

Case Number:	CM14-0195924		
Date Assigned:	12/03/2014	Date of Injury:	02/03/2002
Decision Date:	01/21/2015	UR Denial Date:	10/23/2014
Priority:	Standard	Application Received:	11/22/2014

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 Emergency Medicine and is licensed to practice in New York. 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 injured worker (IW) sustained injuries 02/02/2002 that caused back and neck pain. His diagnoses include lumbosacral spondylosis, opioid type dependence, spinal enthesopathy, low back pain, spinal stenosis in the lumbar region, and muscle spasm. The IW was seen by a physician assistant on 09/25/2014 for routine medication management at the provider's office. According to visit notes, the IW rates his pain as ranging from 6 to 9 on a scale of 1-10 without medications and 5-7/10 with medications. No physical exam was done on the visit of 09/25/2014 as he was not seen by the treating physician or by a provider. The IW received prescriptions/renewals for Cyclobenzaprine 10 mg, Trazodone 50 mg, Naprelan, and Oxycodone IR 15 mg. A plan was made for the IW to proceed with the pre-spinal cord stimulator psychiatric evaluation. A MRI of the lumbar spine was reported to be normal with exception of mild to moderate foraminal narrowing at L4-5 and L5-S1, and mild reactive facet arthropathy present at L4-5 and L5-S1. The MRI and initial report do not accompany the medical record. According to Utilization Review (UR) documentation, a request for authorization was made on 10/16/2014 for quarterly urine drug screen, quarterly alcohol testing, prospective use of Cyclobenzaprine 10 mg, prospective use of Naprelan, and prospective use of Oxycodone. The original request for authorization is not included in the medical records. A Utilization Review dated 10/23/2014 non-certified a request for; 1. Quarterly Urine drug screen, 2. Quarterly alcohol testing, 3. Prospective usage of Cyclobenzaprine 10 mg, and 4. Prospective use of Trazodone 50 mg. The non-certification was based on recommendations from CA-MTUS (California Medical Treatment Utilization Schedule) and the Official Disability Guidelines Treatment in Workers Compensation. Regarding the quarterly drug screen, the medical chart was reviewed. The claimant is being monitored with a urine drug test periodically, and the last urine drug test performed on 07/17/2014 showed consistent results with no evidence of abuse, diversion or

hoarding of medications. With lack of documentation of clinical information to support a repeat test, a quarterly drug screen was non-certified. Regarding the alcohol testing, CA-MTUS does not address this request. The claimant denies alcohol and illicit drug use and there is no documentation of medication diversion or aberrant drug seeking behaviors. No rationale or indication was given as to why alcohol testing is requested. Without clear indications, medical necessity for quarterly alcohol testing is not established and non-certification was recommended. Regarding the request for Cyclobenzaprine 10 mg, CA MTUS and ODG-TWC recommends non-sedating muscle relaxants with caution and for short term (less than two weeks) treatment of acute exacerbations in patients with chronic low back pain. Muscle spasm has not been noted and documented on examination, and the IW's response to Cyclobenzaprine is not noted. The MTUS and ODG do not recommend long term use of muscle relaxants. Non-certification is recommended. Regarding the prospective use of Trazodone 50 mg, there is no evidence documented of objective functional improvement from prior use of trazodone. Without such documentation, the request for Trazodone 50 mg was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Quarterly urine drug screen, quantity of four: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 78. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Urine Drug Testing

Decision rationale: Chronic Pain Medical Treatment Guidelines state that urinary drug testing should be used if there are issues of abuse, addiction, or pain control in patients being treated with opioids. ODG criteria for Urinary Drug testing are recommended for patients with chronic opioid use. Patients at low risk for addiction/aberrant behavior should be tested within 6 months of initiation of therapy and yearly thereafter. Those patients with moderate risk for addiction/aberrant behavior should undergo testing 2-3 times/year. Patients with high risk of addiction/aberrant behavior should be tested as often as once per month. In this case there is no documentation of addiction/aberrant behavior. Quarterly urine drug testing is not indicated therefore request is not medically necessary.

Quarterly alcohol testing: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: UpToDate: Screening for unhealthy use of alcohol and other drugs

Decision rationale: Screening all adult primary care patients for unhealthy alcohol use is recommended. The single-item alcohol screening question for most primary care practices and use of the AUDIT-C are recommended tools. Annual screening is suggested. In this case documentation does not support that the patient is using alcohol in an unhealthy way. There is no history of addictive/aberrant behavior. There is no indication for quarterly alcohol testing therefore request is not medically necessary.

Cyclobenzaprine 10 mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 63.

Decision rationale: Cyclobenzaprine is a muscle relaxant. Cyclobenzaprine is recommended as an option, for a short course of therapy. It has been found to be more effective than placebo with greater adverse side effects. Its greatest effect is in the first 4 days. Treatment should be brief. Non-sedating muscle relaxants are recommended with caution as a second-line option for short-term treatment (less than two weeks) of acute exacerbations in patients with chronic LBP. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Sedation is the most commonly reported adverse effect of muscle relaxant medications. These drugs should be used with caution in patients driving motor vehicles or operating heavy machinery. In this case the patient has been taking cyclobenzaprine since at least April 2014. The duration of treatment surpasses the recommended short-term duration of two weeks therefore request is not medically necessary.

Trazodone 50 mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment 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, Insomnia treatment

Decision rationale: Trazodone is a tetracyclic antidepressant usually prescribed for insomnia. Proper sleep hygiene is critical to the individual with chronic pain and often is hard to obtain. Various medications may provide short-term benefit. Insomnia treatment should be based on etiology. Most medications have only been evaluated for short term use (less than 4 weeks). Pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. Failure of sleep disturbance to resolve in a 7 to 10 day period may indicate a psychiatric and/or medical illness. Sedating antidepressants are often used to treat insomnia;

however, there is less evidence to support their use for insomnia. They may be an option in patients with coexisting depression. Trazodone is one of the most commonly prescribed agents for insomnia. Side effects of this drug include nausea, dry mouth, constipation, drowsiness, and headache. Negative next-day effects such as ease of awakening may offset improvements in sleep onset. Tolerance may develop and rebound insomnia has been found after discontinuation. The patient has been taking this medication since at least April 2014. Increased duration of treatment increases the risk of tolerance and other adverse effects therefore request is not medically necessary.

Naprcan: 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 Pain Interventions and Guidelines Page(s): 67-68.

Decision rationale: Naprelan is naproxen, a nonsteroidal anti-inflammatory drug (NSAID). Chronic Medical Treatment Guidelines state that "anti-inflammatory drugs are the traditional first line of treatment, but long term use may not be warranted". For osteoarthritis it was recommended that the lowest dose for the shortest length of time be used. It was not shown to be more effective than acetaminophen, and had more adverse side effects. Adverse effects for GI toxicity and renal function have been reported. Medications for chronic pain usually provide temporary relief. Medications should be prescribed only one at a time and should show effect within 1-3 days. Record of pain and function with the medication should be documented. In this case the patient had been taking the medication since at least April 2014 without relief. The duration of treatment increases the risk of adverse effects with little benefit therefore request is not medically necessary.

Oxycodone IR 15 mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 74-96.

Decision rationale: Oxycodone is an opioid medication. Chronic Pain Medical Treatment Guidelines state that opioids are not recommended as a first line therapy. Opioid should be part of a treatment plan specific for the patient and should follow criteria for use. Criteria for use include establishment of a treatment plan, determination if pain is nociceptive or neuropathic, failure of pain relief with non-opioid analgesics, setting of specific functional goals, and opioid contract with agreement for random drug testing. If analgesia is not obtained, opioids should be discontinued. The patient should be screened for likelihood that he or she could be weaned from the opioids if there is no improvement in pain or function. It is recommended for short-term use if first-line options, such as acetaminophen or NSAIDs have failed. In this case the patient had

been taking oxycodone since at least April 2014 and had not obtained analgesia. Criteria for long-term opioid use has not been met therefore request is not medically necessary.