

Case Number:	CM14-0091436		
Date Assigned:	07/25/2014	Date of Injury:	01/10/2007
Decision Date:	09/26/2014	UR Denial Date:	06/04/2014
Priority:	Standard	Application Received:	06/17/2014

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 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 is a 67-year-old female patient who reported an industrial injury on 1/10/2007, over 7 years ago, attributed to the performance of her customary job tasks. The patient was recently evaluated for a pump refill. The patient is being treated for the diagnoses of lumbar degenerative disc disease; lumbar facet arthritis; and post laminectomy syndrome. The patient is noted to have had surgical intervention to the knee and lower back. The objective findings on examination included limited flexion and extension of the lumbar spine; facet stress testing was positive; reflexes were symmetrical; left knee tender along lateral aspect with mild swelling. The patient was prescribed Butalbital-APAP-Caffeine #90; Norco 10/325 mg #240; Alprazolam 1 mg #60; Nabumetone 750 mg #60; Gabapentin 600 mg #180; and Ambien CR 12.5 mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Butalbital/APAP/Caffeine # 90, refill x 3: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Not recommended for chronic pain.also see Opioids.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-306,Chronic Pain Treatment Guidelines Opioids Page(s): 74-97. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter opioidsAmerican

College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 6 pages 114-116.

Decision rationale: The patient is prescribed Fioricet/Butalbital/APAP/Caffeine # 90, refill x 3 for reported headaches, or pain without a nexus to the cited mechanism of injury or the ongoing treatment of the patient. The prescription for Fioricet/Butalbital/APAP/Caffeine # 90, refill x 3 is being continued as an opioid analgesic for the treatment of chronic pain when opioids are being prescribed beyond the recommended time period. There is no objective evidence provided of neuropathic pain. There is no objective evidence that the patient requires more than OTC analgesics for the various pain complaints. The patient has been prescribed generic Fioricet/Butalbital/APAP/Caffeine # 90, refill x 3; however, the Butalbital in tablet is no longer recommended for treatment of headaches. The side effect profile of Butalbital has effectively reduced the use of this medication for headache pain. It is not currently recommended for "tension headaches." Many alternatives are readily available in the form of over-the-counter headache remedies. There is no objective evidence provided to support the medical necessity of Fioricet over the available OTC medications that also contains aspirin and caffeine. The patient could be taking Excedrin over the counter for similar relief. There is no objective evidence provided to support the continued prescription of Fioricet for headaches or for chronic back and knee pain. The patient is documented to have only tenderness to palpation on physical examination and there is no objective evidence to support more than over-the-counter analgesics for the treatment of this patient in relation to his reported headaches and residual postoperative knee and back pain. The chronic use of Fioricet is not recommended by the CA MTUS, the ACOEM Guidelines, or the Official Disability Guidelines for the long-term treatment of chronic pain. The prescription of opiates on a continued long-term basis is inconsistent with the CA MTUS and the Official Disability Guidelines recommendations for the use of opiate medications for the treatment of chronic pain unless the pain is intractable. There is objective evidence that supports the use of opioid analgesics in the treatment of this patient over the use of NSAIDs for the treatment of chronic pain. Evidence-based guidelines necessitate documentation that the patient has signed an appropriate pain contract, functional expectations have been agreed to by the clinician, and the patient, pain medications will be provided by one physician only, and the patient agrees to use only those medications recommended or agreed to by the clinician to support the medical necessity of treatment with opioids. The ACOEM Guidelines updated chapter on chronic pain states, "Opiates for the treatment of mechanical and compressive etiologies: rarely beneficial. Chronic pain can have a mixed physiologic etiology of both neuropathic and nociceptive components. In most cases, analgesic treatment should begin with acetaminophen, aspirin, and NSAIDs (as suggested by the WHO step-wise algorithm). When these drugs do not satisfactorily reduce pain, opioids for moderate to moderately severe pain may be added to (not substituted for) the less efficacious drugs. A major concern about the use of opioids for chronic pain is that most randomized controlled trials have been limited to a short-term period (70 days). This leads to a concern about confounding issues; such as, tolerance, opioid-induced hyperalgesia, long-range adverse effects, such as, hypogonadism and/or opioid abuse, and the influence of placebo as a variable for treatment effect." There is no demonstrated medical necessity for the prescription of Fioricet/Butalbital/APAP/Caffeine # 90, refill x 3 directed to headaches. Therefore, the request is not medically necessary.

Norco 10/325mg, # 240, refill x 1: 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): 74-97. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter-opioids.

Decision rationale: The prescription for Hydrocodone-APAP (Norco) 10/325 mg #240 refill x1 for short acting pain is being prescribed as an opioid analgesic for the treatment of chronic pain to the back for the date of injury over seven (7) years ago. The objective findings on examination do not support the medical necessity for continued opioid analgesics. The patient is being prescribed opioids for chronic mechanical low back pain, which is inconsistent with the recommendations of the CA MTUS. There is no objective evidence provided to support the continued prescription of opioid analgesics for the cited diagnoses and effects of the industrial claim. The patient should be titrated down and off the prescribed Hydrocodone. The patient is seven (7) years s/p DOI with reported continued issues. There is no demonstrated medical necessity for the continuation of opioids for the effects of the industrial injury. The chronic use of Hydrocodone-APAP/Norco is not recommended by the CA MTUS, the ACOEM Guidelines, or the Official Disability Guidelines for the long-term treatment of chronic back pain. There is no demonstrated sustained functional improvement from the prescribed high dose opioids. The prescription of opiates on a continued long-term basis is inconsistent with the CA MTUS and the Official Disability Guidelines recommendations for the use of opiate medications for the treatment of chronic pain. There is objective evidence that supports the use of opioid analgesics in the treatment of this patient over the use of NSAIDs for the treatment of chronic pain. The current prescription of opioid analgesics is inconsistent with evidence-based guidelines. The prescription of opiates on a continued long-term basis is inconsistent with the Official Disability Guidelines recommendations for the use of opiate medications for the treatment of chronic pain. There is objective evidence that supports the use of opioid analgesics in the treatment of this patient over the use of NSAIDs for the treatment of chronic pain issues. Evidence-based guidelines necessitate documentation that the patient has signed an appropriate pain contract, functional expectations have been agreed to by the clinician, and the patient, pain medications will be provided by one physician only, and the patient agrees to use only those medications recommended or agreed to by the clinician to support the medical necessity of treatment with opioids. The ACOEM Guidelines updated chapter on chronic pain states, "Opiates for the treatment of mechanical and compressive etiologies: rarely beneficial. Chronic pain can have a mixed physiologic etiology of both neuropathic and nociceptive components. In most cases, analgesic treatment should begin with acetaminophen, aspirin, and NSAIDs (as suggested by the WHO step-wise algorithm). When these drugs do not satisfactorily reduce pain, opioids for moderate to moderately severe pain may be added to (not substituted for) the less efficacious drugs. A major concern about the use of opioids for chronic pain is that most randomized controlled trials have been limited to a short-term period (70 days). This leads to a concern about confounding issues; such as, tolerance, opioid-induced hyperalgesia, long-range adverse effects, such as, hypogonadism and/or opioid abuse, and the influence of placebo as a variable for treatment effect." ACOEM guidelines state that opioids appear to be no more effective than safer analgesics for managing most musculoskeletal symptoms; they should be used only if needed for

severe pain and only for a short time. The long-term use of opioid medications may be considered in the treatment of chronic musculoskeletal pain, if: The patient has signed an appropriate pain contract; Functional expectations have been agreed to by the clinician and the patient; Pain medications will be provided by one physician only; The patient agrees to use only those medications recommended or agreed to by the clinician. ACOEM also notes, "Pain medications are typically not useful in the subacute and chronic phases and have been shown to be the most important factor impeding recovery of function." There is no clinical documentation by with objective findings on examination to support the medical necessity of Hydrocodone-APAP for this long period of time or to support ongoing functional improvement. There is no provided evidence that the patient has received benefit or demonstrated functional improvement with the prescribed Hydrocodone-APAP. There is no demonstrated medical necessity for the prescribed Opioids. The request for Norco 10/325 mg #240 refill x1 is not demonstrated to be medically necessary.

Nabumetone 750mg, # 60, refill x 5: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-steroidol anti-inflammatory drugs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines anti-inflammatory medications Page(s): 67-68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter--medications for chronic pain and NSAIDs.

Decision rationale: The use of Nabumetone 500 mg is consistent with the currently accepted guidelines and the general practice of medicine for musculoskeletal strains and injuries; however, there is no evidence of functional improvement or benefit from this NSAID. The provider has not documented evidence of functional improvement with the use of the prescribed Nabumetone. There is no evidence that OTC NSAIDs would not be appropriate for similar use for this patient. The prescription of Nabumetone is not supported with appropriate objective evidence as opposed to the NSAIDs available OTC. The prescription of Nabumetone should be discontinued in favor of OTC NSAIDs. There is no provided evidence that the available OTC NSAIDs were ineffective for the treatment of inflammation. The request for Nabumetone 500 mg #60 is not medically necessary.

Apprazolam 1mg, # 60, Refill x 5: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter--medications for chronic pain; benzodiazepines.

Decision rationale: The continued prescription of Xanax (alprazolam) is not supported with objective evidence to support medical necessity and is inconsistent with the recommendations of the currently accepted evidence-based guidelines. The patient is being prescribed a

benzodiazepine for a muscle relaxant and an anxiety agent, which is not recommended by the CA MTUS. There is no demonstrated medical necessity for the prescription of Xanax/Alprazolam for this patient in relation to the effects of the industrial injury. The Xanax/Alprazolam is being prescribed for anxiety issues that are not supported with a rationale for a nexus to the cited mechanism of injury or cited diagnoses. The patient was recommended to be discontinued from the prescribed Xanax/Alprazolam by weaning down and off. The anxiety issues are not demonstrated to be industrial and should be treated with alternative methods. The use of a short half-life benzodiazepine, such as, Alprazolam 1.0 mg for anxiety is not medically necessary or supported by evidence-based guidelines. The request for the use of Xanax for anxiety, or as a muscle relaxant is not recommended by the CA MTUS, the ACOEM Guidelines, or the Official Disability Guidelines. The ODG states: Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. 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. The prescription of Xanax/Alprazolam on an industrial basis is not medically necessary and inconsistent with evidence-based guidelines. The current prescription for Xanax/Alprazolam is not demonstrated to be medically necessary or reasonable for the treatment of the effects of the industrial injury. The CA MTUS does not recommend Xanax/Alprazolam as the efficacy is unproven, alternatives are readily available, and Xanax use may lead to dependence. There is no demonstrated medical necessity for the prescribed Alprazolam 1.0 mg #60 with refills x5. Therefore, the request is not medically necessary.