

Case Number:	CM15-0004866		
Date Assigned:	01/16/2015	Date of Injury:	10/29/2005
Decision Date:	03/30/2015	UR Denial Date:	12/15/2014
Priority:	Standard	Application Received:	01/09/2015

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: Pennsylvania
 Certification(s)/Specialty: Internal Medicine

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 injured worker is a 46 year old female, who sustained an industrial injury on 10/29/05. She has reported low back pain and numbness in the bilateral lower extremities. The diagnoses have included discogenic lumbar condition with facet inflammation and bilateral radiculopathy, status post anterior lumbar fusion in 2009. Treatment and evaluation to date has included lumbar fusion in 2009, physical therapy, diagnostic studies, epidural steroid injections, electrodiagnostic studies and oral medications. Magnetic Resonance Imaging (MRI) of the lumbar spine on 8/7/13 showed status post L5-S1 fusion with endplate spurring causing mild left foraminal stenosis, with no evidence of disc protrusion or neural impingement. Details regarding prior physical therapy was were not provided. An Agreed Medical Examination in 2012 notes gastroesophageal reflux secondary to medications; a PR2 in February of 2014 notes prescription of Prilosec for gastrointestinal (GI) symptoms due to medication, and a PR2 in July 2014 notes prescription of prilosec "to buffer the stomach." On 10/22/14, the treating physician documented that a gastroenterology consultation was requested for bloating. Medications as of October 2014 included norco, fexeril, temazepam, and lyrica. Progress notes from November 2013 through July 2014 document prescription of tizanidine (zanaflex), lyrica, Celebrex, norco, and temazepam (restoril). Liver and kidney blood tests were requested in October 2014. A progress note in August 2014 noted that tizanidine was not effective. Prilosec was prescribed from February 2014 through August 2014. A progress note from February 2014 notes that a urine drug screen was consistent. As of the progress note dated 11/25/14, the injured worker is reporting chronic low back pain and muscle spasms, as well as abdominal pain with bloating.

She has also been approved for another epidural injection. It was noted that the injured worker has not worked since 2005 and that she does limited chores around the house and cannot drive long distances. Examination showed limited lumbar range of motion and generalized weakness to the lower extremities. The treating physician is requesting Celebrex 200mg #60, Doculase 100mg #60, Lyrica 200mg #90, Norco 10/325mg #120, physical therapy x 12 sessions, Prilosec 10mg #60, Temazepam 30mg #30 and Tizanidine 4mg #60. On 12/15/14 Utilization Review non-certified a prescription for Celebrex 200mg #60, Prilosec 10mg #60 and Doculase 100mg #60. Utilization Review modified requests for Norco 10/325mg #120 to Norco 10/325mg #108, Temazepam 30mg #30 to Temazepam 30mg #27, Tizanidine 4mg # 60 to Tizanidine 4mg # 54, Lyrica 200mg # 90 to Lyrica 200mg #27 to allow for weaning. Utilization Review modified request for physical therapy sessions x 12 to physical therapy sessions x 2. The UR physician cited the MTUS and ODG. The decision was subsequently appealed to independent medical review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Celebrex 200 mg # 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): p. 67-73.

Decision rationale: Per the MTUS, nonsteroidal anti-inflammatory drugs (NSAIDs) are recommended as a second line treatment after acetaminophen for treatment of acute exacerbations of chronic back pain. NSAIDs are noted to have adverse effects including gastrointestinal side effects and increased cardiovascular risk; besides these well-documented side effects of NSAIDs, NSAIDs have been shown to possibly delay and hamper healing in all the soft tissues including muscles, ligaments, tendons, and cartilage. NSAIDs can increase blood pressure and may cause fluid retention, edema, and congestive heart failure; all NSAIDS are relatively contraindicated in patients with renal insufficiency, congestive heart failure, or volume excess. They are recommended at the lowest dose for the shortest possible period in patients with moderate to severe pain. The MTUS does not recommend chronic NSAIDs for low back pain, NSAIDs should be used for the short term only. The injured worker has chronic low back pain with no documentation of acute exacerbation. Celebrex has been prescribed for at least 9 months without documentation of functional improvement as a result of its use. The injured worker has not worked since 2005 and progress notes document continued impairments in activities of daily living. Office visits have continued at the same monthly frequency for at least a year and there was no documentation of decrease in medication use. One progress note in October 2014 documents a request for blood tests of liver and kidney function with no reports provided. Due to long term use not in accordance with the guidelines, lack of functional improvement as a result of treatment with celebrex, and potential for toxicity, the request for celebrex is not medically necessary.

Prilosec 10 mg # 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI symptoms and cardiovascular risk Page(s): p.68.

Decision rationale: Co-therapy with a nonsteroidal anti-inflammatory medication (NSAID) and a proton pump inhibitor (PPI) is not indicated in patients other than those at intermediate or high risk for gastrointestinal events (including age > 65 years, history of peptic ulcer, gastrointestinal (GI) bleeding or perforation, concurrent use of aspirin, corticosteroids and/or an anticoagulant, or high dose/multiple NSAIDS such as NSAID plus low dose aspirin). Long term proton pump inhibitor (PPI) use (> 1 year) has been shown to increase the risk of hip fracture. The injured worker has been prescribed prilosec for at least 7 months. The documentation notes gastroesophageal reflux as a result of medication in 2012; more recent notes indicate that prilosec was prescribed for GI symptoms due to medications and "to buffer the stomach." More specific details about any GI symptoms and signs were not provided, and reflux symptoms were not documented in more recent progress notes. The physician documented a request for a gastroenterology consultation for bloating in October 2014. No abdominal examination was documented. No risk factors as noted above were documented. Due to lack of indication, the request for prilosec is not medically necessary.

Doculase 100 mg # 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 77. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Opioid-induced constipation treatment

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids, initiating therapy Page(s): p. 77. Decision based on Non-MTUS Citation chronic pain chapter: opioid induced constipation treatment

Decision rationale: The MTUS notes that when initiating therapy with opioids, prophylactic treatment of constipation should be initiated. Per the ODG, constipation occurs commonly in patients receiving opioids. If prescribing opioids has been determined to be appropriate, prophylactic treatment of constipation should be initiated. First line treatment includes increasing physical activity, maintaining appropriate hydration, and diet rich in fiber. Some laxatives may help to stimulate gastric motility, and other medications can help loosen otherwise hard stools, add bulk, and increase water content of the stool. The physician documented prescription of doculase (docusate) for constipation in July 2014. More recent progress notes do not discuss constipation. The injured worker has been treated with opioid medication, but there was no discussion of first line treatments for constipation as noted. The associated opioid medication (norco) has been determined to be not medically necessary. As the opioids have been found to be not medically necessary, and the treating physician has not provided other reasons for current use of laxatives, the request for doculase is not medically necessary.

Norco 10/325 mg # 120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78,124.

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

Decision rationale: The injured worker has been prescribed Norco for at least a year. There is no evidence that the treating physician is prescribing opioids according to the MTUS, which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, and opioid contract. There should be a prior failure of non-opioid therapy. None of these aspects of prescribing are in evidence. Per the MTUS, opioids are minimally indicated, if at all, for chronic non-specific pain, osteoarthritis, "mechanical and compressive etiologies," and chronic back pain. There is no evidence of significant pain relief or increased function from the opioids used to date. The injured worker has not worked since 2005 and progress notes document continued impairments in activities of daily living. Office visits have continued at the same monthly frequency for at least a year and there was no documentation of decrease in medication use. The prescribing physician does not specifically address function with respect to prescribing opioids, and does not address the other recommendations in the MTUS. There is no evidence that the treating physician has utilized a treatment plan NOT using opioids, and that the patient "has failed a trial of non-opioid analgesics." Ongoing management should reflect four domains of monitoring, including analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors. The documentation does not reflect improvement in pain; change in activities of daily living, discussion of adverse side effects, and screening for aberrant drug-taking behaviors were not documented. The MTUS recommends urine drug screens for patients with poor pain control and to help manage patients at risk of abuse. There is no record of a urine drug screen program performed according to quality criteria in the MTUS and other guidelines. One progress note in February of 2014 mentions a urine drug screen consistent with medications; the specific results were not provided and it was not documented if the collection was a random urine drug screen versus collection at an office visit. No opioid contract was documented. As currently prescribed, norco does not meet the criteria for long term opioids as elaborated in the MTUS and is therefore not medically necessary.

Temazepam 30 mg # 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines benzodiazepines Page(s): p. 24. Decision based on Non-MTUS Citation chronic pain chapter: insomnia treatment

Decision rationale: The injured worker was noted to have difficulty sleeping, and temazepam (restoril) was prescribed for insomnia. Documentation indicates that it was prescribed for at least

one year, and that previously halcion was prescribed. Per the MTUS, benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Tolerance to hypnotic effects develops rapidly. The MTUS does not recommend benzodiazepines for long term use for any condition. No physician reports describe the specific criteria for a sleep disorder. Treatment of a sleep disorder, including prescribing hypnotics, should not be initiated without a careful diagnosis. There is no evidence of that in this case. For the treatment of insomnia, pharmacologic agents should only be used after careful evaluation of potential causes of sleep disturbance. Specific components of insomnia should be addressed. There was no documentation of evaluation of sleep disturbance in the injured worker, and components insomnia were not addressed. The treating physician has not addressed major issues affecting sleep in this patient, including the use of other psychoactive agents like opioids, which significantly impair sleep architecture, and depression. Due to prolonged use not in accordance with the guidelines, and lack of evaluation for sleep disorder, the request for temazepam is not medically necessary.

Tizanidine 4 mg # 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants Page(s): p. 63-66.

Decision rationale: The MTUS for chronic pain does not recommend muscle relaxants for chronic pain. Non-sedating muscle relaxants are an option for short-term exacerbations of chronic low back pain. The muscle relaxant prescribed in this case is sedating. The injured worker has chronic pain with no evidence of prescribing for flare-ups. The quantity prescribed implies long term use, not for a short period of use for acute pain. No reports show any specific and significant improvement in pain or function as a result of prescribing muscle relaxants. The injured worker has not worked since 2005 and progress notes document continued impairments in activities of daily living. Office visits have continued at the same monthly frequency for at least a year and there was no documentation of decrease in medication use. Tizanidine (Zanaflex) is FDA approved for management of spasticity and unlabeled for use for low back pain. Side effects include somnolence, dizziness, dry mouth, hypotension, weakness, and hepatotoxicity. Liver function tests should be monitored. It should be used with caution in renal impairment and avoided in hepatic impairment. Only one report notes a request for liver function tests, and the results were not provided. The documentation indicates that muscle relaxants have been prescribed for at least a year, and that tizanidine has been prescribed for at least 9 months. A progress note in August 2014 states that tizanidine was not effective. Due to potential for toxicity, lack of functional improvement as a result of its use as well as long term use not in accordance with the guidelines, the request for tizanidine is not medically necessary.

Lyrica 200 mg # 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 19-20.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines anticonvulsants Page(s): p. 16-22.

Decision rationale: Per the MTUS, antiepilepsy drugs (AEDs) are recommended for neuropathic pain due to nerve damage. Lyrica (pregabalin) has been documented to be effective in treatment of diabetic neuropathy and postherpetic neuralgia, and is FDA approved for these indications as well as for fibromyalgia. Side effects include edema, central nervous system depression, weight gain, blurred vision, somnolence, and dizziness. It has been suggested that this medication be avoided in patients who have problems with weight gain. Lyrica has been prescribed for at least 9 months, without documentation of functional improvement as a result of its use. The injured worker has not worked since 2005 and progress notes document continued impairments in activities of daily living. Office visits have continued at the same monthly frequency for at least a year and there was no documentation of decrease in medication use. The injured worker does not have diagnoses of diabetic neuropathy, postherpetic neuralgia, or fibromyalgia, and there were no findings on recent evaluations consistent with neuropathy. Due to lack of indication as well as lack of functional improvement, the request for Lyrica is not medically necessary.

12 Sessions of physical therapy for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine Page(s): p. 98-99.

Decision rationale: The injured worker has chronic low back pain and history of prior lumbar fusion. Reports mention postoperative physical therapy, but the details of the prior physical therapy including dates, number of sessions, and results were not provided. Per the MTUS, functional improvement is the goal rather than the elimination of pain. The maximum recommended quantity of physical medicine visits is 10, with progression to home exercise program. The treating physician has not stated a purpose for the current physical therapy prescription. The number of sessions requested exceeds the quantity recommended in the MTUS. The treating physician has not provided reasons why the injured worker requires a course of physical therapy which is substantially longer than that recommended in the cited guidelines. No medical reports identify specific functional expectations for further Physical Medicine. The Physical Medicine prescription is not sufficiently specific, and does not adequately focus on functional improvement. There is no evidence of functional improvement from the visits completed to date. The injured worker has not worked since 2005, and reports note continued impairments in activities of daily living. Physical Medicine for chronic pain should be focused on progressive exercise and self care, with identification of functional deficits and goals, and minimal or no use of passive modalities. A non-specific prescription for "physical therapy" in cases of chronic pain is not sufficient. Additional Physical Medicine is not medically necessary based on number of sessions requested in excess of the guidelines, lack of sufficient emphasis

on functional improvement, and the failure of Physical Medicine to date to result in functional improvement as defined in the MTUS.