

Case Number:	CM14-0055052		
Date Assigned:	08/08/2014	Date of Injury:	05/06/1993
Decision Date:	09/11/2014	UR Denial Date:	04/16/2014
Priority:	Standard	Application Received:	04/24/2014

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 Georgia. 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 is a 47 year old female presenting with chronic pain following a work related injury on 05/06/1993. The claimant is status post lumbar postlaminectomy syndrome, cervical postlaminectomy syndrome, cervical radiculopathy, brachial neuritis, back pain, lumbar with radiculopathy, chronic pain syndrome, degenerative disc disease, cervical spine, anxiety, depression, lumbar fusion and cervical fusion. The claimant's medications include Lunesta 2 mg, Norco 10/325mg, Alprazolam 1mg, Soma 350mg, Cymbalta 60mg, Flexeril 10mg, Lidoderm, 5% patch, Miralax and Imitrex one dose per day prn. On 3/30/2014, the claimant complained of pain in the head, left arm, bilateral legs, neck, left shoulder, right buttock, thoracic spine, right hip, bilateral hands, low back, right ankle/foot and groin. The pain is intermittent, sharp, aching, cramping, shooting, stabbing and electrical. The claimant has an intrathecal pump in place. The physical exam showed antalgic gait, palpation over the right greater trochanter where injection is administered. A claim was made for various medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lunesta 2 mg Tabs (Quantity not Specified) sig: 1 Tablet at hour of sleep: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Med Lett Drugs Ther. 2005 Feb 28:47(1204):17-9 Eszopiclone (Lunesta) Drugs R D. 2004: 6(2):111-5 Eszopiclone.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mild Tranquilizers, Sleep Aids.

Decision rationale: The ODG states that sleeping aids like Ambien and Lunesta "are not recommended for long term use, but recommended for short-term use. While sleeping pills, so called minor tranquilizers, and anti-anxiety agents are commonly prescribed in chronic pain, pain specialist rarely, if ever, recommend them for long-term use. They can be habit-forming and they may impair function and memory more than opioid pain relievers. There is also concern that they may increase pain and depression over long-term. Sleeping pills are indicated for treatment of insomnia with difficulty of sleep onset and/or sleep maintenance. Longer-term studies have found sleep aids to be effective for up to 24 weeks in adults. According to the medical records the claimant appeared to have used Lunesta long term. It is more appropriate to set a weaning protocol at this point. Lunesta is not medically necessary.

Norco 10/325 mg (Quantity not Specified) sig: 1 - 2 tabs q 4 - 6 hours, 4 max a day: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 79.

Decision rationale: Per MTUS guidelines page 79 it states that weaning of opioids are recommended if, there are no overall improvement in function, unless there are extenuating circumstances, continuing pain with evidence of intolerable adverse effects, decrease in functioning, resolution of pain, if serious non-adherence is occurring and the patient requests are discontinuing. The claimant's medical records did not document that there was an overall improvement in function or a return to work with previous opioid therapy. In fact, the medical records note that the claimant was permanent and stationary. The claimant has long-term use with this medication and there was a lack of improved function with this opioid; therefore Norco is not medically necessary.

Alprazolam 1 mg tabs, (Quantity not Specified) sig: 1 tablet po three times a day as needed for anxiety.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Last Updated 10/14/13) - Anxiety - Benzodiazepines.

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

Decision rationale: Alprazolam is not medically necessary for long term use but given this medication is a benzodiazepine, it is appropriate to set a weaning protocol to avoid adverse and even fatal effects. CA MTUS page 24 states that "benzodiazepines 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. They are ranging actions including sedative/have not it, anxiolytic, anticonvulsant and muscle relaxant. The chronic Benzodiazepines for the treatment of choice are for very few conditions. Tolerance to hypnotic effects develops rapidly and tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant therefore the request for Alprazolam is not medically necessary and appropriate.

Soma 350 mg (Quantity not Specified) sig: 1 po twice a day as needed for spasms: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol Page(s): 29.

Decision rationale: CA MTUS states that Soma is not recommended. This medication is not indicated for long-term use. Carisoprodol is commonly prescribed, centrally acting skeletal muscle relaxant and its primary active metabolite is meprobamate (schedule for controlled substances). Carisoprodol is now scheduled in several states but not on the federal level. It has since been suggested that the main affect is due to generalized sedation and treatment of anxiety. Abuse has been noted for sedatives and relaxants effects. In regular basis to maintain concern is the cannulation of medical date. Carisoprodol abuse has also been noted in order to augment or alter effects of other drugs. This includes the following: Increasing sedation of benzodiazepines or alcohol; used to prevent side effects of cocaine; use with Tramadol to produce relaxation and euphoria; as a combination with Hydrocodone, and affected some abusers claim is similar to heroin; the combination with codeine. Intoxication appears to include subjective consciousness, decreased cognitive function, and abnormalities of the eyes, vestibular function, appearance, gait and motor function. Intoxication includes the effects of both caris up at all and meprobamate, both of which act on different neurotransmitters. A withdrawal syndrome has been documented that consists of insomnia, vomiting, tremors, muscle twitching, anxiety, and ataxia when abrupt discontinuation of large doses occurs. This is similar to withdrawal from meprobamate. There is little research in terms of weaning of high dose caris up at all and there is no standard treatment regimen for patients with known dependence. Most treatment includes treatment for symptomatic complaints of a stroke. Another option is to switch to Phenobarbital to prevent withdrawal with subsequent tapering. A maximum dose of Phenobarbital is 500 mg per day and the taper is 3 mg per day with a slower taper in an outpatient setting. Tapering should be individualized to reach patient. There was no specific time limit for the prescription of this medication or a weaning protocol; therefore Soma is not medically necessary.

Cymbalta 60 mg CPEP (Quantity not Specified) sig: 2 tablets daily with dinner.: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Antidepressants - SSRI's (Selective Serotonin Reuptake Inhibitors).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants Page(s): 13.

Decision rationale: CA MTUS page 13 states that antidepressants are recommended as first-line option for neuropathic pain, as a possibility for non-neuropathic pain. Tricyclics are generally considered first line agent unless they're ineffective, poorly tolerated, or contraindicated. Cymbalta is a selective serotonin norepinephrine reuptake inhibitor. Per CA MTUS SSNRIs is a class of antidepressants that inhibit serotonin reuptake and has action on noradrenaline as well. The class of antidepressants is controversial based on controlled trials. It is been suggested that the main role of SSNRIs may be in addressing psychological symptoms associated with chronic pain. More information is needed regarding the role of SSNRIs and pain. The medical records do not appropriately address whether the claimant has depression associated with chronic pain through psychological evaluation. Additionally there was not documentation that the enrollee failed Tricyclic's which is recommended by CA MTUS as first line therapy therefore the request for Cymbalta is not medically necessary and appropriate.

Flexeril 10 mg tabs (Quantity not Specified) sig: 1 po three times a day as needed for spasms: 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 Anti-spasmodics Page(s): 64.

Decision rationale: The peer-reviewed medical literature does not support long-term use of Cyclobenzaprine in chronic pain management. Additionally, Per CA MTUS Cyclobenzaprine is recommended as an option, using a short course of therapy. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better (Browning, 2001). As per MTUS, the addition of Cyclobenzaprine to other agents is not recommended. In regards to this claim, Cyclobenzaprine was prescribed for long term use and in combination with other medications. Cyclobenzaprine is therefore, not medically necessary.

Lidoderm 5% patch (Quantity not Specified) sig: Apply 1 - 2 patches 12 hours on, 12 hours off: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

Decision rationale: Per CA MTUS page 111 states that topical analgesics are "recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (antidepressants or AED) only FDA-approved products are currently recommended. Non-neuropathic pain is not recommended. The claimant was not diagnosed with neuropathic pain and there is no

documentation of physical findings or diagnostic imaging confirming the diagnosis. The claimant was diagnosed with multiple issues related to chronic pain. Per CA MTUS topical analgesic such as Lidocaine is not recommended for non-neuropathic pain. Lidoderm patch 5% number thirty (30) with three (3) refills is not medically necessary.

Miralax pack (Quantity not Specified) sig: take 17g/day for constipation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain - Constipation treatment - Opioid-induced.

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

Decision rationale: Per CA MTUS page 77 of the Opioid section: Initiating Therapy: Prophylactic treatment of constipation should be initiated. However, given that the opioids, Norco 10/325mg are not medically necessary due to lack of improved function, the Miralax is not medically necessary.

Imitrex 6mg/0.5 ml Solution, sig: 1 dose a day prn Migraine (2cc syringe): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC Official Disability Guidelines, Treatment in Workers' Compensation: Head.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Treatment Consideration Other Medical Treatment Guideline or Medical Evidence: Federal Drug and Food Administration (FDA).

Decision rationale: The FDA states that Imitrex is used for the acute treatment of migraine headaches with or without aura and should only be used when a clear diagnosis of migraine headaches has been established. Additionally, the ODG chronic pain chapter suggests that some of the symptoms of headache may be the result of medication overuse or medication abuse and/or function of the applicants' underlying psychopathology; therefore the requested medication is not medically necessary.