

Case Number:	CM14-0029340		
Date Assigned:	06/20/2014	Date of Injury:	05/31/1993
Decision Date:	08/21/2014	UR Denial Date:	02/20/2014
Priority:	Standard	Application Received:	03/07/2014

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 & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 54-year-old male smoker who reported a heavy lifting injury on 05/31/1993. On 01/14/2014, his diagnoses included chronic intractable low back pain secondary to lumbosacral degenerative disc disease, status post anterior and posterior global fusion at L4-5 and L5-S1, neuropathic pain, chronic pain syndrome, opioid dependence, depression, anxiety, status post spinal cord stimulator placement and removal, failed back syndrome, obesity, bipolar disorder, and nicotine dependence. The worker stated that he was doing well and had been exercising independently at home. He had been taking OxyContin 60 mg and Norco 10/325 mg. He stated that with his pain medication he was able to do his home chores, prepare meals, cleaning, and yard work. Without pain medication he would have been bed bound due to severe pain. Trigger point injections were administered to his lumbar spine but the level and date of the injections were not indicated. He had a urine drug screen on 10/23/2013 which was consistent with his prescribed medications of diazepam, hydrocodone/APAP, and oxycodone. The urine drug screen was also positive for THC which is a metabolite of marijuana. A physical therapy evaluation on 08/27/2013 noted that this worker had a lumbar laminectomy and a 360 degree fusion in 1994, but neither of those procedures had helped him. A nerve stimulator was tried in 2011, also with no beneficial results. It further stated that he had a cervical C8-T1 fusion in 2009 with good results. He had undergone multiple epidural steroid injections with no relief. During the evaluation he had 20 degrees of trunk flexion but no extension. In a behavioral medicine evaluation he was given the Brief Battery for Health Improvement. Depression scored high (63), and anxiety scored was average (47). He was also noted to have a sleep disorder. His axis I diagnosis was adjustment disorder with depressed mood secondary to chronic pain. No documentation was included in this chart of pertinent diagnostic or imaging studies. The

rationale for OxyContin and Norco was that those medications allowed him to function and for the Valium, the rationale was for severe muscle spasms and to help him sleep at night. There was no rationale for the other requested medications. There was no request for authorization included in this chart.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prescription of Hydrocodone 10/325mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 79-81.

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

Decision rationale: The request for Prescription of Hydrocodone 10/325mg is not medically necessary. The California MTUS Guidelines attest that opioid drugs are considered the most powerful class of analgesics that may be used to manage chronic pain. Recommendations include a review for ongoing treatment which consists of documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include current pain, the least reported pain over the period since the 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 responses 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, including antidepressants and anticonvulsants. There are virtually no studies of opioids for treatment of chronic lumbar pain with resultant neuropathy. For chronic back pain, opioids appear to be efficacious but limited for short-term pain relief. In most cases, analgesic treatment should begin with acetaminophen, aspirin, and NSAIDs. When these drugs do not satisfactorily reduce pain, opioids for moderate to moderately severe pain may be added to, but not substituted for, the less efficacious drugs. Long-term use may result in immunological and endocrine problems. There is no documentation in the submitted chart 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, the request for prescription of hydrocodone 10/325 mg is not medically necessary.

Prescription of Oxycontin 60MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 79-81.

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

Decision rationale: The request for Prescription of Oxycontin 60MG is not medically necessary. The California MTUS Guidelines attest that opioid drugs are considered the most powerful class of analgesics that may be used to manage chronic pain. Recommendations include a review for ongoing treatment which consists of documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include current pain, the least reported pain over the period since the 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 responses 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, including antidepressants and anticonvulsants. There are virtually no studies of opioids for treatment of chronic lumbar pain with resultant neuropathy. For chronic back pain, opioids appear to be efficacious but limited for short-term pain relief. In most cases, analgesic treatment should begin with acetaminophen, aspirin, and NSAIDs. When these drugs do not satisfactorily reduce pain, opioids for moderate to moderately severe pain may be added to, but not substituted for, the less efficacious drugs. Long-term use may result in immunological and endocrine problems. There is no documentation in the submitted chart to attest to appropriate long-term monitoring, evaluations, side effects, failed trials of NSAIDs, aspirin, antidepressants or anticonvulsants, quantified efficacy or collateral effects. Additionally, there is no frequency of administration specified in the request. Therefore, the request for Prescription of Oxycontin 60MG is not medically necessary.

Prescription of Diazepam 5MG: 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 request for Prescription of Diazepam 5MG is not medically necessary. The California MTUS Guidelines do not recommend benzodiazepines for long-term use because long-term efficacy is unproven and there is risk of dependence. Most guidelines limit use to 4 weeks. The range of action includes sedative/hypnotic, anxiolytic, anticonvulsant and muscle relaxant effects. 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. More appropriate treatment for anxiety disorder is an antidepressant. Tolerance to anticonvulsants and muscle relaxants effects occur within weeks. This worker has been taking diazepam for greater than 9 months, which exceeds the recommendations in the guidelines. Additionally, there is no frequency of administration

included with the request. Therefore, this request for prescription of Diazepam 5MG is not medically necessary.

Prescription of Cyclobenzaprine 10MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-Sedating Muscle Relaxants Page(s): 63.

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

Decision rationale: The request for Prescription of Cyclobenzaprine 10MG is not medically necessary. California MTUS recommends that nonsedating muscle relaxants are 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 pain cases, they show no benefit beyond NSAIDs and no additional benefit when used in combination with NSAIDs. Efficacy appears to diminish over time, and the prolonged use of some medications in this class may lead to dependence. Decisions to continue use of muscle relaxants should be based on evidence based criteria. Muscle relaxants are supported only for short-term use. Chronic use would not be supported by the guidelines. Cyclobenzaprine per se is recommended for a short course of therapy. Limited mixed evidence does not allow for a recommendation for chronic use. It is a skeletal muscle relaxant and a central nervous system depressant. It is not recommended to be used for longer than 2 to 3 weeks. There is no documentation submitted as to the length of time this worker has been using cyclobenzaprine. Additionally, since he does have a diagnosis of depression, use of a medication that is a central nervous system depressant is ill advised. Furthermore, there is no documentation of significant functional benefit with the use of cyclobenzaprine. Additionally, there is no frequency of administration included with the request. Therefore, this request for prescription of Cyclobenzaprine 10MG is not medically necessary.

Prescription of Celebrex 200MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Inflammatory Page(s): 22. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Celecoxib (Celebrex).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-73.

Decision rationale: The request for Prescription of Celebrex 200MG is not medically necessary. California MTUS Guidelines recommend NSAIDs at the lowest possible dose for the shortest period of time in patients with moderate to severe osteoarthritis pain. The guidelines further state that there is inconsistent evidence for the use of these medications to treat long-term neuropathic pain, but they may be useful to treat breakthrough and mixed pain conditions such as osteoarthritis and other nociceptive pain. There is no evidence to recommend one drug in this class over another based on efficacy. In particular, there appears to be no difference between traditional NSAIDs and COX-2 NSAIDs in terms of pain relief. The main concern of selection

is based on adverse effects. COX-2 NSAIDs have fewer GI side effects at the risk of increased cardiovascular side effects. For chronic low back pain, NSAIDs are recommended as an option for short-term symptomatic relief. A Cochrane review of the literature on drug relief for low back pain suggested that NSAIDs were no more effective than other drugs such as acetaminophen, narcotic analgesics, and muscle relaxants. The review also found that NSAIDs have more adverse side effects than placebo and acetaminophen but fewer effects than muscle relaxants and narcotic analgesics. Celebrex is the only available COX-2 in the United States. It is recommended for relief of the signs and symptoms of osteoarthritis, rheumatoid arthritis, and ankylosing spondylitis. There was no documentation submitted of any previous failed trials of acetaminophen for pain relief. There was no documentation submitted of beneficial analgesic effects or functional improvements with the use of Celebrex. Additionally, there was no frequency of administration included with the request. Therefore, this request for Prescription of Celebrex 200MG is not medically necessary.