

Case Number:	CM14-0026739		
Date Assigned:	06/20/2014	Date of Injury:	06/05/2008
Decision Date:	08/13/2014	UR Denial Date:	02/10/2014
Priority:	Standard	Application Received:	03/04/2014

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 Anesthesiology and Pain Medicine and is licensed to practice in Florida. 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 41-year-old male smoker who reported a pulling injury on 06/05/2008. On 01/21/2014, his complaints included increased swelling and pain to his left ankle, and persistent lower back pain radiating down the right leg. An anterior drawer test was positive for pain but negative for displacement. Talar tilt was negative. Tenderness to palpation was noted at the anterior talofibular ligament and calcaneofibular ligament, as well as the course of the peroneal tendons. His diagnoses included left ankle sprain, peroneal tenosynovitis and venous insufficiency on the left side. He received an intra-articular steroid injection to the left ankle. On 11/18/2013, the chief complaint was persistent back pain radiating diffusely throughout the right lower extremity with spasms in the back and leg. He stated that he was unable to drive because of the various medications he takes. Without the medications he was still unable to drive due to the pain and spasms. Thoracolumbar ranges of motion were difficult to obtain due to his pain. A review of his previous treatments included physical therapy, chiropractic, x-rays, and a CT study. He had a lumbar fusion on 01/10/2012. On 06/26/2013, he had a CT scan, which revealed status post posterior spinal fusion and transforaminal lumbar interbody fusion of 01/10/2012, MDL at L4-5 on 09/01/2011, lumbar radiculopathy including right L5-S1 nerves, and chronic pain syndrome. His medications at that time included Norco 10/325 mg, Prilosec 20 mg, Norflex 100 mg, and Cymbalta 60 mg. On 11/06/2013, he presented with persistent low back pain radiating his right lower extremity. At that time, Robaxin 750 mg was added to his medications due to increased, painful spasms in his right lower extremity. A request for authorization dated 12/04/2013 was included with the documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONDANSETRON 4MG, #10: Upheld

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, Antiemetics (for opioid nausea).

Decision rationale: Per ODG, Ondansetron (Zofran): is a serotonin 5-HT₃ receptor antagonist. It is FDA-approved for nausea and vomiting secondary to chemotherapy and radiation treatment. It is also FDA-approved for postoperative use. Acute use is FDA-approved for gastroenteritis. As with other anti-emetics, routine prophylaxis is not recommended for injured workers in whom there is little expectation that the nausea and/or vomiting will occur postoperatively. There was no documentation submitted that this worker was being treated with emetogenic cancer chemotherapy, body or single dose irradiation, or that he was a candidate for a surgery with a high expectation of postoperative nausea and vomiting. Therefore, this for Ondansetron 4mg, #10 is non-certified.

HYDROCODONE/APAP 10/325MG, #150: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Opioids.

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

Decision rationale: The California MTUS Guidelines attest that opioid drugs are considered the most powerful class of analgesic that may be used to manage chronic pain. Recommendations include a psychological assessment by the treating doctor and a possible second opinion by a specialist to assess whether a trial of opioids should occur. Ongoing review consists of documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessments should include current pain, the least reported pain over the period since last assessment, average pain, and intensity of pain after taking the opioid, how long it takes for pain relief, and how long the pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. Opioids should be continued if the patient has returned to work or if the patient has improved functioning and decreased pain. Opioids have been suggested for neuropathic pain that has not responded to first-line recommendations (antidepressants and anticonvulsants). There are no trials of long-term use. There are virtually no studies of opioids for treatment of chronic lumbar root pain with resultant neuropathy. For chronic back pain, opioids appear to be efficacious but limited for short-term pain relief, and long-term (greater than 16 weeks) efficacy is unclear, but also appears limited. Failure to respond to a time-limited

course of opioids leads to reassessment and consideration of alternative therapy. In most cases, analgesic treatment should begin with acetaminophen, aspirin, and NSAIDs. If these drugs do not satisfactorily reduce pain, opioids for moderate to moderately severe pain may be added to (not substituted for) the less efficacious drugs. A major concern for the use of opioids for chronic pain is that most randomized control trials have been limited to a short-term period (less than 70 days). Long-term use may result in immunological and endocrine problems. The urine drug screen of 09/04/2013 was consistent with the use of hydrocodone. On 07/10/2013, he had a psychiatric evaluation and his diagnoses included major depressive disorder, probable pain syndrome with psychological features, history of polysubstance abuse, in remission, dependent, histrionic and possible mild passive-aggressive personality traits. Considering his history of polysubstance abuse and the high potential of dependence in opioids, they should be used most judiciously. There is no documentation in the submitted records to attest to appropriate long-term monitoring, evaluations, side effects, failed trials of NSAIDs, aspirin, antidepressants or anticonvulsants, quantified efficacy or collateral contacts. Additionally, there is no frequency of administration specified in the request. Therefore, this request for Hydrocodone/APAP 10/325mg, #150 is non-certified.

ROBAXIN 750MG, #90: 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 California MTUS Guidelines recommend that non-sedating muscle relaxants be used with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. In most low back cases, they show no benefit beyond NSAIDs and no additional benefit when used in combination with NSAIDs. Methocarbamol (Robaxin) has an unknown mechanism of action, but appears to be related to central nervous system depressant effects with related sedative properties. This injured worker has a diagnosis of major depressive disorder. Prescribing a medication that is a central nervous system depressant would not be considered to be best clinical practice. On 11/06/2013, a trial of Robaxin was begun but there was no subsequent documentation as to its efficacy or the injured worker's reaction to the medication. There was no documentation attesting to the fact that this injured worker was having an acute exacerbation of pain at that time. Additionally, there was no frequency of administration included with the request. Therefore, this request for Robaxin 750mg, #90 is non-certified.

CYMBALTA 60MG, #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13-16.

Decision rationale: The California MTUS Guidelines recommend antidepressant medications as a first-line option for neuropathic pain and as a possibility for non-neuropathic pain. Tricyclics are generally considered a first-line agent unless they are ineffective, poorly tolerated, or contraindicated. Assessment of treatment efficacy should include not only pain outcomes but also an evaluation of function, changes in use of other analgesic medications, sleep quality and duration, and psychological assessment. Side effects, including excessive sedation (especially that which would affect work performance), should be assessed. It is recommended that these outcome measurements should be initiated at 1 week of treatment with a recommended trial of at least 4 weeks. The optimal duration of treatment is not known because most double-blind trials have been of short duration (6 to 12 weeks). Long-term effectiveness of antidepressants has not been established. The effect of this class of medication in combination with other classes of drugs has not been well researched. They are recommended as an option in depressed patients but their effectiveness is limited. Tricyclic antidepressants are recommended over selective serotonin re-uptake inhibitors, unless adverse reactions are a problem. Duloxetine (Cymbalta) is a selective serotonin and norepinephrine re-uptake inhibitor (SNRI). It is FDA-approved for anxiety, depression, diabetic neuropathy, and fibromyalgia. It is 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. There is no record of failed trials with tricyclic antidepressants. This injured worker does have a diagnosis of major depressive disorder and since there was no rationale included in the documentation, it is unclear if this medication is being prescribed as an adjunct for pain control or for his major depressive disorder. Additionally, there was no frequency of administration included in the request. Therefore, this request for Cymbalta 60mg, #30 is non-certified.

ONE PSYCHOLOGICAL CLEARANCE FOR SPINAL STIMULATOR TRIAL: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain, Spinal cord stimulators (SCS); and Psychological evaluations, IDDS & SCS (intrathecal drug delivery systems & spinal cord stimulators) Page(s): 105-107; 101-102.

Decision rationale: The California MTUS Guidelines does recommend spinal stimulators but only for selected patients in cases where less invasive procedures have failed or are contraindicated for conditions including failed back syndrome, but appear to be more helpful for lower extremity than low back pain, although both stand to benefit. Psychological evaluations are recommended pre-spinal cord stimulator trial. As noted in his psychiatric report of 07/10/2013, the injured worker had numerous unresolved psychiatric and psychological problems. In the report from 11/18/2013, it was noted that he was a potential candidate for a neurostimulator device, beginning with a trial first but the examining physician stated that he would like to see this injured worker's various correctable problems corrected if possible before falling back on this end stage management technique. Therefore, this request for one psychological clearance for spinal stimulator trial is non-certified.

