

Case Number:	CM14-0196858		
Date Assigned:	12/10/2014	Date of Injury:	01/12/2004
Decision Date:	01/22/2015	UR Denial Date:	10/23/2014
Priority:	Standard	Application Received:	11/21/2014

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 58 year old () female was injured on 1/12/2004. The mechanism of injury was not available. On 7/13/14 the injured worker presented to the emergency department with increasing low back and right leg pain and on 9/18/14 she presented with persistent headache. Computed tomography of the brain (9/18/14) was normal. On 9/26/14 the injured worker complained of depression, anxiety, lumbar spine pain, right knee and elbow pain and swelling which was aggravated by activity. The physical exam demonstrated lumbar spine tenderness on palpation in the paraspinal musculature. Patrick's fabere test was positive. There was bilateral hip tenderness on palpation over the sacroiliac joints bilaterally. The right knee demonstrates effusion and tenderness in the posterior, medial and lateral ligament line and had positive McMurray's sign. Her motor strength was intact, sensory examination was diminished to light touch and reflexes were +1 throughout. Her current (9/26/14) medications include Norco, Paxil, Prilosec, Ultram, Soma, Xanax and topical compounded creams. Her diagnoses include lumbar discopathy with disc placement status post lumbar fusion; lumbar radiculopathy; bilateral sacroiliac arthropathy and right knee and right elbow internal derangement. Radiographs of the lumbar spine (6/18/12) reveal multilevel degenerative changes and small osteophytes emanating from the right and left posterolateral lateral aspect of the L5 vertebral body. Laboratory tests (most recent 5/19/14 and 7/18/14) were done to determine the current level of prescription medications were consistently inconsistent with the prescribed medications. The injured worker remained off work. There was no clear indication of her ability to perform activities of daily living or functional capacity. On 10/28/2014 Utilization Review non-certified the request for Norco 10/325mg #120 based on lack of documentation of the effectiveness of the opioid use and there is no clear evidence of significant functional limitations or the moderate to severe pain levels that persisted. In addition there were several urine drug screens that cited inconsistencies.

Xanax was non-certified based on recommendation for short-term use and this medication has been part of the treating regime since at least 7/3/12. Soma was non-certified based on the medication not recommended for long-term use. There was no clinical evidence to support the use of muscle relaxants. Topical compounded medications were non-certified based on lack of support for use of topical creams. The guidelines referenced for the above cited medications were MTUS Chronic Pain Medical Treatment Guidelines. The urine drug screen was non-certified based on the use of the drug tests in this situation not being congruent with the cited guidelines. From the documentation presented the inconsistencies with the test results were acknowledge but the non-prescribed medications that were reflected in the testing were not addressed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Norco 10/325mg #120 DOS:9/26/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids and Weaning of Medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 11, 74-96.

Decision rationale: Norco is the compounded medication containing hydrocodone and acetaminophen. 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 of function. It is recommended for short term use if first-line options, such as acetaminophen or NSAIDS have failed. Opioids may be a safer choice for patients with cardiac and renal disease than antidepressants or anticonvulsants. Acetaminophen is recommended for treatment of chronic pain & acute exacerbations of chronic pain. Acetaminophen overdose is a well-known cause of acute liver failure. Hepatotoxicity from therapeutic doses is unusual. Renal insufficiency occurs in 1 to 2% of patients with overdose. The recommended dose for mild to moderate pain is 650 to 1000 mg orally every 4 hours with a maximum of 4 g/day. In this case the patient had been using Norco since at least September 2012 and had not obtained analgesia. Criteria for long-term opioid use have not been met. The request is not medically necessary and appropriate.

Retrospective request for Xanax XR 2mg #90 DOS:9/26/14: 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), Pain (Chronic), Alprazolam (Xanax) and Benzodiazepines

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

Decision rationale: Xanax is the benzodiazepine alprazolam. Benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Benzodiazepines are a major cause of overdose, particularly as they act synergistically with other drugs such as opioids (mixed overdoses are often a cause of fatalities). 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. Tolerance to lethal effects does not occur and a maintenance dose may approach a lethal dose as the therapeutic index increases. In this case the patient had been using Xanax since at least September 2012. Long term use of benzodiazepines is not recommended. The request is not medically necessary and appropriate.

Retrospective request for Soma 350mg #90 DOS:9/26/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 29.

Decision rationale: Soma is the muscle relaxant Carisoprodol. Carisoprodol is not recommended. Carisoprodol is a commonly prescribed, centrally acting skeletal muscle relaxant whose primary active metabolite is meprobamate (a schedule-IV controlled substance). Abuse has been noted for sedative and relaxant effects. Carisoprodol abuse has also been noted in order to augment or alter effects of other drugs. These drugs include cocaine, tramadol, hydrocodone, benzodiazepines, and alcohol. A withdrawal syndrome has been documented that consists of insomnia, vomiting, tremors, muscle twitching, anxiety, and ataxia when abrupt discontinuation of large doses occurs. The request is not medically necessary and appropriate.

Retrospective request for Cyclobenzaprine 10%/Tramadol 10% topical compound cream, 60g DOS:9/26/14: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 330, Chronic Pain Treatment Guidelines Topical analgesics, Compounded.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 111-112.

Decision rationale: This is a compounded topical analgesic containing cyclobenzaprine and Lidocaine. Topical analgesics are recommended for neuropathic pain when anticonvulsants and antidepressants have failed. Compounded topical analgesics are commonly prescribed and there is little to no research to support the use of these compounds. Furthermore, the guidelines state

that "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Cyclobenzaprine is a muscle relaxant. There is no evidence for use of any muscle relaxant as a topical product. Cyclobenzaprine is not recommended. Lidocaine is recommended for localized peripheral pain after the evidence of a trial for first-line therapy, such as an antidepressant or antiepileptic drug. It is only FDA approved for the treatment of post-herpetic neuralgia. The guidelines state that further research is needed to recommend this treatment for chronic neuropathic pain. Documentation in the medical record does not support that the patient is experiencing peripheral pain. Lidocaine is not recommended. This medication contains drugs that are not recommended. Therefore the medication cannot be recommended. The request should not be authorized.

Cyclobenzaprine 10%/Tramadol 10% topical compound cream, 60g: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 330, Chronic Pain Treatment Guidelines Topical Analgesics, Compounded.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 111-112.

Decision rationale: This is a compounded topical analgesic containing cyclobenzaprine and Lidocaine. Topical analgesics are recommended for neuropathic pain when anticonvulsants and antidepressants have failed. Compounded topical analgesics are commonly prescribed and there is little to no research to support the use of these compounds. Furthermore, the guidelines state that "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Cyclobenzaprine is a muscle relaxant. There is no evidence for use of any muscle relaxant as a topical product. Cyclobenzaprine is not recommended. Lidocaine is recommended for localized peripheral pain after the evidence of a trial for first-line therapy, such as an antidepressant or antiepileptic drug. It is only FDA approved for the treatment of post-herpetic neuralgia. The guidelines state that further research is needed to recommend this treatment for chronic neuropathic pain. Documentation in the medical record does not support that the patient is experiencing peripheral pain. Lidocaine is not recommended. This medication contains drugs that are not recommended. Therefore the medication cannot be recommended. The request is not medically necessary and appropriate.

Urine drug test: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, steps to avoid misuse/addiction and Substance abuse (tole. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic)

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 the patient had undergone urine drug testing in May 2014. There is no documentation that the patient is exhibiting addiction/aberrant behavior. Urine drug testing is indicated annually in this situation and is not necessary until May2015. The request is not medically necessary and appropriate.