MAXIMUS Federal Services

Case Number:	CM14-0026126		
Date Assigned:	06/25/2014	Date of Injury:	01/19/2001
Decision Date:	07/23/2014	UR Denial Date:	02/14/2014
Priority:	Standard	Application Received:	02/28/2014

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 injured worker is a female with date of injury of 1/19/2001. Per pain medicine re-evaluation dated 1/30/2014, the injured worker complains of neck pain and low back pain. The neck pain radiates down bilateral upper extremities. Low back pain radiates down the bilateral lower extremities. Pain is rated as 6/10 with medications and 10/10 without medications. Pain increases with activity and walking. Her pain is reported as unchanged since her last visit. She reports limitations in self care and hygiene, activity, ambulation, hand function and sleep. She reports that opioid pain medication is helpful. Areas of functional improvement as a result of opioid pain medication include bathing, climbing stairs, concentrating, depression, walking in the neighborhood and washing dishes. She reports her quality of life has been improved as a result of the opioid pain medication. She wishes to continue treatment based on her decreased pain, her increased level of function and her improved quality of life. On exam the injured worker was observed to be in moderate distress. Her gait was antalgic and slow. There is spasm noted in the bilateral paraspinous musculature. Tenderness was noted upon palpation bilaterally in the paravertebral area L3-S1 levels. Myofascial trigger points are noted in the paraspinous muscles bilaterally. The range of motion of the lumbar spine was moderately limited secondary to pain. Pain was significantly increased with flexion and extension. Facet signs were present bilaterally. Sensory exam shows decreased sensitivity to touch along the L5 dermatome in the left lower extremity. Motor exam shows decreased strength of the extensor muscles and of the flexor muscles in the left lower extremity. Her Achilles reflexes were absent bilaterally and patellar reflexes were within normal limits bilaterally. Straight leg raise while seated was positive on the left for radicular pain at 40 degrees. Tenderness is noted in the left ankle greater than the right ankle. Mild swelling is noted in the left ankle. The range of motion of the left ankle was decreased due to pain. Diagnoses include 1) lumbar disc degeneration 2) chronic pain other 3)

lumbar facet arthropathy 4) lumbar radiculopathy 5) iatrogenic opioid dependency 6) rule out osteoarthritis of right hip 7) worsened radiculopathy since 6/14/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

CARISOPRODOL 350 MG TID # 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MUSCLE RELAXANTS Page(s): 67.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma) section, Weaning of Medications section Page(s): 29, 124.

Decision rationale: The requesting physician reports that Carisoprodol is prescribed for muscle spasm and musculoskeletal pain. The California MTUS Guidelines do not recommend the use of carisoprodol, and specifically state that the medication is not indicated for long-term use. There are precautions with sudden discontinuation of this medication due to withdrawal symptoms in chronic users. This medication should be tapered, or side effects of withdrawal should be managed by other means. The request for Carisoprodol 350 mg TID #90 is determined to not be medically necessary.

IBUPROFEN 800 MG TID # 90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs section Page(s): 67-71.

Decision rationale: The requesting physician reports that ibuprofen is prescribed for pain and inflammation. The use of NSAIDs are recommended by the California MTUS Guidelines with precautions. NSAIDs are recommended to be used secondary to acetaminophen, and at the lowest dose possible for the shortest period in the treatment of acute pain or acute exacerbation of chronic pain as there are risks associated with NSAIDs and the use of NSAIDs may inhibit the healing process. The injured worker has chronic injuries with no change in pain level and no acute injuries reported. The request for ibuprofen 800 mg TID #90 is determined to not be medically necessary.

HYDROCODONE/ APAP 10/325 MG Q6H # 90: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids section Page(s): 74-95.

Decision rationale: The requesting physician reports that Hydrocodone/APAP is prescribed for pain. The medical documentation reports that the injured worker is on chronic pain medications and she needs these medications to remain functional. She has been diagnosed with iatrogenic opioid dependence, but there is no evidence of aberrant behavior. The guidelines do not recommend chronic use of opioids for pain management, in general, but they do provide recommendations for chronic pain management with opioids in maintenance doses. The injured worker's opioid medication dosing has remained stable and, and she appears to be in a maintenance stage of her pain management which is being managed by a pain specialist. In total, the injured worker is being prescribed 100 morphine equivalents per day, not in excess to the 120 morphine equivalent per day ceiling recommended by the MTUS Guidelines. The request for Hydrocodone/APAP 10/325 mg Q6H #90 is determined to be medically necessary.

OXYCONTIN 20 MG Q 12 H # 60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids section Page(s): 74-95.

Decision rationale: The requesting physician reports that OxyContin is prescribed to treate chronic and continuous moderate to severe pain in this injured worker. This medication was chosen in regards to maintaining chronic pain patients on opioid medications. The medical documentation reports that the injured worker is on chronic pain medications and she needs these medications to remain functional. She has been diagnosed with iatrogenic opioid dependence, but there is no evidence of abherent behavior. The guidelines do not recommend chronic use of opioids for pain management, in general, but they do provide recommendations for chronic pain management with opioids in maintenance doses. The injured worker's opioid medication dosing has remained stable and, and she appears to be in a maintenance stage of her pain management which is being managed by a pain specialist. In total, the injured worker is being prescribed 100 morphine equivalents per day, not in excess to the 120 morphine equivalent per day ceiling recommended by the MTUS Guidelines. The request for OxyContin 10 mg Q12H #60 is determined to be medically necessary.

GABAPENTIN 600 MG TID # 90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ANTI EPILEPSY DRUG (AED).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy Drugs section Page(s): 16-19.

Decision rationale: The injured worker reports benefit from the use of her medications, in general. She has been taking Gabapentin already, and this is a refill of her medication. She has significant pain, and the examination and diagnostic imaging both indicate that her pain includes

a neuropathic type of pain. Gabapentin is a suitable medication for this injured worker, and she is on stable dosing. The California MTUS Guidelines recommend the use of anti-epilepsy drugs such as Gabapentin for neuropathic pain. Gabapentin 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. The request for Gabapentin 600 mg TID #90 is determined to be medically necessary.

CYCLOBENZAPRINE 7.5 MG BID PRN SPASMS # 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MUSCLE RELAXANTS Page(s): 67.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine section, Muscle Relaxants (for pain) section Page(s): 41, 42, 63, 64.

Decision rationale: Cyclobenzaprine is recommended by the MTUS Guidelines for short periods with acute exacerbations, but not for chronic or extended use. These guidelines report that the effect of cyclobenzaprine is greatest in the first four days of treatment. The injured worker has stable chronic pain, with no indication of an acute exacerbation. The prescription for this medication is also for chronic treatment. Chronic use of Cyclobenzaprine may cause dependence, and sudden discontinuation may result in withdrawal symptoms. Discontinuation should include a tapering dose to decrease withdrawal symptoms. This request however is not for a tapering dose. The request for Cyclobenzaprine 7.5 mg BID PRN spasms #60 is determined to not be medically necessary.

ONDANSETRON 4 MG QD PRN # 30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter and U.S. Food and Drug Administration.

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

Decision rationale: Ondansetron is prescribed by the requesting physician as one tablet by mouth once a day as needed for nausea and vomiting. The California MTUS Guidelines do not address the use of Ondansetron. The ODG does not recommend the use of antiemetics for nausea and vomiting secondary to chronic opioid use. Ondansetron is FDA approved for use with nausea as a result of chemotherapy or radiation treatments, post-operative nausea, and acutely in gastroenteritis. The request for Ondansetron 4 mg QD PRN #30 is determined to not be medically necessary.

VITAMIN D 2000 IU 2 TABS QD # 100: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The requesting physician reports that Vitamin D supplementation has been provided for this injured worker based on the finding of insufficient serum 25 (OH) D levels of less than 30 ng/mL with the goals of reduced pain, fewer analgesic doses taken, mood improvement, and more energy for work and activities of daily living. The claims administrator reports that low Vitamin D is not a workers' compensation issue, and is not a result of the injury. The California MTUS Guidelines do address the use of Vitamin D. The ODG recommends consideration of Vitamin D supplementation in chronic pain patients. There is a correlation of low Vitamin D levels and the amount of narcotic pain medications used. The request for Vitamin D 2000 IU 2 tabs QD #100 is determined to be medically necessary.

ZANTAC 150 MG BID # 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI AND CARDIO VASCULAR RISKS.

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

Decision rationale: The requesting physician reports that Zantac is prescribed to limit gastrointestinal adverse effects related to chronic medication use including nonsteroidal anti-inflammatories. Zantac contains Ranitidine, which is an H2 receptor antagonist. The California MTUS Guidelines recommend the use of a proton pump inhibitor (PPI) such as Omeprazole or the use of misoprostol in patients that are at intermediate risk or a gastrointestinal event when using NSAIDs. The injured worker is 64 years old, but there is no other indication that she is at increased risk of gastrointestinal events. Additionally, the NSAID prescribed to the injured worker has determined to not be medically necessary in this review. The request for Zantac 150 mg BID #60 is determined to not be medically necessary.