

Case Number:	CM14-0036319		
Date Assigned:	07/25/2014	Date of Injury:	03/09/2001
Decision Date:	09/10/2014	UR Denial Date:	03/18/2014
Priority:	Standard	Application Received:	03/25/2014

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 and Pain Management, has a subspecialty in Interventional Spine 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 patient is a 50 year old female with an injury date on 03/09/2001. Based on the 03/11/2014 progress report provided by [REDACTED] the diagnoses are: 1. Opioid dependence 2. Chronic pain syndrome. 3. Depressive disorder. 4. Lumbar post-laminectomy syndrome. 5. Disorder of trunk. According to this report, the patient complains of chronic low back pain with radiation to the legs, depression and pain medication dependence. The pain is rated as a 7/10 that is sharp and throbbing. Stiffness and spasm of the lumbar spine are noted. Interference of sleep was noted due to pain. Activities such as bending, sitting and walking would aggravate the pain. Heat, ice, and medications would help alleviate the pain. Numbness and tingling was noted in the left knee following back surgery, date of surgery was not provided. The patient has moderate improvement with Duragesic, Norco, Zanaflex, Skelaxin, and Neurotin; "decreased in pain by 60%." Tenderness noted over lumbar paraspinal muscles and the facet joints. There were no other significant findings noted on this report. The utilization review denied the request on 03/18/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 07/23/2013 to 03/11/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Duragesic 12mcg/HR Patch #10 ORF: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids, Pain Outcomes and Endpoints, Duragesic (fentanyl transdermal system), Opioids Page(s): 88, 89, 7, 44, 91-94.

Decision rationale: According to the 03/11/2014 report by [REDACTED] this patient presents with chronic low back pain with radiation to the legs, depression and pain medication dependence. The treater is requesting Duragesic 12mcg/HR Patch #10 ORF. Medical records show this patient has been prescribed Duragesic (fentanyl transdermal system) since 07/23/2013. According to MTUS, pg. 8-9, "when prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." For chronic opiate use, MTUS guidelines pages 88 and 89 states: "Document pain and functional improvement and compare to baseline. Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." In this case, the report shows documentation of pain assessment using a numerical scale describing the patient's pain and some ADL's (Activities of Daily Living) are discussed. However, no outcome measures are provided; No aberrant drug seeking behavior is discussed, and no discussion regarding side effects. Given the lack of sufficient documentation demonstrating efficacy from chronic opiate use, the patient should be slowly weaned as outlined in MTUS Guidelines. Therefore, the request of Duragesic 12mcg/HR Patch #10 ORF is not medically necessary and appropriate.

Norco 10-325MG #120 ORF: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain and Criteria for Use Of Opioids, Use of Opioids in musculoskeletal pain Page(s): 60, 61, 88, 89, 80, 81.

Decision rationale: According to the 03/11/2014 report by [REDACTED] this patient presents with chronic low back pain with radiation to the legs, depression and pain medication dependence. The treater is requesting Norco 10-325MG #120 ORF. Review of report shows that the patient has been taking Norco since 07/23/2013. For chronic opiate use, MTUS Guidelines page 88 and 89 require functioning documentation using a numerical scale or validated instrument at least once every 6 months. Also, MTUS page 78 requires documentation of 4 A's (analgesia, ADLs, adverse side effects, adverse behaviors). Furthermore, under outcome measures, MTUS recommends documentation of current pain, average pain, least pain, time it takes for medication to work, duration of pain relief with medications, et cetera. In this case, the report shows documentation of pain assessment using a numerical scale describing the patient's pain and some ADL's are discussed. However, no outcome measures are provided; No aberrant drug seeking behavior is discussed, and no discussion regarding side effects. Given the lack of sufficient documentation demonstrating efficacy from chronic opiate use, the patient should be slowly

weaned as outlined in MTUS Guidelines. Therefore, the request for Norco 10-325MG #120 ORF is not medically necessary and appropriate.

Lunesta 3mg #30 with 2 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Lunesta.

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, Insomnia, Lunesta.

Decision rationale: According to the 03/11/2014 report by [REDACTED] this patient presents with chronic low back pain with radiation to the legs, depression and pain medication dependence. The treater is requesting Lunesta 3mg #30 with 2 refills. Lunesta was first mentioned in the 09/17/2013 report. Regarding Lunesta, the MTUS and ACOEM Guidelines do not discuss, but ODG Guidelines discuss Lunesta under insomnia and state "Lunesta has demonstrated reduced sleep latency and sleep maintenance. The only benzodiazepine receptor agonist FDA approved for use longer than 35 days." Review of reports show the patient has sleep interference due to pain. The treater does not mention what Lunesta is doing for this patient. MTUS page 60 require that medication efficacy in terms of pain reduction and functional gains must be discussed when used for chronic pain. Therefore, the request for Lunesta 3mg #30 with 2 refills is not medically necessary and appropriate.

Skelaxin 800mg #120 with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 64, 63.

Decision rationale: According to the 03/11/2014 report by [REDACTED] this patient presents with chronic low back pain with radiation to the legs, depression and pain medication dependence. The treater is requesting Skelaxin 800mg #120 with 2 refills. Skelaxin was first mentioned in the 07/23/2013 report. For muscle relaxants for pain, the MTUS Guidelines page 63 state "Recommended non-sedating muscle relaxants with caution as a second line option for short term treatment of acute exacerbation in patients with chronic LBP (Low Back Pain). Muscle relaxants may be effective in reducing pain and muscle tension and increasing mobility; however, in most LBP (Low Back Pain) cases, they showed no benefit beyond NSAIDs and pain and overall improvement." A short course of muscle relaxant may be warranted for patient's reduction of pain and muscle spasms. However, the treater is requesting Skelaxin#60 with 2 refills; this medication is not recommended for long term use. Therefore, the request of Skelaxin 800mg #120 with 2 refills is not medically necessary and appropriate.

Colace 100mg #60 with 2 refills: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Opioid induced constipation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Therapeutic Trial of Opioids Page(s): 77.

Decision rationale: According to the 03/11/2014 report by [REDACTED] this patient presents with chronic low back pain with radiation to the legs, depression and pain medication dependence. The treater is requesting Colace 100mg #60 with 2 refills. Regarding constipation medication, MTUS recommends as a prophylactic treatment when initiating opioid therapy. In this case, treater is requesting constipation medication in anticipation of side effects to opioid therapy which is reasonable and within MTUS guidelines. Therefore, the request for Colace 100mg #60 with 2 refills is medically necessary and appropriate.

Gabapentin 100mg #270 with 2 refills: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin and Pregabalin Page(s): 18, 19 & 49, 111, 112.

Decision rationale: According to the 03/11/2014 report by [REDACTED] this patient presents with chronic low back pain with radiation to the legs, depression and pain medication dependence. The treater is requesting Gabapentin 100mg #270 with 2 refills. Gabapentin was first noted in the 07/23/2013 report. The MTUS Guidelines states "effective for treatment of diabetic painful neuropathy and post-therapeutic neuralgia and has been considered a first-line treatment for neuropathic pain." In this case, medical records show that patient has radiates pain to the legs and numbness/tingling in the left knee following back surgery. The treater mentions that the patient has moderate improvement with Neurotin; "decreased in pain by 60%." MTUS requires, "The patient should be asked at each visit as to whether there has been a change in pain or function. Combination therapy is only recommended if there is no change with first-line therapy, with the recommended change being at least 30%." In this case, subsequent reports dated 02/10/2014, and 11/012/2013 show this medication improved the patient's pain by 60%. Given the appropriate assessment, the request of Gabapentin 100mg #270 with 2 refills is medically necessary and appropriate.

Lidoderm 5% patch #60 with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch) Page(s): 56, 57, 112.

Decision rationale: According to the 03/11/2014 report by [REDACTED] this patient presents with chronic low back pain with radiation to the legs, depression and pain medication dependence. The treater is requesting Lidoderm 5% patch #60 with 2 refills. Lidoderm was first noted in the 07/23/2013 report. The MTUS guidelines state that Lidoderm patches may be recommended for neuropathic pain when trials of antidepressants and anti-convulsants have failed. Review of the reports show the patient has lower extremity neuropathic pain. However, the treater does not discuss how this patch is used and with what effect. MTUS page 60 require documentation of pain and function when medications are used for chronic pain. As such, the request for Lidoderm 5% patch #60 with 2 refills is not medically necessary and appropriate.

Senna 8.6mg #69 with 2 refills: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Opioid induced constipation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Therapeutic Trial of Opioids Page(s): 77.

Decision rationale: According to the 03/11/2014 report by [REDACTED] this patient presents with chronic low back pain with radiation to the legs, depression and pain medication dependence. The treater is requesting Senna 8.6mg #69 with 2 refills. Senna was first noted in the 09/17/2013 report. Regarding constipation medication, MTUS recommends as a prophylactic treatment when initiating opioid therapy. In this case, treater is requesting constipation medication in anticipation of side effects to opioid therapy which is reasonable and within MTUS guidelines. Therefore, the request for Senna 8.6mg #69 with 2 refills is medically necessary and appropriate.

Carafate 1g #100 with 2 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Library of Medicine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 69.

Decision rationale: According to the 03/11/2014 report by [REDACTED] this patient presents with chronic low back pain with radiation to the legs, depression and pain medication dependence. The treater is requesting Carafate 1g #100 with 2 refills. Carafate was first noted in the 07/23/2013 report. The MTUS Guidelines state Carafate is recommended for patients at risk for gastrointestinal events if used prophylactically for concurrent Non-Steroid Anti-Inflammatory Drugs (NSAIDs). MTUS requires proper GI assessment such as the age, concurrent use of anticoagulants, ASA (Acetyl Salicylic Acid), history of PUD (Peptic Ulcer Disease), gastritis, etc. Review of the report show that the patient has gastrointestinal side effects with medication use. However, there is no discussion regarding GI assessment as required by MTUS. MTUS

does not recommend routine use of GI prophylaxis without documentation of risk. As such the request of Carafate 1g #100 with 2 refills is not medically necessary and appropriate.

Tizanidine 4mg #60 with 2 refills: Overturned

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 Zanaflex Page(s): 66.

Decision rationale: According to the 03/11/2014 report by [REDACTED] this patient presents with chronic low back pain with radiation to the legs, depression and pain medication dependence. The treater is requesting Tizanidine 4mg #60 with 2 refills. Tizanidine a muscle relaxant was first noted in the 07/23/2013 report. The MTUS guidelines page 66, "Tizanidine (Zanaflex, generic available) is a centrally acting alpha2-adrenergic agonist that is FDA approved for management of spasticity; unlabeled use for low back pain." This patient presents with chronic pain and has had surgery. MTUS supports the use of Zanaflex. The treater mentions that the patient has moderate improvement with Zanaflex; "decreased in pain by 60%. Therefore, the request for Tizanidine 4mg #60 with 2 refills is medically necessary and appropriate.