MAXIMUS Federal Services

Case Number:	CM14-0187168		
Date Assigned:	11/17/2014	Date of Injury:	05/01/2007
Decision Date:	01/16/2015	UR Denial Date:	10/13/2014
Priority:	Standard	Application Received:	11/10/2014

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 Internal 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 case of a 47 year old female with a date of injury of 5/1/2007. The patient was injured while pulling boxes from a conveyor belt and dropped a box but could not lift it due to low back pain. She was diagnosed with right lumbar radiculopathy, lumbar facet pain, sacroiliitis, failed back syndrome, and depression secondary to persistent pain. In a primary treating physician report by [redacted] dated 10/13/2014, the patient returns for a follow up visit. She continues to have persistent lower back, hip and lower extremity pain. She states that her pain severity today is 9/10. She feels her low back pain increases with standing and walking with radiation to her feet. She feels her pain medication does help for symptoms. She is able to do some light exercise and light house work using the medication. She does drive without side effects or sedation. She continues to have stress and anxiety and also depression. She does not feel that the Zoloft, which was increased a few months ago, is helping the depression. She also continues to have the stress and anxiety, working with [redacted] for psychotherapy. Electromyography and nerve conduction studies of the bilateral lower extremities on 2/28/2013 showed evidence of right S1 mild to moderate radiculopathy. On physical examination, she has anxiety. She also has tenderness and spasms noted in her lumbar paraspinal muscles, stiffness is noted with motion of the spine. There is increased pain with flexion compared to extension of the low back. Dysesthesia to light touch bilateral L5-S1 dermatome. She is using a cane today for ambulation. She is diagnosed with right lumbar radiculopathy, lumbar facetal pain, sacroiliitis, failed back syndrome, and depression secondary to persistent pain. Her treatment plan consisted of refilling her medications for Avinza 30mg, Norco 10/325 mg, Clonazepam 0.5 mg, Zoloft 100mg and Zoloft 50 mg, Tizanidine 4 mg, Topamax 50 mg, Trazodone 50 mg and Lyrica 150 mg. The plan was to increase to a total of 150 mg of Zoloft a day.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zoloft 100 mg every morning #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 107.

Decision rationale: Based on MTUS Chronic Pain Medical Treatment Guidelines, selective serotonin reuptake inhibitors (SSRI's) of which Zoloft is one, is not recommended as a treatment for chronic pain, but SSRIs may have a role in treating secondary depression. 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. In this case, the patient does suffer from depression and it is likely due to chronic pain which is an approved indication for use of an SSRI. However, it is well documented that at 100mg a day of Zoloft, the patient has not had any benefit. It is extremely unlikely to receive benefit from 150mg of Zoloft if no benefit was achieved from the 100mg dose. The patient had already had approved a limited prescription for Zoloft to wean off of it which is quite reasonable. Therefore, based on MTUS guidelines and the evidence in this case, the request for Zoloft 100mg #30 is not medically necessary.

Trazodone 50 mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 & Stress Chapter, Trazodone Section

Decision rationale: Based on the Official Disability Guidelines, Trazodone is recommended as an option for insomnia, only for patients with potentially coexisting mild psychiatric symptoms such as depression and anxiety. There is limited evidence for use in insomnia, but it may be an option for patients with coexisting depression. In this case, the patient does suffer from both depression and insomnia. However, the patient did report nightmares with use of this medication in a primary treating physician report dated 9/4/2014 and she continues to have sleep difficulty. Therefore, based on the Official Disability Guidelines and the evidence in this case, the request for Trazodone 50 mg qhs #30 is not medically necessary.

Tizanidine 4 mg daily #30: 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 Page(s): 66.

Decision rationale: Based on MTUS Chronic Pain Medical Treatment Guidelines, Tizanidine is a centrally acting alph2-adrenergic agonist that is FDA approved for management of spasticity; unlabeled use for low back pain. Eight studies have demonstrated efficacy for low back pain. One study (conducted only in females) demonstrated a significant decrease in pain associated with chronic myofascial pain syndrome and the authors recommended its use as a first line option to treat myofascial pain. It may also provide benefit as an adjunct treatment for fibromyalgia. Tizanidine as well as other muscle relaxants are recommended as an option, using a short course of therapy. Treatment should be brief. In this case, the patient does have low back pain and spasticity is documented. However, this patient has been on Tizanidine for at least several months and that is far from the short course that is recommended. Therefore, based on the MTUS guidelines and the evidence in this case, the request for Tizanidine 4 mg #30 is not medically necessary.

Topamax 50 mg q12 hrs #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs Page(s): 16-21.

Decision rationale: Based on MTUS Chronic Pain Medical Treatment Guidelines, Anti-epilepsy drugs (AEDs) of which Topamax is one, are recommended for neuropathic pain. There is a lack of expert consensus on the treatment of neuropathic pain in general due to heterogeneous etiologies, symptoms, physical signs and mechanisms. Most randomized controlled trials (RCTs) for the use of this class of medication for neuropathic pain have been directed at postherpetic neuralgia and painful polyneuropathy. There are few RCTs directed at central pain and none for painful radiculopathy. Topamax has been shown to have variable efficacy, with failure to demonstrate efficacy in neuropathic pain of "central" etiology. It is still considered for the use for neuropathic pain when other anticonvulsants fail. Topamax has recently been investigated as an adjunct treatment for obesity, but the side effect profile limits its use in this regard. After initiation of treatment there should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with use. The continued use of AEDs depends on improved outcomes versus tolerability of adverse effects. In this case, there is no good documentation of significant pain relief or improved functioning when using Topamax. Also, the patient has been on this medication for at least several months without well documented benefit. Therefore, based on MTUS guidelines and the evidence in this case, the request for Topamax 50mg q12 #60 is not medically necessary.

Norco 10/325 mg q 8hrs prn #90: 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): 72-79.

Decision rationale: Based on MTUS Chronic Pain Medical Treatment Guidelines, short-acting opioids are seen as an effective method in controlling pain. They are often used for intermittent or breakthrough pain. These agents are often combined with other analgesics such as acetaminophen and aspirin. These adjunct agents may limit the upper range of dosing of short-acting agents due to their adverse effects. The duration of action is generally 3-4 hours. When considering opioids for on-going management of chronic pain, adequate review and documentation of pain relief, functional status, appropriate medication use, and side effects should be documented. 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 the 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. Consideration of a consultation with a multidisciplinary pain clinic is recommended if doses of opioids are required beyond what is usually required for the condition or pain does not improve on opioids in 3 months. Some of the reasons for discontinuation of opioids include if there is no overall improvement in function, unless there are extenuating circumstances, if there is continuing pain with evidence of intolerable adverse effects, if there is decrease of functioning, or resolution of pain. In this case, there is not good documentation of pain levels with and without the narcotic medication. There is also no indication as to how long she experiences pain relief or a urine drug screen to assess for medication compliance. Based on MTUS guidelines and the evidence in this case, the request for Norco 10/325 q8 hours #90 is not medically necessary.

Zolpidem 5 mg qhs prn #20: 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: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Zolpidem section

Decision rationale: Based on the Official Disability Guidelines, Zolpidem is a short-acting non-benzodiazepine hypnotic, which is approved for the short-term (usually 2-6 weeks) treatment of insomnia. In this case, the patient has been on Zolpidem for at least several months and has far exceeded the recommended treatment duration. Therefore, based on the Official Disability Guidelines and the evidence in this case, the request for Zolpidem 5mg qhs #20 is not medically necessary.

Omeprazole 20 mg qd #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68.

Decision rationale: Based on MTUS Chronic Pain Medical Treatment Guidelines, patients who are at risk for gastrointestinal events include: patients older than 65 years old, patients with a history of peptic ulcer, gastrointestinal bleeding or perforation, patients with concurrent use of aspirin, corticosteroids, and /or an anticoagulant, or high dose/multiple NSAID use. In patients with no risk factors and no cardiovascular disease, a non-selective NSAID is OK, such as Naproxen. In patients with intermediate risk factors for gastrointestinal events and no cardiovascular disease, a non-selective NSAID with either a proton pump inhibitor (such as Omeprazole DR), or Misoprostol, or a Cox-2 selective agent would be appropriate. Long term use (greater than 1 year) of proton pump inhibitors has been shown to increase risk of hip fracture. In patients at high risk for gastrointestinal events with no cardiovascular disease, it is recommended to use a Cox-2 selective agent plus a proton pump inhibitor. In this case, the patient falls into the low risk category and there is no report of previous GI bleed or ulcer which would warrant treatment with a proton pump inhibitor. No reports of abdominal pain or discomfort were documented. Therefore, based on MTUS guidelines and the evidence in this case, the request for Omeprazole 20 mg qd #30 is not medically necessary.

Clonazepam 0.5 mg qhs prn #30: Upheld

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

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

Decision rationale: Based on MTUS Chronic Pain Medical Treatment Guidelines, benzodiazepines, such as Clonazepam, 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. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. 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. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. In this case, the patient does suffer from anxiety. However, she has been on Clonazepam for at least several months which exceeds the recommended duration of treatment. Therefore, based on MTUS guidelines and the evidence in this case, the request for Clonazepam 0.5 mg qhs #30 is not medically necessary.

Avinza 30 mg qd #30: 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 Opioids Page(s): 72-79.

Decision rationale: Based on the MTUS Chronic Pain Medical Treatment Guidelines, adequate review and documentation of pain relief, functional status, appropriate medication use, and side effects should be documented when considering opioids for on-going management of chronic pain. 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 the 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. Consideration of a consultation with a multidisciplinary pain clinic is recommended if doses of opioids are required beyond what is usually required for the condition or pain does not improve on opioids in 3 months. Some of the reasons for discontinuation of opioids include if there is no overall improvement in function, unless there are extenuating circumstances, if there is continuing pain with evidence of intolerable adverse effects, if there is decrease of functioning, or resolution of pain. In this case, there is not good documentation of pain levels with and without the narcotic medication. There is also no indication as to how long she experiences pain relief or a urine drug screen to assess for medication compliance. Therefore based on MTUS guidelines and the evidence in this case, the request for Avinza 30 mg qd #30 is not medically necessary.