

Case Number:	CM14-0074985		
Date Assigned:	08/08/2014	Date of Injury:	05/12/2007
Decision Date:	09/29/2014	UR Denial Date:	05/05/2014
Priority:	Standard	Application Received:	05/22/2014

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 Medicine and is licensed to practice in Texas and Ohio. 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 34-year-old female who reported an injury when she bent over to remove something from a refrigerator, tried to answer a phone call, and twisted her back on 05/12/2007. On 09/05/2013, her diagnoses included lumbar multilevel degenerative disc disease and spondylosis with the right lower extremity radicular pain, history of gastroesophageal reflux disease secondary to medications, spasms due to the degenerative disc disease, obstructive sleep apnea, iatrogenic effects from medications, and diabetes mellitus. Her medications included Prilosec 20 mg, gabapentin 600 mg, Senna 8.6 mg, MS-Contin 60 mg, Dilaudid 4 mg, Zanaflex 4 mg, Ambien 10 mg, Prozac 10 mg, and Cymbalta 30 mg. On 04/10/2014, she required a Toradol 30 mg IM injection. On 05/03/2014, her medications included metformin 1000 mg, calcium and vitamin D supplements (no dosages noted), Cymbalta 60 mg, Senna 8.6 mg, lisinopril 10 mg, gabapentin 600 mg, morphine 60 mg, Ambien 10 mg, pravastatin 20 mg, Prilosec 20 mg, Dilaudid 4 mg, Prozac 20 mg, and tizanidine 4 mg. On 04/10/2014, her Dilaudid was discontinued and changed to oxycodone 15 mg. There was no rationale or Request for Authorization included in this injured worker's chart.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Toradol 30mg IM: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-73..

Decision rationale: . The California MTUS Guidelines recommend NSAIDs at the lowest possible dose for the shortest period of time in patients with moderate to severe osteoarthritis pain. The guidelines further state that there is inconsistent evidence for the use of these medications to treat long-term neuropathic pain. For acute exacerbations of chronic back pain, NSAIDs are recommended as a second line treatment after acetaminophen. Toradol is not indicated for minor or chronic painful conditions. This worker did not have a diagnosis of osteoarthritis. Additionally, the request did not specify a frequency of administration for this medication. The need for Toradol was not clearly demonstrated in the submitted documentation. Therefore, this request for 1 Toradol 30 mg IM is not medically necessary.

60 MS Contin 60mg: 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): 74-95.

Decision rationale: The California MTUS Guidelines recommend ongoing review of opioid use including documentation of pain relief, functional status, appropriate medication use, and side effects. It should include current 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 decreased pain, increased level of functional, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. For chronic back pain, opioids appear to be efficacious but limited for short-term pain relief. In most cases, analgesic treatment should begin with acetaminophen, aspirin, NSAIDs, antidepressants, and/or anticonvulsants. When these drugs do not satisfactorily reduce pain, opioids for moderate to moderately severe pain may be added to (but not substituted for) the less efficacious drugs. Long-term use may result in immunological or endocrine problems. There was no documentation in the submitted chart regarding appropriate long-term monitoring/evaluations, including side effects, failed trials of NSAIDs, aspirin, antidepressants, or anticonvulsants, quantified efficacy or collateral contacts. The documentation submitted showed that this worker has been taking MS-Contin since 09/05/2013, which exceeds the recommendations in the guidelines for limited short-term pain relief. Additionally, there was no frequency specified in the request. Since this injured worker is taking more than 1 opioid medication, without the frequency, morphine equivalency dosage could not be calculated. Therefore, this request for 60 MS-Contin 60 mg is not medically necessary.

120 Oxycodone 15mg: 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): 74-95.

Decision rationale: The California MTUS Guidelines recommend ongoing review of opioid use including documentation of pain relief, functional status, appropriate medication use, and side effects. It should include current 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 decreased pain, increased level of functional, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. For chronic back pain, opioids appear to be efficacious but limited for short-term pain relief. In most cases, analgesic treatment should begin with acetaminophen, aspirin, NSAIDs, antidepressants, and/or anticonvulsants. When these drugs do not satisfactorily reduce pain, opioids for moderate to moderately severe pain may be added to (but not substituted for) the less efficacious drugs. Long-term use may result in immunological or endocrine problems. There was no documentation in the submitted chart regarding appropriate long-term monitoring/evaluations, including side effects, failed trials of NSAIDs, aspirin, antidepressants, or anticonvulsants, quantified efficacy or collateral effects. The documentation submitted showed that this worker has been taking oxycodone since 09/05/2013, which exceeds the recommendations in the guidelines for limited short-term pain relief. Additionally, there was no frequency specified in the request. Since this injured worker is taking more than 1 opioid medication, without the frequency, morphine equivalency dosage could not be calculated. Therefore, this request for 120 oxycodone 15 mg is not medically necessary.

30 Ambien 10mg: Upheld

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

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

Decision rationale: Per the Official Disability Guidelines, Ambien is a short acting nonbenzodiazepine hypnotic, which is approved for short term treatment of insomnia, usually 2 to 6 weeks. While sleeping pills, so called minor tranquilizers, are commonly prescribed for chronic pain, pain specialists rarely, if ever, recommend them for long term use. The recommendations further state that the dose of Ambien for women should be lowered from 10 mg to 5 mg. Additionally, Ambien has been linked to a sharp increase in emergency room visits, so it should be used safely for only a short period of time. This injured worker has been taking Ambien since 09/05/2013. This exceeds the recommendations in the guidelines, as does the requested 10 mg dosage. Additionally, the request did not include frequency of administration. Therefore, this request for Ambien 10 mg is not medically necessary.

30 Cymbalta 60 mg with 2 refills: 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 Page(s): 13-16..

Decision rationale: The California MTUS Guidelines recommend antidepressants for chronic pain as a first line option for neuropathic pain and as a possibility for non-neuropathic pain. Tricyclics are generally considered a first line agent unless they are ineffective, poorly tolerated or contraindicated. 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 status. Side effects, including excessive sedation, should also be assessed. Long term effectiveness of antidepressants has not been established. Cymbalta is FDA approved for anxiety, depression, diabetic neuropathy and fibromyalgia. It is used off label for neuropathic pain and radiculopathy. Cymbalta is recommended as a first line option for diabetic neuropathy. No high quality evidence is reported to support the use of Cymbalta for lumbar radiculopathy. More studies are needed to determine the efficacy of Cymbalta for other types of neuropathic pain. Although this injured worker does have a diagnosis of diabetes, there was no indication that she had diabetic neuropathy. Additionally, there were no assessments included in the submitted documentation of changes in function, reduction of other analgesic medications with the use of Cymbalta or side effects. Additionally, this injured worker has been using Cymbalta since 09/05/2013, which exceeds the recommendations in the guidelines of 6 to 12 weeks. Additionally, the request did not specify frequency of administration. Therefore, this request for 30 Cymbalta 60 mg with 2 refills is not medically necessary.

30 Prilosec 20 mg with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs), GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: The California MTUS Guidelines suggest that proton pump inhibitors, which includes Prilosec, may be recommended, but clinicians should weigh the indications for NSAIDs against GI risk factors. Those factors determining if a patient is at risk for gastrointestinal events include age greater than 65 years, history of peptic ulcer, GI bleeding or perforation, concurrent use of aspirin, corticosteroids and/or an anticoagulant medications or high dose/multiple NSAID use. Prilosec is used in the treatment of dyspepsia, peptic ulcer disease, gastroesophageal reflux disease and laryngopharyngeal reflux. The injured worker did not have any of the above diagnoses nor did she meet any of the qualifying criteria for risks for gastrointestinal events. Additionally, the request did not specify frequency of administration. Therefore, this request for 30 Prilosec 20 mg with 2 refills is not medically necessary.

1 Gabapentin, Senokot and Prilosec as prescribed: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) and Gabapentin (Neurontin), Opioids and NSAIDs (non-steroidal anti-inflammatory drugs), GI symptoms & cardiovascular risk Page(s): 16-22; 49; 77-78; 68-69.

Decision rationale: Per the California MTUS Guidelines, gabapentin is an antiepilepsy medication which has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia, and has been considered as a first line treatment for neuropathic pain. A good response for the use of gabapentin has been defined as a 50% reduction in pain and a moderate response is a 30% reduction in pain. Gabapentin has also been used as a first line treatment for complex regional pain syndrome. There is no documentation submitted that this injured worker has complex regional pain syndrome or postherpetic neuralgia. Although, she does have diabetes, there was no documentation that she has diabetic polyneuropathy. There was no quantified data submitted regarding the reduction in pain from the use of gabapentin. Regarding Senokot, the California MTUS Guidelines for opioids recommends that ongoing review should include documentation of pain relief, functional status, appropriate medication use and side effects. The physician should discuss the risks and benefits of the use of controlled substances and other treatment modalities with the patient, caregiver, or guardian. Prophylactic treatment of constipation should be initiated. An adverse effect of long term use of opioids, which is longer than 6 months, is constipation. This injured worker has been using opioids since 09/05/2013. Regarding the use of Prilosec, that had been addressed in a previous question for request for 30 Prilosec 20 mg with 2 refills. The clinical information submitted failed to meet the evidence based guidelines for gabapentin, Senokot and Prilosec as prescribed. Therefore, this request for 1 gabapentin, Senokot and Prilosec as prescribed is not medically necessary.

90 Zanaflex 4mg with 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66.

Decision rationale: The California MTUS Guidelines recommend that muscle relaxants be used with caution as a second line option for the short term treatment of acute exacerbations in patients with chronic low back pain. In most low back pain cases, they show no benefit beyond NSAIDs. Efficacy appears to diminish over time and prolonged use of some medications in this class may lead to dependence. Zanaflex is FDA approved for management of spasticity, unlabeled use for low back pain. The documentation submitted does not identify spasticity and there was no documentation of significant functional/vocational benefits with the use of Zanaflex. Additionally, there was no frequency of administration specified in the request. Therefore, this request for 90 Zanaflex 4 mg with 1 refill is not medically necessary.