

Case Number:	CM14-0207661		
Date Assigned:	12/19/2014	Date of Injury:	06/23/2003
Decision Date:	02/25/2015	UR Denial Date:	11/08/2014
Priority:	Standard	Application Received:	12/11/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabn

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 57-year-old female with a date of injury of 06/23/2003. According to progress report dated 05/05/2014, the patient is status post lumbar fusion in 2011 and continues with chronic low back pain. The patient reports that pain levels interfere with her general activities of daily living, mood, normal work, sleep, enjoyment of life, ability to concentrate, and relations with other people. Examination revealed patient is unable to heel and toe walk, and there is loss of lumbar lordosis. There is tenderness to palpation in the lumbar spine region. Range of motion was restricted and painful. There is positive sciatica and femoral tension signs bilaterally. MRI scan of the lumbar spine showed spinal fusion at L4-L5. The listed diagnosis is lumbar radiculopathy secondary to failed back surgery syndrome. The patient complains that medications are not alleviating her pain, and she "gets very close to going to the emergency room where she has not had a good experience." She states that the pain is not manageable with daily Actiq. Currently, her pain level is so high that "she cannot have a quality of life anymore". Her pain was rated as 10/10. It was noted the patient will be a candidate for a spinal cord stimulator and a possible implant. Treatment plan is for refill of Norco, Actiq, Duragesic patch, Topamax, Zanaflex, and Prilosec. The patient was instructed to follow up in 1 month. The utilization review denied the request for medications on 07/17/2014. Treatment reports 03/18/2014 through 12/15/2014 were provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg Qty 135: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids; medication for chronic pain Page(s): 60, 61; 76-78; 88-89.

Decision rationale: This patient presents with chronic low back pain. The current request is for Norco 10/325 mg qty: 135. For chronic opioid use, the MTUS Guidelines pages 88 and 89 state, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." The MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. Review of the medical file indicates the patient has been utilizing Norco as early as 03/10/2014. In this case, recommendation for further use cannot be made as the treating physician notes that the patient's pain level is 10/10 with current medications. The patient complains of "medication not alleviating her pain as she gets very close to going to the emergency room..." Even with current medication regimen which includes multiple opioids, the patient states that "her pain level is so high that she cannot have quality of life anymore." Due to the medications no longer working, the treating physician made a request for a spinal cord stimulator trial. In this case, there are no discussions regarding improvement in ADLs or functional improvement with medications. Given the lack of discussion regarding this medication's efficacy, the requested Norco is not medically necessary and recommendation is for slow weaning per MTUS.

Actiq 200mcg Qty 60: 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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids; medication for chronic pain Page(s): 60,61;76-78;88-89.

Decision rationale: This patient presents with chronic low back pain. The current request is for Actiq 200 mcg qty 60. For chronic opioid use, the MTUS Guidelines pages 88 and 89 state, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." The MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. Review of the medical file indicates the patient has been utilizing this medication as early as 03/10/2014. According to progress report dated 05/05/2014, "she states that the pain is not

manageable with the daily Actiq." In this case, recommendation for further use cannot be made as the treating physician notes that the patient's pain level is 10/10 with current medications. The patient complains of "medication not alleviating her pain as she gets very close to going to the emergency room..." Even with current medication regimen which includes multiple opioids, the patient states that "her pain level is so high that she cannot have quality of life anymore." Due to the medications no longer working, the treating physician made a request for a spinal cord stimulator trial. In this case, there are no discussions regarding improvement in ADLs or functional improvement with medications. Given the lack of discussion regarding this medication's efficacy, the requested Actiq is not medically necessary and recommendation is for slow weaning per MTUS.

Duragesic Patch 75mcg Qty 10: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Fentanyl transdermal (fDuragesic, generic available).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids; medication for chronic pain Page(s): 60,61;76-78;88-89.

Decision rationale: This patient presents with chronic low back pain. The current request is for Duragesic patch 75 mcg qty: 10. For chronic opioid use, the MTUS Guidelines pages 88 and 89 state, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." The MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. Review of the medical file indicates the patient has been utilizing this medication as early as 03/10/2014. According to progress report dated 05/05/2014, "she states that the pain is not manageable with the daily Actiq." In this case, recommendation for further use cannot be made as the treating physician notes that the patient's pain level is 10/10 with current medications. The patient complains of "medication not alleviating her pain as she gets very close to going to the emergency room..." Even with current medication regimen which includes multiple opioids, the patient states that "her pain level is so high that she cannot have quality of life anymore." Due to the medications no longer working, the treating physician made a request for a spinal cord stimulator trial. In this case, there are no discussions regarding improvement in ADLs or functional improvement with medications. Given the lack of discussion regarding this medication's efficacy, the requested Duragesic patch is not medically necessary and recommendation is for slow weaning per MTUS.

Topamax 50mg Qty 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topiramate (Topamax, no generic available).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topamax; Antiepilepsy drugs (AEDs); medication for chronic pain Page(s): 21, 16-17, 60.

Decision rationale: This patient presents with chronic low back pain. The current request is for Topamax 50mg Qty. 60. According to MTUS Guidelines page 21, "Topiramate (Topamax) has been shown to have variable efficacy, with failure to demonstrate efficacy in neuropathic pain of "central" etiology. It is still considered for use for neuropathic pain when other anticonvulsants have failed." The MTUS Guidelines page 16 and 17 regarding antiepileptic drugs for chronic pain also states "that 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 for the use of this class of medication for neuropathic pain had been directed at post-herpetic neuralgia and painful polyneuropathy." Review of the medical file indicates the patient has been utilizing Topamax as early 03/10/2014. The patient presents with low back pain with positive sciatic signs and decreased sensation in the lower extremities. This patient meets the criteria for Topamax, as she presents with radicular symptoms. However, recommendation for further use cannot be made as the treating physician has not provided any discussion regarding this medication's efficacy. According to progress report dated 05/05/2014, despite medications, the patient rates pain as 10/10. MTUS page 60 requires recording of pain and functional changes when medications are used for chronic pain. The requested Topamax is not medically necessary.

Zanaflex 4mg Qty 120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antispasticity/Antispasmodic Drugs Page(s): 66.

Decision rationale: This patient presents with chronic low back pain. The current request is for Zanaflex 4 mg qty 120. The MTUS Guidelines page 66 allows Zanaflex (Tizanidine) for spasticity, but also for low back pain, myofascial pain, and fibromyalgia. Review of the medical file indicates the patient has been utilizing this medication as early as 03/10/2014. In this case, recommendation for further use cannot be supported as there are no discussions regarding this medication's efficacy. According to progress report dated 05/05/2014, despite medications which includes Zanaflex, the patient reports pain as 10/10 and states that quality of life has diminished. In addition, MTUS guidelines for muscle relaxers only allow a short course of treatment (2-3 weeks) for acute muscle spasms. The documentation provided indicates that this prescription is for long term use and that is not supported by MTUS. The requested Zanaflex is not medically necessary.

Prilosec 20mg Qty 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Omeprazole Page(s): 68-69.

Decision rationale: This patient presents with chronic low back pain. The current request is for Prilosec 20 mg qty 60. Review of the medical file indicates the patient has been prescribed Prilosec since at least 03/10/2014. The MTUS Guidelines page 68 and 69 states that Omeprazole is recommended with precaution for patients at risk for gastrointestinal events: (1) Age is greater than 65, (2) History of peptic ulcer disease and GI bleeding or perforation, (3) Concurrent use of ASA or corticosteroid and/or anticoagulant, (4) High dose/multiple NSAID. In this case, there is no indication that the patient is taking NSAID to consider the use of Prilosec. The treating physician does not document gastric problems such as GERD to warrant the use of a PPI. This request is not medically necessary.