

Case Number:	CM14-0066559		
Date Assigned:	08/08/2014	Date of Injury:	08/24/1999
Decision Date:	09/15/2014	UR Denial Date:	04/28/2014
Priority:	Standard	Application Received:	05/09/2014

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 Occupational Medicine 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:

This patient is a 49 year old male employee with date of injury of 8/24/1999. A review of the medical records indicate that the patient is undergoing treatment for Post lumbar Laminectomy Syndrome, Disc Disorder Lumbar, Chronic Back Pain L34-4mm spondylolisthesis. Subjective complaints include poor sleep, low back pain (7/10) on 10/30/2013 rising to 8/10 on 1/22/2014 with medication, decreasing to 6/10 on 3/19/2014 and 4/16/2014 with medications. Treating physician indicates that medications "have worked well" (11/27/2013). Objective findings include slow, antalgic, wide-based gait (10/30/2013). A physician's report from 11/27/2013 noted, "the lumbar spine (has) loss of normal lordosis with straightening of the lumbar spine and surgical scar(s). Range of motion is restricted with flexion limited to 70 degrees limited by pain and extension limited to 15 degrees limited by pain. Tenderness over left sided SI joint. On palpation, paravertebral muscles, spasm, tenderness and tight muscle band is note do the left side. No spinal process tenderness is noted." A psychological assessment dated 7/14/2014 suggested "the likelihood of some degree of psychological distress, conflicts, and problems." Treatment has included Left Sacroiliac Joint Steroid Injection (4/2/2012), Caudal Epidural Steroid Injection (ESI) with Cath (5/4/2009), Lumbar Discogram L2-3 & L3-4 (1/22/2007), H-Wave and TENS treatment (first noted 11/27/2013), Medications (Gabitril 4mg 1/day for neuropathic pain, Nabumetone 500mg 2/day, Norco 10/425 3-4/day for breakthrough pain relief, Topamax 100mg 1/day, Zanaflex 4mg 2/day for sleep and muscle spasm, Zoloft 100mg 1/day for mood stabilization, Zoloft 50mg 1/day for mood stabilization, Duragesic 75Mcg/hr patch 1 every 3 days for long acting pain relief, Colace 100mg 3/day for constipation, Effexor Xr 75mg 1/day, Senokot 187mg 2/day, Soma 350mg 2/day, Provigil 200mg 1/day (12/9/2013). A utilization review dated 4/28/2014 non-certified the following requests: - Duragesic 12mcg #10 for lack of documentation for risk assessment and weaning- Duragesic 50mcg #10 for lack of

documentation for risk assessment and weaning- Gabitril 4mg #30 for not following MTUS guidelines- Norco 10/325mg #120 for lack of documentation for risk assessment and weaning- Topamax 100mg #30 for not following MTUS guidelines- Zoloft 50mg #30 for lack of demonstrated need.

IMR ISSUES, DECISIONS AND RATIONALES

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

Duragesic 12mcg #10: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Duragesic (fentanyl transdermal system) Page(s): 44.

Decision rationale: The California MTUS states regarding Duragesic (fentanyl transdermal system), "Not recommended as a first-line therapy. Duragesic is the trade name of a fentanyl transdermal therapeutic system, which releases fentanyl, a potent opioid, slowly through the skin. It is manufactured by [REDACTED] and marketed by [REDACTED] (both subsidiaries of [REDACTED]). The FDA-approved product labeling states that Duragesic is indicated in the management of chronic pain in patients who require continuous opioid analgesia for pain that cannot be managed by other means." Medical records indicate other modes of pain management being used currently. Additionally, the treating physician does not detail how the patient's pain "cannot be managed by other means", thus requiring the use of fentanyl transdermal system. As such, the request for Duragesic 12mcg #10 is not medically necessary.

Duragesic 50mcg #10: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Duragesic (fentanyl transdermal system) Page(s): 44.

Decision rationale: The California MTUS states regarding Duragesic (fentanyl transdermal system), "Not recommended as a first-line therapy. Duragesic is the trade name of a fentanyl transdermal therapeutic system, which releases fentanyl, a potent opioid, slowly through the skin. It is manufactured by [REDACTED] and marketed by [REDACTED] (both subsidiaries of [REDACTED]). The FDA-approved product labeling states that Duragesic is indicated in the management of chronic pain in patients who require continuous opioid analgesia for pain that cannot be managed by other means." Medical records indicate other modes of pain management being used currently. Additionally, the treating physician does not detail how the patient's pain "cannot be managed by other means", thus requiring the use of fentanyl transdermal system. As such, the request for Duragesic 50mcg #10 is not medically necessary.

Gabitril 4mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Tiagabine (Gabitril) Pain Page(s): 16, 22.

Decision rationale: Gabitril is the brand name version of Tiagabine and is in the same class as Levetiracetam (Keppra, no generic), Zonisamide (Zonegran, no generic), which are all anti-epilepsy drugs. MTUS states that anti-epilepsy drugs are recommended for neuropathic pain, but do specify with caveats by medication. MTUS states Gabitril, "is among the AED's most recently approved, while these drugs may be effective for neuropathic pain, the ultimate role of these agents for pain requires further research and experience (ICSI, 2007) (Knotkova, 2007) (Eisenberg, 2007). In the interim, these agents should be used to treat neuropathic pain only when carbamazepine, Gabapentin, or Lamotrigine cannot be used. (Guay, 2003)." Medical records do not indicate that Carbamazepine, Gabapentin, or Lamotrigine were tried and/or failed. As such, the request for Gabitril 4mg #30 is not medically necessary.

Norco 10/325mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Official Disability Guidelines (ODG) Neck and Upper Back (Acute and Chronic), Low Back - Lumbar & Thoracic (Acute & Chronic), Opioids, Pain.

Decision rationale: The ODG does not recommend the use of opioids for neck and low back pain "except for short use for severe cases, not to exceed 2 weeks." The patient has exceeded the 2 week recommended treatment length for opioid usage. MTUS does not discourage use of opioids past 2 weeks, but does state that "ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. 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. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." The treating physician does not fully document 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, which are all necessary for continued opioid treatment past guidelines recommendations. As such, the request for Norco 10/325mg #120 is not medically necessary.

Topamax 100mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topiramate (Topamax) Other Antiepileptic Drugs Page(s): 21, 113.

Decision rationale: Topamax is the brand name version of Topiramate, which is an anti-epileptic medication. MTUS states that anti-epilepsy drugs are recommended for neuropathic pain, but do specify with caveats by medication. MTUS states regarding Topamax "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."Medical files do not indicate the failure of other first line anticonvulsants, such as gabapentin. As such, the request for Topamax 100mg #30 is not medically necessary.

Zoloft 50mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for Chronic Pain, SSRIs (selective serotonin reuptake inhibitors) Page(s): 13-16, 107.

Decision rationale: Zoloft is the brand name version of sertraline, which is an antidepressant classified as a selective serotonin reuptake inhibitor (SSRIs).MTUS states regarding SSRIs, "Not recommended as a treatment for chronic pain, but SSRIs may have a role in treating secondary depression. Selective serotonin reuptake inhibitors (SSRIs), a class of antidepressants that inhibit serotonin reuptake without action on noradrenaline, are controversial based on controlled trials. It has been suggested that the main role of SSRIs may be in addressing psychological symptoms associated with chronic pain. More information is needed regarding the role of SSRIs and pain. SSRIs have not been shown to be effective for low back pain."The medical records indicate that the main pain complaint is low back related, which SSRI's are not recommended as primary treatment per MTUS. Medical records lack mental health evaluation and treatment notes that would indicate the use of the SSRI solely as a behavioral health treatment, which an SSRI may or may not be appropriate. As such, the request for Zoloft 50mg #30 is not medically necessary.