

Case Number:	CM14-0035608		
Date Assigned:	06/20/2014	Date of Injury:	12/10/2008
Decision Date:	12/16/2014	UR Denial Date:	03/06/2014
Priority:	Standard	Application Received:	03/13/2014

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, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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:

This is a 36-year-old female with a 12/10/08 date of injury. The patient was seen on 2/24/14 with complaints of severe chronic pain syndrome from lumbar and cervical spine injury. The patient continued to have escalating symptoms in the lower back and leg with headaches on a daily basis. The note stated that the patient was not able to perform her ADLs due to pain and disability and that she required at least 6 hours per day, 5 days a week home care. The patient suffered from stress and anxiety that exacerbated her pain. Exam findings of the cervical spine revealed marked decreased in range of motion, tenderness to palpation over posterior columns and trapezius, mild myofascitis in the trapezial muscles, shoulders and scapula's. The examination of the lumbar spine revealed increased muscle spasm, guarding with the range of motion and tenderness to palpation over paraspinals and SI joints. The left leg-raising test was positive and facet maneuvers produced pain. The diagnosis is lumbar postlaminectomy syndrome, lumbago, cervicgia, sacroiliitis, myofascitis, headaches, possible painful hardware and depression. Treatment to date: work restrictions, spinal cord stimulator, IM Demerol injections and multiple medications. An adverse determination was received on 3/6/14. The request for Cymbalta 60 mg BID was modified to 60 pills given that 60 mg per day was appropriate for neuropathic pain. The request for Exalgo 32 mg qd was modified to #20 for purpose of weaning given, that the patient's current MED was 554 mg and there was a lack of recent UDS test and signed opioid agreement. The request for Klonopin 1 mg bid prn was modified to #30 for purpose of weaning given that the patient was using Buspar, which was duplicative, and the total number of requested pills was not specified. The request for Topamax 100mg bid was modified to #30 for purpose of weaning given that there was a lack of documentation indicating that the patient tried and failed other antineuropathic anticonvulsants and the total number of requested pills was not specified. The request for Robaxin 750mg tid was

modified to #30 for purpose of weaning given that the ongoing use of muscle relaxant was not recommended on an ongoing base in the case of chronic musculoskeletal pain. The request for Demerol 100mg qd #30 was modified to #15 for purpose of weaning given that the patient's current MED was 554 mg and the use of Demerol was not clearly substantiated for chronic musculoskeletal pain. The request for Dilaudid 4 mg 1-2 tid was modified to #60 for purpose of weaning given that the patient's current MED was 554 mg and there was a lack of recent UDS test and signed opioid agreement. The request for Subsys 800mcg 1 bid was modified to 30 units for purpose of weaning given that the patient's current MED was 554 mg and to refer the patient to an addictionologist. The request for Buspar 5mg tid was modified to #90 to address the increase in the patient's anxiety and it was noted that relatedness to the work injury was not clear from the records.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cymbalta 60mg BID: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants Page(s): 13-14. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Cymbalta

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that antidepressants are recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. In addition, ODG states that Duloxetine (Cymbalta) is FDA-approved for anxiety, depression, diabetic neuropathy, and fibromyalgia; is used off-label for neuropathic pain and radiculopathy, and is recommended as a first-line option for diabetic neuropathy. However the progress notes indicated that the patient was utilizing Cymbalta at least from 12/30/13, there is a lack of documentation indicating subjective and objective functional gains from prior use. In addition, the request did not contain requested quantity. Lastly, the UR decision dated 3/6/14 modified the request for Cymbalta 60 mg BID to 60 pills given that 60 mg per day was appropriate for the patient's neuropathic pain. Therefore, the request for Cymbalta 60mg BID was not medically necessary.

Exalgo 32mg qd.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydromorphone (Dilaudid).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opiates Page(s): 78-81.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as

directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. However, given the 2008 date of injury, the duration of opiate use to date is not clear. In addition, the patient was noted to be on multiple opioid medications and her MED was 554mg. There is no discussion regarding non-opiate means of pain control, or endpoints of treatment. The records do not clearly reflect continued analgesia, continued functional benefit, a lack of adverse side effects, or aberrant behavior. Although opiates may be appropriate, additional information would be necessary, as CA MTUS Chronic Pain Medical Treatment Guidelines require clear and concise documentation for ongoing management. In addition, the request did not contain specified quantity. Lastly, the UR dated 3/6/14 modified the request for Exalgo 32 mg qd to #20 for purpose of weaning. Non-certification here does not imply abrupt cessation for a patient who may be at risk for withdrawal symptoms. Should the missing criteria necessary to support the medical necessity of this request remain unavailable, discontinuance should include a tapering prior to discontinuing avoiding withdrawal symptoms. Therefore, the request for Exalgo 32mg qd was not medically necessary.

Klonopin 1 mg bid prn: Upheld

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

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

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that benzodiazepines range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. They 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. However the progress notes indicated that the patient was utilizing Klonopin at least from 12/30/13, there is a lack of documentation indicating subjective and objective functional gains from prior use. In addition, the total number of requested pills was not specified and the UR decision dated 3/6/14 modified the request for Klonopin 1 mg bid prn to #30 for purpose of weaning given that the patient was using Buspar, which was duplicative. Lastly, the patient exceeded the recommended length of treatment with benzodiazepine due to the guidelines and there was no rationale with regards to the necessity for additional and prolonged treatment with benzodiazepine for the patient. Therefore, the request for Klonopin 1 mg bid prn was not medically necessary.

Topamax 100mg bid: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topiramate (Topamax).

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

Decision rationale: Chronic Pain Medical Treatment Guidelines recommends antiepilepsy drugs for neuropathic pain. Topiramate (Topamax, no generic available) has been shown to have variable efficacy, with failure to demonstrate efficacy in neuropathic pain of "central" etiology. It is still considered for use for neuropathic pain when other anticonvulsants fail. Topiramate has recently been investigated as an adjunct treatment for obesity, but the side effect profile limits its use in this regard. However the progress notes indicated that the patient was utilizing Topamax at least from 12/30/13, there is a lack of documentation indicating subjective and objective functional gains from prior use. In addition, the total number of requested pills was not specified and the UR decision dated 3/6/14 modified the request for Topamax 100mg bid to #30 for purpose of weaning. Lastly, there is a lack of documentation indicating that the patient tried and failed other anticonvulsants prior to treatment with Topamax. Therefore, the request for Topamax 100mg bid was not medically necessary.

Rotexin 750mg tid: 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: CA MTUS Chronic Pain Medical Treatment Guidelines, state that muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement, and no additional benefit has been shown when muscle relaxants are used in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. However the progress notes indicated that the patient was utilizing Robaxin at least from 12/30/13, there is a lack of documentation indicating subjective and objective functional gains from prior use. In addition, the total number of requested pills was not specified and the UR decision dated 3/6/14 modified the request for Robaxin 750mg tid to #30 for purpose of weaning. Lastly, the patient exceeded the recommended length of treatment with a muscle relaxant due to the guidelines and there was no rationale with regards to the necessity for additional and prolonged treatment with Robaxin for the patient. Therefore, the request for Robaxin 750mg tid was not medically necessary.

Demerol 100mg qd #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Meperidine (Demerol).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opiates Page(s): 78-81.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and

documentation of pain relief, functional status, appropriate medication use, and side effects. However, given the 2008 date of injury, the duration of opiate use to date is not clear. In addition, the patient was noted to be on multiple opioid medications and her MED was 554mg. There is no discussion regarding non-opiate means of pain control, or endpoints of treatment. The records do not clearly reflect continued analgesia, continued functional benefit, a lack of adverse side effects, or aberrant behavior. Although opiates may be appropriate, additional information would be necessary, as CA MTUS Chronic Pain Medical Treatment Guidelines require clear and concise documentation for ongoing management. In addition, the UR dated 3/6/14 modified the request for Demerol 100mg qd #30 to #15 for purpose of weaning. Non-certification here does not imply abrupt cessation for a patient who may be at risk for withdrawal symptoms. Should the missing criteria necessary to support the medical necessity of this request remain unavailable, discontinuance should include a tapering prior to discontinuing avoiding withdrawal symptoms. Therefore, the request for Demerol 100mg qd #30 was not medically necessary.

Dilaudid 4mg 1-2 tabs TID: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opiates Page(s): 78-81.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. However, given the 2008 date of injury, the duration of opiate use to date is not clear. In addition, the patient was noted to be on multiple opioid medications and her MED was 554mg. There is no discussion regarding non-opiate means of pain control, or endpoints of treatment. The records do not clearly reflect continued analgesia, continued functional benefit, a lack of adverse side effects, or aberrant behavior. Although opiates may be appropriate, additional information would be necessary, as CA MTUS Chronic Pain Medical Treatment Guidelines require clear and concise documentation for ongoing management. In addition, the request did not contain specified quantity. Lastly, the UR dated 3/6/14 modified the request for Dilaudid 4 mg 1-2 tid to #60 for purpose of weaning. Non-certification here does not imply abrupt cessation for a patient who may be at risk for withdrawal symptoms. Should the missing criteria necessary to support the medical necessity of this request remain unavailable, discontinuance should include a tapering prior to discontinuing avoiding withdrawal symptoms. Therefore, the request for Dilaudid 4mg 1-2 tabs TID was not medically necessary.

Subsys 800mcg 1 BID: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opiates
Page(s): 78-81.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. However, given the 2008 date of injury, the duration of opiate use to date is not clear. In addition, the patient was noted to be on multiple opioid medications and her MED was 554mg. There is no discussion regarding non-opiate means of pain control, or endpoints of treatment. The records do not clearly reflect continued analgesia, continued functional benefit, a lack of adverse side effects, or aberrant behavior. Although opiates may be appropriate, additional information would be necessary, as CA MTUS Chronic Pain Medical Treatment Guidelines require clear and concise documentation for ongoing management. In addition, the request did not contain specified quantity. Lastly, the UR dated 3/6/14 modified the request for Subsys 800mcg 1 bid to 30 units for purpose of weaning. Non-certification here does not imply abrupt cessation for a patient who may be at risk for withdrawal symptoms. Should the missing criteria necessary to support the medical necessity of this request remain unavailable, discontinuance should include a tapering prior to discontinuing avoiding withdrawal symptoms. Therefore, the request for Subsys 800mcg 1 bid was not medically necessary.

Buspar 5mg TID: 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 FDA (Buspirone)

Decision rationale: CA MTUS and ODG do not address this issue. The FDA states that Buspirone hydrochloride tablets are indicated for the management of anxiety disorders or the short-term relief of the symptoms of anxiety. Anxiety or tension associated with the stress of everyday life usually does not require treatment with an anxiolytic. Buspirone is also used to augment antidepressant therapy with treatment-resistant depression. However the patient was already utilizing anxiety medication, there is a lack of rationale indicating the necessity for an additional anxiolytic for the patient. In addition, the request did not contain specified quantity. Lastly, the UR decision dated 3/6/14 modified the request for Buspar 5mg tid to #90 to address the increase in the patient's anxiety. Therefore, the request for Buspar 5mg tid was not medically necessary.