The request for Cymbalta 60 1 PO QD with 3 refills #90 is not medically necessary. According to the MTUS Chronic Pain Medical Treatment Guidelines, Cymbalta is recommended as an option in first line treatment for neuropathic pain. Duloxetine (Cymbalta) is a norepinephrine and serotonin reuptake inhibitor antidepressant (SNRIs). It has FDA approval for treatment of depression, generalized anxiety disorder, and for the treatment of pain related to diabetic neuropathy with effect found to be significant by the end of week 1 (effect measured as a 30% reduction in baseline pain). The medical records indicate an ongoing prescription for Cymbalta since at least 12/02/2011. As of 08/20/2014, the injured worker's medication regimen also included Amitriptyline and Doxepin. The injured worker was stated to report a pain level of 8/10 with medications. The injured worker reported that with medication, he was able to get dressed in the morning and perform minimal activities at home. There was a lack of documentation regarding significant pain relief and objective functional improvement with the use of Cymbalta. In addition, the guidelines state that tricyclic antidepressants are generally

considered a first line agent. As such, the request for Cymbalta 60 mg 1 PO QD with 3 refills #90 is not medically necessary.

Amitriptyline HCL 100mg 1 PO QHS #90 with 3 refills: 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 Amitriptyline Page(s): 13.

Decision rationale: The request for Amitriptyline HCL 100 mg 1 PO QHS with refills #90 is not medically necessary. The California Medical Treatment Utilization Schedule (MTUS) Guidelines recommends Amitriptyline. Amitriptyline is a tricyclic antidepressant. Tricyclics are generally considered a first-line agent unless they are ineffective, poorly tolerated, or contraindicated. The medical records provided indicate an ongoing prescription of Amitriptyline since 11/08/2011. The injured worker's diagnoses included insomnia and chronic pain syndrome. As of 08/20/2014, the injured worker's medication regimen also included Amitriptyline and Doxepin. The injured worker continued to report a pain level of 8/10 with medications and that he was able to do minimal activities at home. There is no indication of significant pain relief or objective functional improvements with the use of Amitriptyline. As such, the request for Amitriptyline HCL 100 mg 1 PO QHS with refills #90 is not medically necessary.

Doxepin HCL 100mg 1 PO every HS #90 with 3 refills: 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 SSRIs (selective serotonin reuptake inhibitors) Page(s): 107.

Decision rationale: The requested is not medically necessary. The California MTUS Chronic Pain Medical Guidelines Not recommended as a treatment for chronic pain, but SSRIs may have a role in treating secondary depression. Selective serotonin reuptake inhibitors (SSRIs), a class of antidepressants that inhibit serotonin reuptake without action on noradrenaline, are controversial based on controlled trials. It has been suggested that the main role of SSRIs may be in addressing psychological symptoms associated with chronic pain. More information is needed regarding the role of SSRIs and pain. SSRIs have not been shown to be effective for low back pain. The medical records indicated an ongoing prescription of Doxepin HCl since 12/02/2011. The injured worker's medication regimen also included Cymbalta and Amitriptyline. The injured worker's diagnoses included chronic pain syndrome and insomnia. The injured worker continued to report a pain level of 8/10 with medications. There is no indication of significant pain relief or objective functional improvements with the use of Doxepin. As such, the request for Doxepin HCl 100 mg with 3 refills 1 by mouth at bedtime #90 is not medically necessary.