

Case Number:	CM14-0158300		
Date Assigned:	10/23/2014	Date of Injury:	08/29/2000
Decision Date:	11/28/2014	UR Denial Date:	09/16/2014
Priority:	Standard	Application Received:	09/26/2014

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 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 56-year-old female who reported an injury on 08/29/2000. The injured worker reportedly sustained injury to her lumbar spine while working for the [REDACTED] as a psychiatric technician. The injured worker's treatment history included physical therapy, medications, x-rays, MRI studies, radiofrequency ablation, and a walking device. The injured worker was evaluated on 09/24/2014 and it was documented the injured worker complained of low back, buttock, and leg pain. The injured worker was there for a follow-up on chronic pain management with ongoing medications. The provider noted that the injured worker's medication regimen, she was relatively stable. Without the medications the injured worker's pain level was 9/10, and with her medications her pain level was 3/10 to 4/10 on the pain scale. The injured worker's medication regimen made it possible for her to perform activities of daily living. Without her medications, it was difficult for the injured worker to walk or sit for extended periods of time. The injured worker reports no side effects and no complaints with her medication regimen. The provider noted she has signed an opioid contract and is urine drug screened periodically with no instances of noncompliance. Her examination revealed she had pain with manipulation of her lumbar spine in all planes with minimal extension, 2 degrees of flexion; significant muscle spasm bilaterally from L1 down to the sacrum; moderate to severe sacroiliitis; straight leg raises bilaterally; antalgic gait; and left trochanteric bursitis. In addition, there was no obvious motor/sensory deficits were elicited; deep tendon reflexes were present bilaterally; significant muscle spasm and decreased range of motion with hypersensitivity on examination; and bilateral foot pain, dysesthesias globally, over multiple dermatomes. Diagnosis included degenerative disc disease of the lumbar spine, degenerative arthritis of the lumbar spine, degenerative disc disease and arthritis of the cervical spine, myofasciitis, and situational depression, chronic opioid therapy for pain, and significant bilateral foot pain, rule out spinal

sores. Medications included OxyContin 40 mg, Roxicodone 30 mg, Provigil 200 mg, trazodone 50 mg, Lidoderm 5% patches, and Wellbutrin XL 300 mg. The injured worker was also taking Flexeril 10 mg for muscle spasms. The Request for Authorization, dated 09/24/2014, was for OxyContin 40 mg, Roxicodone 30 mg, Provigil 200 mg, trazodone 50 mg, Lidoderm 5% patches, Wellbutrin XL 300 mg, and Flexeril 10 mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 40mg, # 180: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 115, Chronic Pain Treatment Guidelines Opioids 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 Oxycontin 40 mg, # 180 is not medically necessary. The California Medical Treatment Utilization 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 lack of evidence of opioid medication management and average pain, intensity of pain, or longevity, of pain relief. In addition, there lack of evidence of outcome measurements of conservative care such as, home exercise regimen outcome improvements noted for the injured worker. The documentation submitted for review indicated the injured worker utilizing oxycodone since 07/24/2001; however, there was no urine drug screen submitted to indicate neither opioids compliance nor a copy opioid compliance agreement. Additionally the request submitted failed to indicate frequency and duration of medication. As such, the request for Oxycontin 40 mg # 180 is not medically necessary.

Roxicodone 30mg, #240: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 115, Chronic Pain Treatment Guidelines Opioids 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 Roxicodone 30 mg, # 240 is not medically necessary. The California Medical Treatment Utilization 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 lack of evidence of opioid medication management and average pain, intensity of pain, or longevity, of pain relief. The documents provided indicated the injured worker utilizing Roxicodone since 2001. In addition, there lack of evidence of outcome measurements of conservative care such as, home exercise regimen outcome improvements noted for the injured worker. The documentation

submitted for review there was no urine drug screen submitted to indicate neither opioids compliance nor a copy of opioid compliance agreement for the injured worker. The request submitted failed to indicate frequency and duration of medication. As such, the request for Roxycodone 30 mg, # 240 is not medically necessary.

Trazadone 50mg, #180: 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)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for Chronic Pain Page(s): 14 & 15.

Decision rationale: The requested is not medically necessary. California (MTUS) Chronic Pain Medical Guidelines recommends trazodone as a selective serotonin and norepinephrine reuptake inhibitors (SNRIs) and FDA-approved for anxiety, depression, diabetic neuropathy, and Fibromyalgia. Used off-label for neuropathic pain and radiculopathy, Duloxetine is recommended as a first-line option for diabetic neuropathy. No high quality evidence is reported to support the use of duloxetine for lumbar radiculopathy. A systematic review indicated that tricyclic antidepressants have demonstrated a small to moderate effect on chronic low back pain (short-term pain relief), but the effect on function is unclear. This effect appeared to be based on inhibition of norepinephrine reuptake. SSRIs have not been shown to be effective for low back pain (there was not a significant difference between SSRIs and placebo) and SNRIs have not been evaluated for this condition. Reviews that have studied the treatment of low back pain with tricyclic antidepressants found them to be slightly more effective than placebo for the relief of pain. A non-statistically significant improvement was also noted in improvement of functioning. SSRIs do not appear to be beneficial. It is recommended that these outcome measurements should be initiated at one week of treatment with a recommended trial of at least 4 weeks. The provider documented the injured worker complained of low and mid back pain. Furthermore, the documents submitted failed to indicate the outcome measurements of home exercise regimen, and pain medication management. In addition, the request lacked frequency and duration. As such, the request for trazodone 50 mg #180 is not medically necessary.

Provigil 200mg, #90: 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)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Modafinil, Provigil.

Decision rationale: The request for Provigil 200 mg, # 90 is not medically necessary. The Official Disability Guidelines does not recommend Provigil solely to counteract sedation effects of narcotics until after first considering reducing excessive narcotic prescribing. Use with caution as indicated below. Indications: Provigil is indicated to improve wakefulness in adult patients

with excessive sleepiness associated with narcolepsy, obstructive sleep apnea, and shift work sleep disorder. Patients should have a complete evaluation with a diagnosis made in accordance with the [REDACTED] or [REDACTED] diagnostic classification. Adverse effects: This drug has been known to be misused and/or abused, particularly by patients that have a history of drug or stimulant abuse. Common adverse effects include headache, nausea, nervousness, rhinitis, diarrhea, back pain, anxiety, insomnia, dizziness, and dyspepsia. The standard dose for these conditions is 200 mg a day. The dose should be reduced to [REDACTED] for patients with severe hepatic impairment. Modafinil is increasingly being used as a cognitive enhancer. Although initially launched as distinct from stimulants that increase extracellular dopamine by targeting dopamine transporters, recent preclinical studies suggest otherwise. There is need for heightened awareness for potential abuse of and dependence on modafinil. The guidelines do not recommend Provigil. Furthermore, the request that was submitted for [REDACTED] failed to include duration and frequency of medication. As such, the request for Provigil is not medically necessary.

Lidoderm 5% Patches, #270: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 112, Chronic Pain Treatment Guidelines Opioids Page(s): 13-14.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics; Lidocaine Page(s): 111; 112.

Decision rationale: The requested is not medically necessary. The CA MTUS indicates topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The California MTUS guidelines indicate that topical lidocaine (Lidoderm) may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain." The documentation submitted the provider failed to indicate the injured worker failing antidepressants and anticonvulsants. Additionally, the provider failed to indicate the injured worker having a diagnosis of neuropathic pain. The request failed to include body location where the Lidoderm patches are required to be used frequency, and duration of the medication. As such, the request for Lidoderm patches 5%, #270 is not medically necessary.

Welbutrin XL 300mg, #90: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 115, Chronic Pain Treatment Guidelines Opioids Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Bupropion (Wellbutrin) Page(s): 16.

Decision rationale: The request for Wellbutrin XL 300, mg # 90 daily is not medically necessary. The Chronic Pain Medical Treatment Guidelines state that Bupropion is a second generation non-tricyclic antidepressant (noradrenaline and dopamine reuptake inhibitor) has been shown to be effective in relieving neuropathic pain of different etiologies in a small trial (41 patients). Bupropion has shown some efficacy in neuropathic pain, there is no evidence of efficacy in patients with non-neuropathic chronic low back pain. Furthermore, a recent review suggested that Bupropion is generally a third line medication for diabetic neuropathy and may be considered when patients have not had a response to a tricyclic or SNRI. The documents provided lack evidence as to why the Bupropion HCL would be required at this point and what specific overall functionality had been achieved with this medication as opposed to functionality without it. In addition, the documentation submitted for review indicated the injured worker has been utilizing Wellbutrin since 2002. It was noted that she does have a diagnosis of chronic opiate therapy for pain and depression; however, the request submitted failed to include frequency and duration of medication. There was no evidence documented if the injured worker previously failed an initial course of tricyclic the given the above; therefore, this request is not medically necessary.

Flexeril 10mg, #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41-42.

Decision rationale: The requested service is not medically necessary. The California (MTUS) Chronic Pain Medical Guidelines recommends Flexeril as an option, using a short course of therapy. Cyclobenzaprine (Flexeril) is more effective than placebo in the management of back pain; the effect is modest and comes at the price of greater adverse effects. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. Treatment should be brief. There is also a postop use. The addition of cyclobenzaprine to other agents is not recommended. Cyclobenzaprine treated patients with fibromyalgia were 3 times as likely to report overall improvement and to report moderate reductions in individual symptoms, particularly sleep. Cyclobenzaprine is closely related to the tricyclic antidepressants and amitriptyline. The documentation that was submitted indicated the injured worker has been off Flexeril approximately since 07/24/2001. The guidelines state that Flexeril as an option using a short course of therapy. Moreover, the request that was submitted failed to include frequency and duration of medication. As such, the request for Flexeril 10mg #90 is not medically necessary.