

Case Number:	CM14-0177899		
Date Assigned:	11/03/2014	Date of Injury:	05/18/2012
Decision Date:	12/08/2014	UR Denial Date:	10/07/2014
Priority:	Standard	Application Received:	10/27/2014

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 57 year-old female with a date of injury of May 18, 2012. The injured worker's industrially related diagnoses include cervical strain, herniated cervical disk, lumbar strain, herniated lumbar disk, sprain/strain of left knee, s/p total knee arthroplasty (9/17/2012), right and left carpal tunnel syndrome, back strain, herniated thoracic disk, and symptoms of anxiety and depression. The disputed issues are Prilosec 20mg #60 with 3 refills, Norco 10/325mg #120 with 3 refills, Ultram ER 150mg #30 with 3 refills, Fexmid 7.5mg #120 with 3 refills, Lisinopril 20mg #60 with 3 refills, Neurontin 300mg #90 with 3 refills, and Xanax ER 0.5mg #60 with 3 refills. A utilization review determination on 10/7/2014 had non-certified these requests. The stated rationale for the denial of Prilosec was: "The claimant has no documented dyspepsia with the use of NSAIDs." The stated rationale for the denial of Norco 10/325mg and Ultram ER was: "The guideline criteria have not been met. There is no documentation of a maintained increase in function or decrease in pain with the use of this medication." The stated rationale for the denial of Fexmid was: "Muscle relaxants are intended to be employed on a short-term basis, to treat acute exacerbations of chronic low back pain. They are not intended to be employed in the scheduled basis suggested by the attending physician." The stated rationale for the denial of Lisinopril was: "The documentation on file does not establish a diagnosis of hypertension for which usage of Lisinopril could be indicated." The stated rationale for the denial of Neurontin was: "This claimant does not have documented neuropathic pain and therefore is not an appropriate candidate for Neurontin." Lastly, the stated rationale for the denial of Xanax ER was: "The request for benzodiazepines for lower back pain is denied as MTUS states there is no evidence of effectiveness in injured workers with chronic low back pain and there is high risk of dependence. A more appropriate treatment for anxiety is an antidepressant."

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20mg #60, 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs and GI & Cardiovascular Risk Page(s): 68-69.

Decision rationale: Prilosec 20mg (Omeprazole) is a proton pump inhibitor (PPI). The Chronic Pain Medical Treatment Guidelines state that "proton pump inhibitors are appropriate for the treatment of dyspepsia secondary to NSAID therapy or for patients at risk for gastrointestinal events with NSAID use." In the submitted documentation available for review, the treating physician documented that Prilosec 20mg was prescribed for gastritis secondary to NSAID use. However, there are no NSAIDs prescribed at the time of the request. There was documentation that the injured worker was prescribed Naproxen in 2013 and once on 3/7/2014, but there is no indication that the injured worker was taking Naproxen or any other NSAID on 8/15/2014 at the time when Prilosec was requested. Furthermore, there was no other gastrointestinal risk factors documented which would warrant a proton pump inhibitor. Based on the guidelines, the request for Prilosec 20mg #60 with 3 refills is not medically necessary.

Norco 10/325mg, #120, 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 44, 47, 75-79, 120.

Decision rationale: Norco 10/325mg (Hydrocodone-Acetaminophen) is an opioid, which was recently rescheduled in October 2014 from Schedule III to the more restrictive Schedule II of the Controlled Substances Act. Therefore, it can no longer be refilled. Norco is recommended for moderate to severe pain. In regard to the use of Norco, the California Chronic Pain Medical Treatment Guidelines state the following about on-going management with opioids: "Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs". Guidelines go on to recommend discontinuing opioids if there is no documentation of improvement in function and pain. In the submitted documentation available for review, there is no indication that the Norco was improving the injured worker's function or pain (in terms of specific examples of functional improvement and percent reduction in pain or reduced NRS), no

documentation regarding side effects, and no discussion regarding aberrant use. There was no documentation of a signed opioid agreement, no urine drug screen to assess for the use or the presence of illegal drugs, and no CURES report to confirm that the injured worker was only getting opioids from one practitioner. In the progress report dated 8/15/2014, there is documentation that the injured worker stated the "medications were helpful in providing relief of pain," however, no specific documentation was provided regarding Norco. Due to the lack of documentation, there is no clear indication for ongoing use of the medication. Furthermore, this prescription is not valid as Norco can no longer be refilled. In light of the above issues, medical necessity for the request for Norco 10-325mg #120 with 3 refills has not been established. Therefore, the request is not medically necessary.

Ultram ER 150mg #30, 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 44, 47, 75-79, 120.

Decision rationale: Ultram ER 150mg (Tramadol HCL ER) is a synthetic opioid affecting the central nervous system. As of July 2014, the DEA changed the classification of Tramadol to a schedule IV controlled substance. Since Tramadol is an opioid, it is subject to the ongoing monitoring requirements as stated in the Chronic Pain Medical Treatment Guidelines. Due to abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improvement in function and pain. In the submitted documentation available for review, there is no indication that the Ultram ER was improving the injured worker's function or pain (in terms of specific examples of functional improvement and percent reduction in pain or reduced NRS), no documentation regarding side effects, and no discussion regarding aberrant use. There was no documentation of a signed opioid agreement, no urine drug screen to assess for the use or the presence of illegal drugs, and no CURES report to confirm that the injured worker was only getting opioids from one practitioner. In the progress report dated 8/15/2014, there is documentation that the injured worker stated the "medications were helpful in providing relief of pain," however, no specific documentation was provided regarding Ultram ER. Due to the lack of documentation, there is no clear indication for ongoing use of the medication. Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the request to allow tapering. In light of the above issues, medical necessity for the request for Ultram ER 150mg #30 with 3 refills has not been established. The request for Ultram ER is not medically necessary.

Fexmid 7.5mg #120, 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-66.

Decision rationale: Fexmid 7.5mg (Cyclobenzaprine) is a skeletal muscle relaxant and a central nervous system depressant. The Chronic Pain Medical Treatment Guidelines recommend "non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP." Due to limited and mixed-evidence, the guidelines do not recommend Cyclobenzaprine for chronic use. Side effects of Fexmid include sedation and headaches. In the progress report dated 8/15/2014, the treating physician documented objective findings of muscle spasms over the cervical spine on physical examination and prescribed Fexmid to relax muscles. However, there was no identification of a specific analgesic benefit or objective functional improvement as a result of the Fexmid. According to the guidelines, Fexmid can be recommended for only short-term use; however, it does not appear that this medication is being prescribed for short-term treatment of acute exacerbations. In the documentation, this medication has been prescribed since 2013. In light of these issues, the request for Fexmid 7.5mg #60 with 3 refills is not medically necessary.

Lisinopril 20mg #60, 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. 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 Drugs.com and Emedicine.com

Decision rationale: In regard to the request for Lisinopril 20mg, California MTUS guidelines and ODG do not contain criteria for the use of this medication. Drugs.com indicates that Lisinopril is an antihypertensive medication. Medicine.com states that hypertension may be primary, which may develop as a result of environmental or genetic causes, or secondary, which has multiple etiologies, including renal, vascular, and endocrine causes. They go on to state that the diagnosis includes accurately measuring the patient's blood pressure, performing a focused medical history and physical examination, obtaining results of routine laboratory studies, and obtaining a 12-lead electrocardiogram. In the submitted documentation available for review, there is no indication that the injured worker had adequate workup for the diagnosis of hypertension. In the progress report dated 1/11/2013, Lisinopril was prescribed for hypertension caused by stress, acute and chronic pain, use of NSAID, and a direct consequence of work-related injuries. At that time routine labs and an EKG were ordered, but the results were not documented in the subsequent visits. Additionally, there was no indication that the injured worker first tried lifestyle changes prior to the initiation of medication for the treatment of hypertension. In the absence of clarity regarding these issues, the currently requested Lisinopril 20mg #30 with 3 refills is not medically necessary.

Neurontin 300mg #90, 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy Drugs Page(s): 16-21.

Decision rationale: Neurontin 300mg (gabapentin) is an antiepilepsy drug recommended for neuropathic pain. Chronic Pain Medical Treatment Guidelines state that a "good outcome is defined as 50% reduction in pain and a moderate response is defined as 30% reduction in pain." Guidelines go on to state that after initiation of treatment, there should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with use. The continued use of AEDs depends on improved outcomes versus tolerability of adverse effects. In the progress report dated 5/23/2014, Neurontin was not yet prescribed and in the subsequent report dated 8/15/2014, there was no documentation of any specific analgesic benefit or specific objective functional improvement with the use of Neurontin. Additionally, there is no discussion regarding side effects from this medication. Based on the lack documentation, the request for Neurontin 300mg #90 with 3 refills is not medically necessary.

Xanax ER 0.5mg #60, 3 refills (date of request 8/15/14): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Benzodiazepines

Decision rationale: In regard to the request for Xanax ER 0.5mg (alprazolam), Chronic Pain Medical Treatment Guidelines state that benzodiazepines are, "Not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. 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." In the submitted documentation available for review, there is no documentation identifying any objective functional improvement as a result of the use of the medication and no rationale provided for long-term use of the medication despite the CA MTUS recommendation against long-term use. The documentation indicates that Xanax ER has been prescribed for anxiety since 2013. However, there was no documentation of failure of a more appropriate treatment for anxiety such as an antidepressant. Benzodiazepines should not be abruptly discontinued, but unfortunately there is no provision to modify the current request to allow tapering. Based on the documentation, the request for Xanax ER 0.5mg #60 with 3 refills is not medically necessary.