

Case Number:	CM14-0085448		
Date Assigned:	09/19/2014	Date of Injury:	07/21/1995
Decision Date:	11/28/2014	UR Denial Date:	05/21/2014
Priority:	Standard	Application Received:	06/09/2014

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 Family Medicine and is licensed to practice in New Jersey. 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 worker is a 54 year old male who was injured 7/21/1995. He was diagnosed with lumbar disc degeneration, piriformis syndrome, lumbar radiculopathy, and cervical disc disease. He was treated with surgery (lumbar) and medications, including opioids, anti-epileptics, sedative hypnotics, and muscle relaxants. He was also treated with physical therapy (including home exercise), trigger point injections, nerve blocks, epidural injections, and spinal cord stimulator. On 5/1/14, the worker was seen by his treating physician complaining of his continual back pain rated at 5-6/10 (with medication use and 8-9/10 without, on the pain scale) which radiated to both legs and which was unchanged since the last visit. He reported taking Hytrin, Cyclobenzaprine, Duragesic, Lunesta, Lyrica, Omeprazole, and Norco. He reported his sleep quality was poor, however, with the use of Lunesta, the number of quality hours of sleep increased to 5 vs. 1-2 without Lunesta use. He also reported sweating from his medication use (presumably his opioids), for which he used Hytrin, which reportedly helps reduce his excessive sweating associated with the medication. He also reported that his collective medication use helps allow him to complete house tasks and to walk for exercise 15-20 minutes at a time. Physical findings included tenderness and tightness of his lumbar spine area, positive straight leg raise test, normal motor strength, decreased sensation of the bilateral legs/feet at the lateral feet, medial feet, lateral calf's, anterior thighs, and medial thighs. He was recommended to continue his medications as previously prescribed and taken.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 10 mg tablet 1 tablet tid (three times daily) qty 90: Upheld

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

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

Decision rationale: The MTUS Guidelines state that using muscle relaxants for muscle strain may be used as a second-line option for short-term treatment of acute exacerbations of chronic pain, but provides no benefit beyond NSAID use for pain and overall improvement, and are likely to cause unnecessary side effects. Efficacy appears to diminish over time, and prolonged use may lead to dependence. In the case of this worker, he had been using a muscle relaxant for much longer than generally recommended. Also, there was no evidence to suggest this worker was experiencing an acute flare-up which might have warranted a short course of cyclobenzaprine. Therefore, the cyclobenzaprine is not medically necessary.

Duragesic 25 mcg/hr 1 patch every 2 days (15): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Neck and upper back, Low back complaints and Chronic pain medical.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-96.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that opioids may be considered for moderate to severe chronic pain as a secondary treatment, but require that for continued opioid use, there is to be ongoing review and documentation of pain relief, functional status, appropriate medication use with implementation of a signed opioid contract, drug screening (when appropriate), review of non-opioid means of pain control, using the lowest possible dose, making sure prescriptions are from a single practitioner and pharmacy, and side effects, as well as consultation with pain specialist if after 3 months unsuccessful with opioid use, all in order to improve function as criteria necessary to support the medical necessity of opioids. Long-term use and continuation of opioids requires this comprehensive review with documentation to justify continuation. In the case of this worker, there was not sufficient documented review as mentioned above. There was no specific report of the worker's benefit functionally as it related directly to his Duragesic use. Therefore, without this documented evidence of benefit, the Duragesic is not medically necessary to continue. Also, based on the notes available for review, the worker's opioid use may be contributing to his hyperhidrosis (excessive sweating), which was severe enough that he was started on a medication to help treat this side effect, which seems inappropriate.

Lunesta 3 mg tablet one at bedtime prn (as needed) qty 30: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness and Stress, Insomnia treatment

Decision rationale: The MTUS Guidelines do not address the use of sedative hypnotics. However, the ODG states that sedative hypnotics are not recommended for long term use, but may be considered in cases of insomnia for up to 6 weeks duration in the first two months of injury only in order to minimize the habit-forming potential and side effects that these medications produce. In the case of this worker, who had difficulty sleeping and reported benefit from the Lunesta use, the Lunesta is still not recommended for chronic use, as the worker had been using it leading up to this request. Also, there was no documentation that suggested first-line treatments for insomnia or any other methods had been attempted before considering Lunesta. Therefore, the Lunesta is not medically necessary to continue.

Hytrin 5 mg capsule 1 tab bedtime qty 30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment in Workers' Compensation, On line edit; <http://www.rxlist.com/hytrin-drug.htm>

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation terazosin <http://reference.medscape.com/drug/hytrin-terazosin-342348>

Decision rationale: Terazosin is an alpha-blocker medication typically used for benign prostate hyperplasia or hypertension. In this case, the terazosin was prescribed to help counter the side effects (excessive sweating) related to his medication use (presumably his opioid use). Adding medication such as this one for a seemingly reasonable purpose, but doing so off-label, and adding more side effects from one additional drug as part of a long list of medication this worker is already taking, seems inappropriate to the reviewer. Also, there was no review of which other methods to treat his excessive sweating (if any) had been tried before considering an oral medication such as Hytrin. Therefore, the Hytrin is not medically necessary and inappropriate to continue in this case.