

Case Number:	CM14-0040789		
Date Assigned:	09/10/2014	Date of Injury:	02/23/1999
Decision Date:	10/10/2014	UR Denial Date:	03/21/2014
Priority:	Standard	Application Received:	04/07/2014

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 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 50-year-old male who reported an injury on 0/23/1999. The mechanism of injury was not submitted for review. The injured worker has diagnoses of spasms of muscle, acute supportive otitis media, chronic pain syndrome, and migraine. Past medical treatments consist of surgery, trigger point injections, physical therapy, and medication therapy. Medications include Voltaren topical gel, Claritin, Topamax, Sumatriptan, Treximet, Skelaxin, Cymbalta, Tizanidine, Lunesta, gabapentin, Neurontin, Norco, Celebrex, and tramadol. The injured worker has undergone knee surgery, low back surgery, and 2 surgeries on the T6, T7, and T8. On 09/27/2013, the injured worker complained of back pain. Physical examination revealed that the injured worker had tenderness to palpation over the left scapula with physical spasm at left lateral latissimus dorsi. The submitted documentation lacked any evidence of motor strength, range of motion, or sensory deficits the injured worker may have had. The treatment plan is for the injured worker to continue medication. The rationale and Request for Authorization form were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Hydrocodone/Acetaminophen (DOS: 8/30/13): 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 Norco; On-Going Management; Opioids for Chronic Pain Page(s): 75, 78, 80.

Decision rationale: The request for retrospective Hydrocodone/Acetaminophen is not medically necessary. The California Medical Treatment Utilization Schedule Guidelines state that opioids appear to be efficacious, but limited for short term pain relief and long term efficacy is unclear (less than 16 weeks), but also appears limited. Failure to respond to a time limited course of opioids has led to suggestion of reassessment and consideration of alternative therapy. There is no evidence to recommend 1 opiate over the other. For ongoing management, there should be documentation of the 4 A's (including analgesia, activities of daily living, adverse side effects, and aberrant drug taking behavior). The California MTUS Guidelines also indicate that the use of drug screening is for patients with documented issues of abuse, addiction, or poor pain control. MTUS Guidelines also state that an ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be documented as well. Pain assessment should include current pain, the least reported pain over the period since last assessment, average pain, intensity of pain after taking the opioid, how long it takes for pain relief, and how long pain relief lasts. The submitted documentation did not indicate if the medication was helping the injured worker with any functional deficits. Furthermore, there was also no assessment regarding average pain, intensity of pain, or longevity of pain. Additionally, the report submitted did not include any drug screen or urinalysis, indicating that the injured worker was in compliance with their medications. The request as submitted did not indicate a dosage, frequency, or duration of the medication. The provider failed to submit a rationale for the request. Given the above, the injured worker is not within the MTUS recommended guidelines. As such, the request for retrospective Hydrocodone/Acetaminophen was not medically necessary.

Retrospective request for Celebrex (DOS: 08/29/13): 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 Celebrex Page(s): 22.

Decision rationale: The decision to the request for retrospective Celebrex was not medically necessary. The California MTUS Guidelines indicate that Celebrex is an NSAID and it the traditional first line of treatment to reduce pain so activity and functional restoration can resume, but long term use may not be warranted. Celebrex is the only available Cox II in the United States. No generic is available. As guidelines state, Celebrex is recommended for relief of osteoarthritis, but also states that it is recommended at its lowest effective dose and for the shortest duration of time. Submitted documentation indicated that the injured worker was prescribed Celebrex from at least 09/27/2013 to 02/17/2014, exceeding the recommended guidelines for short term use. Long term use of Celebrex puts patients at a high risk for developing NSAID induced gastric or duodenal ulcers. Guidelines also recommend that Celebrex be given at its lowest effective dose. The request as submitted did not indicate a dosage, frequency, or duration. Given the above, the injured worker is not within the MTUS

recommended guidelines. As such, the request for retrospective Celebrex was not medically necessary.

Retrospective request for Tizanidine HCL (DOS: 8/29/13): 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 Tizanidine Page(s): 66.

Decision rationale: The request for retrospective Tizanidine is not medically necessary. California MTUS Guidelines recommend Tizanidine as a non-sedating muscle relaxant with caution as a second line option for short term treatment of acute exacerbations in patients with chronic low back pain. They should know benefit beyond NSAIDS in pain and overall improvement and efficacy appeared to diminish over time. Prolonged use of some medications in this class may lead to dependence. The greatest effect of these types of medications is within the first 4 days of treatment, suggesting that shorter courses may be better. Treatment should be brief. Submitted documentation showed that the injured worker had been taking Tizanidine since at least 09/27/2013 through 02/17/2014, exceeding the recommended guidelines for short term use. Additionally, the request as submitted did not indicate a dosage, frequency, or duration of the medication. Given the above, the injured worker is not within the MTUS recommended guidelines. As such, the request for retrospective Tizanidine is not medically necessary.

Retrospective request for Gabapentin (DOS: 08/30/13): 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 Gabapentin; Specific Anti-Epilepsy Drugs Page(s): 18.

Decision rationale: The decision for the request for retrospective gabapentin is not medically necessary. The The decision for the request for retrospective gabapentin is not medically necessary. The California MTUS Guidelines note that relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity. The guidelines note that Gabapentin has been shown to be effective for the treatment of diabetic painful neuropathy and postherpetic neuralgia, and has been considered as a first line treatment for neuropathic pain. The submitted documentation did not indicate that the injured worker had a diagnosis of neuropathic pain or postherpetic neuralgia. There was also no indication that the injured worker had weakness or numbness to muscles. Additionally, the submitted report lacked any evidence of the injured worker having any sensory deficits. Furthermore, the request as submitted did not indicate a dosage, frequency, or duration of the medication. Given the above, the injured worker is not within the MTUS recommended guidelines. As such, the request for retrospective Gabapentin was not medically necessary.

Retrospective request for Lunesta (DOS: 08/29/13): 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, Treatment for Insomnia (Lunesta).

Decision rationale: Decision for the request for retrospective Lunesta was not medically necessary. The Official Disability Guidelines state that Lunesta is not recommended for long term use, but recommended for short term use. Pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance, failure of sleep disturbance to resolve in a 7 to 10 day period may indicate a psychiatric and/or medical illness. There are four main categories for pharmacologic treatment. They are as follows: (1) Benzodiazepines, (2) Nonbenzodiazepine, (3) Melatonin and Melatonin receptor agonist, and (4) over the counter medications. The majority of those studies have only evaluated short term treatment (less than or equal to 4 weeks) of insomnia. Therefore, more studies are necessary to evaluate the efficacy and safety of treatments for long term treatment of insomnia. The submitted documentation indicated that the injured worker had been taking Lunesta since at least 09/2013 through 02/2014, exceeding the recommend guidelines for short term use. Additionally, the request as submitted did not indicate a dosage, frequency, or duration. Given the above, the injured worker is not within the ODG criteria. As such, the request for retrospective Lunesta is not medically necessary.

Retrospective request for Cymbalta (DOS: 08/29/13): 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 Antidepressants for Chronic Pain (Tricyclic Antidepressants), (Cymbalta) Page(s): 13-15.

Decision rationale: The request for retrospective Cymbalta is not medically necessary. The California Medical Treatment Utilization Schedule Guidelines state an assessment of treatment efficacy should include not only pain outcomes, but also an evaluation of function, changes in use of other analgesic medication, sleep quality and duration, and psychological assessment. Side effects include 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 submitted documentation lacked any indication whether the Cymbalta was being effective to the injured worker. The efficacy of the medication was not submitted for review. Additionally, guidelines stipulate that caution is required because Tricyclics have a low threshold of poor toxicity, and tricyclic antidepressant overdose is a significant cause of fatal drug poisoning due to their cardiovascular and neurological effects. The submitted documentation indicated that the injured worker had been

taking the Cymbalta from at least 09/2013 through 02/2014, exceeding the recommended guidelines. Furthermore, the request as submitted did not indicate a dosage, frequency, or duration of the medication. Given the above, the injured worker is not within the MTUS recommended guidelines. As such, the request for retrospective Cymbalta was not medically necessary.

Retrospective request for Treximet (DOS: 08/29/13): 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) Head, Treximet.

Decision rationale: The request for retrospective Treximet is not medically necessary. The Official Disability Guidelines recommend Treximet for migraine sufferers. At marketed dosages, all oral triptans (e.g. Sumatriptan, brand name Imitrex) are effective and well tolerated. Differences among them are generally relatively small, but clinically relevant for individual patients. There was no indication in the submitted report whether the medication was helping the injured worker with migraines. The efficacy of the medication was not submitted for review. Furthermore, the documentation that was submitted for review indicates that the injured worker had been taking the medication since at least 09/27/2013 through 02/2014. Additionally, the request as submitted did not indicate a dosage, frequency, or duration. Given the above, the injured worker is not within the ODG criteria. Given the above, the request for retrospective Treximet is not medically necessary.