MAXIMUS Federal Services

Case Number:	CM14-0204365		
Date Assigned:	12/15/2014	Date of Injury:	03/26/2008
Decision Date:	02/09/2015	UR Denial Date:	11/28/2014
Priority:	Standard	Application Received:	12/08/2014

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 Practice, has a subspecialty in Clinical Informatics and is licensed to practice in Pennsylvania. 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 worker sustained and injury on 3/26/2008. He has low back pain which radiates down both lower extremities. He has had lumbar fusion twice. He has been diagnosed with failed spine surgery. He has also had surgery to both shoulders and his right femoral neck. He had a lumbar spinal cord stimulator implanted on August 8, 2013. According to pain management consultation visit on 12/11/2014, he reports at least 86% pain relief to his lower back as well as his radicular symptoms. He also responds to trigger point injections, which provide between 2-3 weeks of pain relief. As of the 12/11/2014 visit he was on Duragesic 75 mcg and Norco for break through pain. It was reported that this enables him to function on a daily basis. He is able to perform activities of daily living with less pain and able to perform simple chores around the house including cooking and cleaning. He had a UDS 12/11/2014. His other medications include Neurontin 600 mg qid, Zofran 4 mg prn, Androgel, Flexeril 10 mg bid prn, Restoril 30 mg at bedtime, Prezista, Norvir, and Truvada. His diagnoses include 1) lumbar myoligamentous injury with left lower extremity radicular symptoms, 2) right femoral neck fracture, status post ORIF, March 27, 2008, 3) right knee internal derangement, 4) right shoulder rotator cuff tear, s/p arthroscopic surgery, November 2008, 5) adhesive capsulitis right shoulder, 6) s/p ALIF L3-4 along with decompression of the left peroneal nerve 9/9/2011, 7) s/p PLIF 6/27/2012, 8) Lumbar SCS implant 8/8/2013, 9) Medication induced gastritis.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription for Norco 10/325mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/Acetaminophen; Opioids, On-going Management; Weaning o.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-9792.26 Page(s): 74-96.

Decision rationale: According to the guidelines, determination for the use of opioids should not focus solely on pain severity but should include the evaluation of a wide range of outcomes including measures of functioning, appropriate medication use, and side effects. The guidelines state that measures of pain assessment that allow for evaluation of the efficacy of opioids and whether their use should be maintained include the following: 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 pain relief last. The criteria for long term use of opioids (6-months or more) includes among other items, documentation of pain at each visit and functional improvement compared to baseline using a numerical or validated instrument every 6 months. In this case, there is insufficient documentation of the assessment of pain, function and side effects in response to opioid use to substantiate the medical necessity for Norco. There is subjective report of improved function but not adequate measures of pain assessment. It is stated that he doesn't function well without the medications but it does not appear there has been any measurement of the functional difference with and without medication or regarding a specific medication. The pain management visit note of December 11, 2014 seems to indicate that he gets 86% pain relief from his nerve stimulator. The documentation is inadequate to determine where benefit is coming from in regards to multiple medications and a nerve stimulator. Medical necessity for Norco has not been adequately established.

1 prescription for Duragesic 75mcg #15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Duragesic (fentanyl transdermal system).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-9792.26 Page(s): 74-96.

Decision rationale: According to the guidelines, determination for the use of opioids should not focus solely on pain severity but should include the evaluation of a wide range of outcomes including measures of functioning, appropriate medication use, and side effects. The guidelines state that measures of pain assessment that allow for evaluation of the efficacy of opioids and whether their use should be maintained include the following: 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 pain relief last. The criteria for long term use of opioids (6-months or more) includes among other items, documentation of pain at each visit and functional improvement compared to baseline using a numerical or validated instrument every 6 months. In this case, there is insufficient documentation of the assessment of pain, function and side effects in response to opioid use to substantiate the medical necessity for Norco. There is subjective report of improved function but not adequate measures of pain assessment. It is stated

that he doesn't function well without the medications but it does not appear there has been any measurement of the functional difference with and without medication or regarding a specific medication. The pain management visit note of December 11, 2014 seems to indicate that he gets 86% pain relief from his nerve stimulator. The documentation is inadequate to determine where benefit is coming from in regards to multiple medications and a nerve stimulator. Medical necessity for Duragesic has not been adequately established.

1 prescription for Neurontin 600mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-9792.26 Page(s): 16-19.

Decision rationale: Gabapentin is an anti-epilepsy drug (AED). AED's are recommended for neuropathic pain. According to the MTUS, most randomized controlled trials of AED's for neuropathic pain have been directed at post-herpetic neuralgia and painful polyneuropathy. There have been few randomized controlled trials directed at central pain and none for painful radiculopathy. There is insufficient evidence to recommend for or against AED's for axial low back pain. A pilot study did show that in lumbar spinal stenosis gabapentin produced statistically significant improvement in walking distance, decrease in pain with movement and sensory deficit in a pilot study. Indications specifically for gabapentin include spinal cord injury, CRPS, fibromyalgia, and lumbar spinal stenosis as a trial. While it would be reasonable in this case to provide a trial of the medication to establish benefit, it should not be assumed that the medication would be beneficial in neuropathic pain that is due to lumbar spine disease and radiculopathy. The record indicates he has decreased pain and improved function from his medications and nerve stimulator and without he does not function as well. However, a response specifically to gabapentin has not been measured and therefore cannot be determined to be medically necessary.

1 prescription for Restoril 30mg #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 (ODG), Insomnia Treatment

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 99792.20-9792.26 Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Section: Mental Illness and Stress, Topic: Benzodiazepines.

Decision rationale: Restoril is a benzodiazepine. According to the MTUS chronic pain guidelines, benzodiazepines are not recommended for long-term use because efficacy is unproven and there is a risk of dependence. The ODG in the Mental Illness and Stress chapter states that benzodiazepines are not recommended for long term use and states that most guidelines limit use to 4 weeks. It is also stated that use of benzodiazepines for insomnia or anxiety may increase the risk for Alzheimer's disease.

1 prescription for Flexeril 10mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril); Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-9792.26 Page(s): 41-42, 63-66.

Decision rationale: Muscle relaxants in general are recommended with caution as a second line option for short term treatment of acute exacerbations in patients with chronic low back pain. Flexeril is an anti-spasmodic used to decrease muscle spasm although antispasmodics are often used to treat pain even in the absence of spasm. Flexeril is not recommended for use longer than 2-3 weeks. While it may be appropriate to treat an acute exacerbation of this worker's low back pain with Flexeril for a short time, the long term use is not medically necessary.