

Case Number:	CM14-0030619		
Date Assigned:	06/20/2014	Date of Injury:	12/10/2008
Decision Date:	09/10/2014	UR Denial Date:	03/06/2014
Priority:	Standard	Application Received:	03/11/2014

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 Massachusetts. 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 claimant has a history of a work injury occurring on 12/10/08. She is reported to having fallen when her foot became stuck on carpeting striking her head, neck, and back. She eventually underwent an L4/5 to L5/S1 fusion in February 2010 and cervical anterior decompression and fusion C4/5 through C6/7 in December 2010. Treatments have included epidural steroid injections, physical therapy, trigger point injections, and multiple medications. In November 2012 she was concerned that the amount of medication she was taking would interfere with her ability to take care of her child. Testing has included an EMG/NCS in May 2013 showing findings of mild bilateral cervical and sacral nerve root impingement and mild left carpal tunnel syndrome with a possible early mild peripheral neuropathy. Psychiatric diagnoses include depressive disorder and panic disorder. She has a relevant past medical history that pre-dates her work-related injury. In March 2006 she was seen for a headache and left sided paresis. In October 2006 she was seen for a headache with a history of migraines. In November 2008 she had tried Topamax for the treatment of chronic migraine headaches. There are office visit notes from the requesting provider beginning 08/29/13. The claimant was having increasing low back and leg symptoms and cervicogenic headaches occurring daily. She had ongoing anxiety and depression. Trigger point injections were providing 60% pain relief. Medications being prescribed were Cymbalta, Klonopin, Topamax, Robaxin, Demerol, Exalgo, Dilaudid, Lidoderm, Subsys, Prilosec, and Phenergan. There was slightly decreased cervical spine range of motion with mild to moderate posterior muscle tenderness. Lumbar spine range of motion was decreased and painful and there was moderate to severe diffuse tenderness and pain with facet maneuvers and over the sacroiliac joints. The report references the claimant as requiring home healthcare eight hours per day for five days per week. Subsequent visit notes reference the claimant has having difficulty with activities of daily living. She had episodes of photophobia and was crying.

She is described as totally debilitated. Treatments have included intramuscular injections of Demerol, Toradol, and Phenergan. Multiple trigger point injections have been performed. Requests include transportation to and from office visits and authorization for neurology consult and for a psychological evaluation and treatment. On 02/24/14 she had been seen three weeks previously and was returning for intramuscular analgesia for severe low back pain and headaches. Medications were Cymbalta 60 mg two times per day, Klonopin 1 mg two times per day as needed, Topamax 100 mg two times per day, Robaxin 750 mg three times per day, Demerol 100 mg daily, Exalgo 32 mg daily, Phenergan 25 mg daily, Dilaudid 4 mg 1-2 three times per day, Lidoderm two patches daily, Subsys 800 mcg two times per day, and Prilosec 20 mg two times per day. Physical examination findings included markedly decreased cervical spine range of motion with severe posterior muscle tenderness and hypersensitivity over the spinal cord stimulator site. There was decreased and painful lumbar spine range of motion with tenderness and increased muscle spasm. There was pain with facet maneuvers and over the sacroiliac joints and positive left straight leg raising. BuSpar was prescribed. Intramuscular injections were administered again. Recommendations included biofeedback and additional imaging.

IMR ISSUES, DECISIONS AND RATIONALES

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

Six (6) Sessions of Biofeedback: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Biofeedback Page(s): 24.

Decision rationale: The claimant is more than 5 years status post work-related injury and continues to be treated for chronic pain. Her surgeries and spinal cord stimulator implantation appear to have been uncomplicated and she has undergone numerous treatments. There is no evidence of progress towards a decreased reliance on medical care or any return to work plan. The claimant is actually becoming more dependent in terms of functional capabilities and medical care usage. In terms of biofeedback, this is not recommended as a stand-alone treatment. In this case there is no plan to use biofeedback to facilitate rehabilitative or other conservative efforts. Therefore, this request is not medically necessary.

Prescription of Cymbalta 60mg, take two times per day: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Duloxetine (Cymbalta) Page(s): 43-44.

Decision rationale: The claimant is more than 5 years status post work-related injury and continues to be treated for chronic pain. Her surgeries and spinal cord stimulator implantation appear to have been uncomplicated and she has undergone numerous treatments. She has neuropathic pain and has undergone numerous treatments which appear to have been ineffective. In terms of Cymbalta (Duloxetine), although it can be recommended as an option in first-line treatment of neuropathic pain, no advantage has been found by increasing the dose to twice a day, except in fibromyalgia. The claimant does not have a diagnosis of fibromyalgia and therefore Cymbalta 60 mg two times per day is in excess of the recommended dose and therefore not considered medically necessary.

Prescription of Buspar 5mg, three times per day: Upheld

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

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

Decision rationale: The claimant is more than 5 years status post work-related injury and continues to be treated for chronic pain. She has psychiatric diagnoses of depression and anxiety. Buspar is approved for the short-term relief of anxiety symptoms. Its efficacy is decreased in patients with recent prior benzodiazepine use. In this case, Buspar is being prescribed three times per day for an indeterminate period of time. The claimant is also noted to be taking the Benzodiazepine Klonopin and the effect of the combination of medications has not been taken into consideration. Therefore, Buspar 5mg, three times per day is not considered medically necessary.

Prescription of Demerol 100mg, every day, #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Meperidine (Demerol), Opioids, criteria for use, Opioids, dosing, Opioids, indicators for addiction Page(s): 61, 79, 86, 87.

Decision rationale: The claimant is more than 5 years status post work-related injury and continues to be treated for chronic pain. Her surgeries and spinal cord stimulator implantation appear to have been uncomplicated and she has undergone numerous treatments. She is currently prescribed multiple opioid medications at a total Morphine equivalent dose well in excess of 120 mg per day. There is no evidence of progress towards a decreased reliance on medical care or any return to work plan. The claimant is actually becoming more dependent in terms of functional capabilities and medical care usage. Demerol (Meperidine), it is not recommended for chronic pain control. Further, in this case, the claimant's opioid dosing which are in excess of 120 mg oral Morphine equivalents per day is not recommended. It is a short acting agent and

may be producing intermittent withdrawal symptoms which may cause hyperalgesia and facilitate pain. Additionally, the claimant has headaches which may be related to medication overuse. Lastly, criteria for discontinuing opioids include when there is no overall improvement in function or a decrease in functioning which are both evident in this case. Therefore, this request is not medically necessary.

Prescription of Dilaudid 4mg, 1-2 three times per day: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use; Opioids, dosing; Opioids, indicators for addiction Page(s): 79, 86, 87.

Decision rationale: The claimant is more than 5 years status post work-related injury and continues to be treated for chronic pain. Her surgeries and spinal cord stimulator implantation appear to have been uncomplicated and she has undergone numerous treatments. She is currently prescribed multiple opioid medications at a total Morphine equivalent dose well in excess of 120 mg per day. There is no evidence of progress towards a decreased reliance on medical care or any return to work plan. The claimant is actually becoming more dependent in terms of functional capabilities and medical care usage. In this case, the claimant's opioid dosing which are in excess of 120 mg oral Morphine equivalents per day is not recommended. Dilaudid is a short acting agent and may be producing intermittent withdrawal symptoms which may cause hyperalgesia and facilitate pain. Additionally, the claimant has headaches which may be related to medication overuse. Lastly, criteria for discontinuing opioids include when there is no overall improvement in function or a decrease in functioning which are both evident in this case. Therefore, this request is not medically necessary.

Prescription of Exalgo 32mg, everyday: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use; Opioids, dosing; Opioids, indicators for addiction Page(s): 79, 86, 87.

Decision rationale: The claimant is more than 5 years status post work-related injury and continues to be treated for chronic pain. Her surgeries and spinal cord stimulator implantation appear to have been uncomplicated and she has undergone numerous treatments. She is currently prescribed multiple opioid medications at a total Morphine equivalent dose well in excess of 120 mg per day. There is no evidence of progress towards a decreased reliance on medical care or any return to work plan. The claimant is actually becoming more dependent in terms of functional capabilities and medical care usage. In this case, the claimant's opioid dosing which are in excess of 120 mg oral Morphine equivalents per day is not recommended. Criteria for discontinuing opioids include when there is no overall improvement in function or a decrease in

functioning which are both evident in this case. Therefore, this request is not medically necessary.

Prescription of Klonopin 1mg, two times per day as needed: Upheld

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

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

Decision rationale: The claimant is more than 5 years status post work-related injury and continues to be treated for chronic pain. Her surgeries and spinal cord stimulator implantation appear to have been uncomplicated and she has undergone numerous treatments. She has psychiatric diagnoses including depression and anxiety. Controlling anxiety is an important part of chronic pain treatment, including treatment with anxiety medications. However, Klonopin (Clonazepam) is a Benzodiazepine which carries a risk of abuse and physiological dependence with long-term use. It is not recommended for long-term unless the patient is being seen by a psychiatrist. In this case it has been prescribed for more than 6 months. The claimant has ongoing anxiety and is not being regularly treated by a psychiatrics. It appears ineffective as the requesting prescriber is also requesting that Buspar be authorized. Therefore, this request is not medically necessary.

Prescription of Robaxin 750mg, three times per day: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain), Methocarbamol (Robaxin) Page(s): 63, 65.

Decision rationale: The claimant is more than 5 years status post work-related injury and continues to be treated for chronic pain. Her surgeries and spinal cord stimulator implantation appear to have been uncomplicated and she has undergone numerous treatments. Treatments have included multiple trigger point injections and she has chronic muscle spasms over multiple sites. Robaxin is a muscle relaxant in the antispasmodic class. Although its mechanism of action is unknown, it appears to be related to central nervous system depressant effects with related sedative properties. Non-sedating muscle relaxants are recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Its efficacy may diminish over time, and prolonged use may lead to dependence. In this case, Robaxin has been prescribed on a long-term basis and appears ineffective as the claimant has ongoing symptoms and physical examination findings as discussed above. Therefore, this request is not medically necessary.

Prescription of Subsys 800mg, 1 two times per day: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use; Opioids, dosing; Opioids, indicators for addiction Page(s): 79, 86, 87.

Decision rationale: The claimant is more than 5 years status post work-related injury and continues to be treated for chronic pain. Her surgeries and spinal cord stimulator implantation appear to have been uncomplicated and she has undergone numerous treatments. She is currently prescribed multiple opioid medications at a total Morphine equivalent dose well in excess of 120 mg per day. There is no evidence of progress towards a decreased reliance on medical care or any return to work plan. The claimant is actually becoming more dependent in terms of functional capabilities and medical care usage. Subsys (Fentanyl) is a short acting agent and may be producing intermittent withdrawal symptoms which may cause hyperalgesia and facilitate pain. Additionally, the claimant has headaches which may be related to medication overuse. In this case, the claimant's opioid dosing which are in excess of 120 mg oral Morphine equivalents per day is not recommended. Criteria for discontinuing opioids include when there is no overall improvement in function or a decrease in functioning which are both evident in this case. Therefore, this request is not medically necessary.

Prescription of Topamax 100mg, two times per day: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Topamax Prescribing Information.

Decision rationale: The claimant is more than 5 years status post work-related injury and continues to be treated for chronic pain. Her surgeries and spinal cord stimulator implantation appear to have been uncomplicated and she has undergone numerous treatments. She is currently prescribed multiple opioid medications at a total Morphine equivalent dose well in excess of 120 mg per day. There is no evidence of progress towards a decreased reliance on medical care or any return to work plan. The claimant is actually becoming more dependent in terms of functional capabilities and medical care usage. In this case, the claimant has headaches which may be related to medication overuse. However, she has a pre-injury history of migraines and Topamax has been prescribed on a long-term basis for prophylaxis. It is therefore considered medically necessary.