

Case Number:	CM14-0205930		
Date Assigned:	12/18/2014	Date of Injury:	07/02/2003
Decision Date:	02/13/2015	UR Denial Date:	12/03/2014
Priority:	Standard	Application Received:	12/09/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 54 year old male patient who sustained a work related injury on 7/2/2003. Patient sustained the injury when he was bending over to wash wine barrels. The current diagnoses include failed back surgery syndrome, lumbar radiculopathy, lumbar degenerative disc disease, cervical degenerative disc disease and cervical radiculopathy. Per the doctor's note dated 12/1/14, patient has complaints of pain in neck and low back. Physical examination of the cervical region revealed limited range of motion, tenderness on palpation, normal sensory examination, negative impingement sign, 5/5 strength and 2+ reflexes. Physical examination of the thoracolumbar spine revealed antalgic gait, ambulates with cane, limited range of motion, tenderness on palpation, sensation was decreased in bilateral L5 dermatome, and positive SLR. The medication lists include Zanaflex, MS contin, Percocet, Soma, Elavil, Neurontin and Cymbalta. The patient has had CT scan and MRI of the back that revealed post surgical changes. The patient's surgical history include lumbar decompression surgery on 3/4/2004; anterior column reconstruction on 11/5/2004; cervical decompression at C4-5 on 3/8/2006; hardware removal on 11/15/2006; L5-S1 instrumentation on 7/7/2011. He had received trigger point and epidural injections for this injury. The patient has received an unspecified number of PT visits for this injury. He has had a urine drug toxicology report on 6/10/14 that was consistent. The patient has used a cane for this injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

MS Contin 30mg #60 x 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use; Criteria for use of Opioids; Therapeutic Trial of Opioids Page(s):.

Decision rationale: MS Contin is an opioid analgesic. According to CA MTUS guidelines cited below, "A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals." The records provided do not specify that patient has set goals regarding the use of opioid analgesic. A treatment failure with non-opioid analgesics is not specified in the records provided. Other criteria for ongoing management of opioids are: "The lowest possible dose should be prescribed to improve pain and function. Continuing review of the overall situation with regard to nonopioid means of pain control. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs." The records provided do not provide a documentation of response in regards to pain control and functional improvement to opioid analgesic for this patient. The continued review of overall situation with regard to nonopioid means of pain control is not documented in the records provided. As recommended by MTUS a documentation of pain relief, functional status, appropriate medication use, and side effects should be maintained for ongoing management of opioid analgesic, these are not specified in the records provided. Whether improvement in pain translated into objective functional improvement including ability to work is not specified in the records provided. With this, it is deemed that, this patient does not meet criteria for ongoing continued use of opioids analgesic. The medical necessity of MS Contin 30mg #60 x 2 refills is not established for this patient.

Percocet 10/325mg #120 x 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use; Criteria for use of Opioids; Therapeutic Trial of Opioids Page(s): 76.

Decision rationale: Percocet is an opioid analgesic. According to CA MTUS guidelines cited below, "A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals." The records provided do not specify that patient has set goals regarding the use of opioid analgesic. A treatment failure with non-opioid analgesics is not specified in the records provided. Other criteria for ongoing management of opioids are: "The lowest possible dose should be prescribed to improve pain and function. Continuing review of the overall situation with regard to nonopioid means of pain control. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Consider the use of a urine drug screen to assess for the use or

the presence of illegal drugs." The records provided do not provide a documentation of response in regards to pain control and functional improvement to opioid analgesic for this patient. The continued review of overall situation with regard to nonopioid means of pain control is not documented in the records provided. As recommended by MTUS a documentation of pain relief, functional status, appropriate medication use, and side effects should be maintained for ongoing management of opioid analgesic, these are not specified in the records provided. Whether improvement in pain translated into objective functional improvement including ability to work is not specified in the records provided. With this, it is deemed that, this patient does not meet criteria for ongoing continued use of opioids analgesic. The medical necessity of Percocet 10/325mg #120 x 2 refills is not established for this patient.

Soma 350mg #60 x 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma), Muscle relaxants Page(s): 29, 63.

Decision rationale: According to California MTUS, Chronic pain medical treatment guidelines, Carisoprodol (Soma) is a muscle relaxant and it is not recommended for chronic pain. Per the guidelines, "Carisoprodol is not indicated for long-term use. It has been suggested that the main effect is due to generalized sedation and treatment of anxiety." California MTUS, Chronic pain medical treatment guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. Per the guideline, "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." Any evidence of spasticity and muscle spasm related to multiple sclerosis and spinal cord injuries was not specified in the records provided. California MTUS, Chronic pain medical treatment guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. Soma is recommended for short term use only, in acute exacerbations in chronic pain. Patient had a chronic injury and any evidence of acute exacerbations in pain and muscle spasm was not specified in the records provided. The date of injury for this patient is 07/2/03. As the patient does not have any acute pain at this time, the use of muscle relaxants is not supported by the CA MTUS chronic pain guidelines. Furthermore as per guideline skeletal muscle relaxants show no benefit beyond NSAIDs in pain and overall improvement. Therefore the medical necessity of Soma 350mg #60 x 2 refills is not established for this patient.

Elavil 25mg #60 x 2 refills: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for Chronic Pain Page(s): 13.

Decision rationale: According to the CA MTUS chronic pain guidelines antidepressant are "Recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. (Feuerstein, 1997) (Perrot, 2006) Tricyclics are generally considered a first-line agent unless they are ineffective, poorly tolerated, or contraindicated. Analgesia generally occurs within a few days to a week, whereas antidepressant effect takes longer to occur." The current diagnoses include failed back surgery syndrome, lumbar radiculopathy, lumbar degenerative disc disease, cervical degenerative disc disease and cervical radiculopathy. Per the doctor's note dated 12/1/14, patient has complaints of pain in neck and low back. Physical examination of the cervical region revealed limited range of motion, tenderness on palpation, and physical examination of the thoracolumbar spine revealed antalgic gait, ambulates with cane, limited range of motion, tenderness on palpation, sensation was decreased in bilateral L5 dermatome, and positive SLR The patient's surgical history includes lumbar decompression surgery on 3/4/2004; anterior column reconstruction on 11/5/2004; cervical decompression at C4-5 on 3/8/2006; hardware removal on 11/15/2006; L5-S1 instrumentation on 7/7/2011. Tricyclic antidepressant is recommended as a first line option for neuropathic pain. The Elavil 25mg #60 x 2 refills are medically appropriate and necessary in this patient.

Cymbalta 60mg #30 x 2 refills: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Selective serotonin and norepinephrine reuptake inhibitors (SNRIs): Duloxetine (Cymbalta): FD. Decision based on Non-MTUS Citation Other Guidelines, Other Medical Treatment Guideline or Medical Evidence: Thompson Micromedex FDA labeled indication for Cymbalta

Decision rationale: Cymbalta contains Duloxetine Hydrochloride As per cited guideline "Duloxetine (Cymbalta): FDA-approved for anxiety, depression, diabetic neuropathy, and fibromyalgia. Used off-label for neuropathic pain and radiculopathy." According to the Thompson Micromedex FDA labeled indication for Cymbalta includes Diabetic peripheral neuropathy - Pain Fibromyalgia Generalized anxiety disorder Major depressive disorder Musculoskeletal pain, Chronic The current diagnoses include failed back surgery syndrome, lumbar radiculopathy, lumbar degenerative disc disease, cervical degenerative disc disease and cervical radiculopathy Per the doctor's note dated 12/1/14, patient has complaints of pain in neck and low back Physical examination of the cervical region revealed limited range of motion, tenderness on palpation, and physical examination of the thoracolumbar spine revealed antalgic gait, ambulates with cane, limited range of motion, tenderness on palpation, sensation was decreased in bilateral L5 dermatome, and positive SLR The patient's surgical history include lumbar decompression surgery on 3/4/2004; anterior column reconstruction on 11/5/2004; cervical decompression at C4-5 on 3/8/2006; hardware removal on 11/15/2006; L5-S1 instrumentation on 7/7/2011 The patient has documented objective evidence of chronic

myofascial pain along with evidence of a nerve related / neuropathic component of the pain Cymbalta is deemed medically appropriate and necessary in such a patient. Therefore, the Cymbalta 60mg #30 x 2 refills are medically necessary for this patient at this time.

Neurontin 600mg #60 x 2 refills: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin Page(s): 18.

Decision rationale: According to the CA MTUS Chronic pain guidelines regarding Neurontin/gabapentin, "has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain.... Spinal cord injury: Recommended as a trial for chronic neuropathic pain. Lumbar spinal stenosis: Recommended as a trial, with statistically significant improvement found in walking distance, pain with movement, and sensory deficit. This medication appears to be effective in reducing abnormal hypersensitivity (allodynia and hyperalgesia), to have anti-anxiety effects, and may be beneficial as a sleep aid." The current diagnoses include failed back surgery syndrome, lumbar radiculopathy, lumbar degenerative disc disease, cervical degenerative disc disease and cervical radiculopathy Per the doctor's note dated 12/1/14, patient has complaints of pain in neck and low back Physical examination of the cervical region revealed limited range of motion, tenderness on palpation, and physical examination of the thoracolumbar spine revealed antalgic gait, ambulates with cane, limited range of motion, tenderness on palpation, sensation was decreased in bilateral L5 dermatome, and positive SLR The patient's surgical history include lumbar decompression surgery on 3/4/2004; anterior column reconstruction on 11/5/2004; cervical decompression at C4-5 on 3/8/2006; hardware removal on 11/15/2006; L5-S1 instrumentation on 7/7/2011 The patient has chronic pain with symptoms suggestive of neuropathic pain. The patient has abnormal objective findings that are consistent with the patient symptoms. Anticonvulsants or antiepileptics like gabapentin / Neurontin are medically appropriate and necessary in this patient The cited guidelines support the use of Neurontin 600mg #60 x 2 refills in patients with this clinical situation therefore the request is deemed medically necessary.