MAXIMUS Federal Services

Case Number:	CM15-0100314		
Date Assigned:	06/05/2015	Date of Injury:	07/11/2011
Decision Date:	07/08/2015	UR Denial Date:	05/07/2015
Priority:	Standard	Application Received:	05/26/2015

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 (IW) is a 64-year-old male who sustained an industrial injury on 07/11/2011. Diagnoses include pain in thoracic spine, cervical spondylosis with myelopathy, spasm of muscle, displacement of cervical disc without myelopathy, brachial neuritis/radiculitis not otherwise specified (NOS), degenerative cervical intervertebral disc disease, cervicalgia, and unspecified myalgia and myositis. Additional medical history includes hypertension and diabetes. Treatment to date has included medications, activity modification, physical therapy and surgery (cervical fusion, scar revision, and shoulder surgery). In September 2014, sumavel was noted to be used three times in one week for severe migraine headaches. Medications in September 2014 were listed as baclofen, Celebrex, Cymbalta, fentanyl patch, flextor patch, lunesta, Neurontin, nucynta, prevacid, sumavel, vytorin, and Zofran. Cyclobenzaprine was prescribed in November 2014. Painful cervical scar was noted at an orthopedic visit in January 2015. A progress note from March 2015 mentions that Topamax has lessened migraine attacks. Cervicogenic headache was noted at a visit on 4/1/15 and consideration of C 2, 3, 4 medial branch blocks for headache was discussed. An orthopedic disability status form from 4/8/15 notes a work status of temporarily totally disabled, and it was documented that the injured worker is currently retired. According to the Pain Management Re-Evaluation dated 4/27/15 the IW reported neck, shoulder, upper back and head pain. He had tightness/stiffness with headaches and he also complained of blurred vision and poor sleep quality due to pain. He stated his average pain since last visit was 9/10. He reported a decreased level of functioning due to increased pain as well. On examination he walked with a cane. Blood pressure was elevated at165/93. Right occipital tenderness was noted. MRIs of the cervical and thoracic

spine performed in 2011 showed degenerative facet and disc changes and possible cystic lesions in the right hemithorax and left lower abdomen. Work status was noted as on disability. Current medications were listed as baclofen, Celebrex, Cymbalta, flextor patch, lunesta, Neurontin, prevacid, sumavel (sumatriptan), Topamax, vytorin, and Zofran; the progress note also discusses current use of fentanyl patch and nucynta. Physical examination showed elevated blood pressure of 165/93, and right side occiput tenderness. The treating physician noted that the 4-A's (analgesia, adverse effects, activity level, abuse/addiction) of medication management were discussed. TN1 cream was noted to be used for neck scar. Celebrex was listed among medications which had been tried and failed. Urine drug screens in 2012 and 2014 were noted. The urine drug screen in November 2014 appears to have been negative for opioids; this finding was not addressed and it was noted that confirmation was not possible. A retrospective request was made for Fentanyl patch 50mcg, #10; Nucynta IR 75mg, #60; Lunesta 3mg, #30; Flector patch #30; Neurontin 600mg, #60; Zanaflex 4mg, #60; Baclofen 10mg; Cymbalta 30mg, #60; Sumavel #6; Celebrex 200mg, #60; TN1 cream; Topamax 50mg, #60; Fentanyl patch 50mcg, #5; and Belsomra 20mg for date of service 4/27/15. On 5/7/15, Utilization Review (UR) non-certified requests for the items currently under Independent Medical Review, citing the MTUS, ODG, and additional medical literature.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Fentanyl patch 50ugm #10 Date of service: 4/27/15: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines duragesic p. 44, Fentanyl p. 47, opioids Page(s): 44, 47, 74-96.

Decision rationale: This injured worker has chronic neck, shoulder, upper back, and head pain. Fentanyl and nucynta have been prescribed for at least 7 months. Fentanyl is an opioid analgesic with a potency eighty times that of morphine. Duragesic (fentanyl transdermal system) is not recommended as a first line therapy. It is indicated in the management of chronic pain in patients who require continuous opioid analgesia for pain that cannot be managed by other means. There is insufficient 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 was no documentation of functional goals or return to work. Work status was noted as temporarily totally disabled and retired. An opioid contract was not submitted. Two urine drug screens were discussed and the urine drug screen from November 2014 appears to be negative for opioids, which was not addressed. 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 MTUS states that a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. 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. The treating physician noted discussion of the four domains of monitoring, but there was no documentation of specific improvement in

activities of daily living. Work status remains temporarily totally disabled, there was no documentation of decrease in medication use or decrease in office visits. This is not consistent with any functional improvement. 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, as the abnormal finding was not addressed and urine drug screening was not repeated. As currently prescribed, fentanyl patch does not meet the criteria for long term opioids as elaborated in the MTUS and is therefore not medically necessary.

Retrospective Nucynta IR 75mg #60 Date of service: 4/27/15: Upheld

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

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

Decision rationale: This injured worker has chronic neck, shoulder, upper back and head pain. Fentanyl and nucynta have been prescribed for at least 7 months. There is insufficient 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 was no documentation of functional goals or return to work. Work status was noted as temporarily totally disabled and retired. An opioid contract was not submitted. Two urine drug screens were discussed and the urine drug screen from November 2014 appears to be negative for opioids, which was not addressed. 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 MTUS states that a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. 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. The treating physician noted discussion of the four domains of monitoring, but there was no documentation of specific improvement in activities of daily living. Work status remains temporarily totally disabled, there was no documentation of decrease in medication use or decrease in office visits. This is not consistent with any functional improvement. 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, as the abnormal finding was not addressed and urine drug screening was not repeated. As currently prescribed, nucynta does not meet the criteria for long term opioids as elaborated in the MTUS and is therefore not medically necessary.

Retrospective Lunesta 3mg #30 Date of service: 4/27/15: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC Pain Procedure Summary online version, Insomnia and Lunesta.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) chronic pain chapter: insomnia treatment, lunesta.

Decision rationale: Lunesta (eszopiclone) is a non-benzodizepine hypnotic agent indicated for the treatment of insomnia. The MTUS does not address the use of hypnotics other than benzodiazepines. 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 have been prescribed for this injured worker), which significantly impair sleep architecture, and depression. The treating physician has also prescribed belsomra, another hypnotic, which is duplicative and potentially toxic. Due to insufficient evaluation of sleep disturbance and potential for toxicity, the request for lunesta is not medically necessary.

Retrospective Flector patch #30 Date of service: 4/27/15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics/Topical NSAIDs. Decision based on Non-MTUS Citation ODG-TWC Pain Procedure Summary online version- Diclofenac.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter: Flector patch.

Decision rationale: This injured worker has chronic neck, back, shoulder and head pain. Topical NSAIDS are indicated for osteoarthritis and tendinitis, in particular that of the knee and elbow or other joints that are amenable to topical treatment. There is little evidence to utilize topical NSAIDS for treatment of osteoarthritis of the spine, hip, or shoulder. There was no documentation of diagnosis of osteoarthritis or tendinitis for this injured worker. Topical nonsteroidals are not recommended for neuropathic pain. They are recommended for short term use (4-12 weeks). In this case, flector patch has been prescribed for at least 7 months. The only FDA-approved topical NSAIDS are diclofenac formulations (Flector patch, diclofenac gel, Pennsaid solution). The ODG states that flector patch is not recommended as a first line treatment. Topical diclofenac is recommended for osteoarthritis after failure of an oral NSAID or contraindications to oral NSAIDS, after considering the increased risk profile of diclofenac. There was no documentation of failure of or contraindication to oral NSAIDs. The FDA has issued warnings about the potential for elevation in liver function tests during treatment with all products containing diclofenac, with cases of severe hepatic reactions reported in post marketing surveillance. Transaminases should be measured periodically in all patients receiving long-term therapy with diclofenac. There was no documentation of monitoring of liver function for this injured worker. The treating physician is prescribing oral and transdermal NSAIDs. This is duplicative, potentially toxic, and excessive, as topical NSAIDs are absorbed systemically. Due to lack of a specific indication, length of use in excess of the guidelines, and potential for toxicity, the request for flextor patch is not medically necessary.

Retrospective Neurontin 600mg #60 Date of service: 4/27/15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs).

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

Decision rationale: This injured worker has chronic back, neck, shoulder, and head pain. There was no documentation of neuropathic pain for this injured worker. Per the MTUS, anti-epilepsy drugs (AEDs) are recommended for neuropathic pain due to nerve damage. Gabapentin (Neurontin) has been shown to be effective for treatment of diabetic neuropathy and post herpetic neuralgia and has been considered a first line treatment for neuropathic pain. The MTUS notes the lack of evidence for treatment of radiculopathy. After initiation of treatment, there should be documentation of pain relief with improvement in function, and documentation of any side effects, with continued use of AEDs dependent on improved outcomes versus tolerability of adverse effects. In this case, gabapentin has been prescribed for at least 7 months, without documentation of improvement in pain or function. Gabapentin has been prescribed along with topiramate (Topamax), and no reports explain why both AEDs are necessary or indicated. Gabapentin is not medically necessary based on the lack of any clear indication, the concurrent prescribing of another AED without a clear rationale, and the lack of significant symptomatic and functional benefit from its use to date.

Retrospective Zanaflex 4mg #60 Date of service: 4/27/15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain). Decision based on Non-MTUS Citation ODG-TWC Pain Procedure Summary, Muscle relaxants.

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

Decision rationale: This injured worker has chronic back, neck, shoulder and head pain. Muscle relaxants have been prescribed for at least 7 months. 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. 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. There was no documentation of evaluation of this injured worker's renal or hepatic function. Due to length of use of muscle relaxants in excess of guideline recommendations, and potential for toxicity, the request for zanaflex is not medically necessary.

Retrospective Baclofen 10mg Date of service: 4/27/15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain). Decision based on Non-MTUS Citation ODG-TWC Pain Procedure Summary, Muscle relaxants.

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

Decision rationale: This injured worker has chronic back, neck, shoulder and head pain. Muscle relaxants have been prescribed for at least 7 months. 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. Baclofen is recommended orally for the treatment of spasticity and muscle spasm related to multiple sclerosis and spinal cord injuries. There was no documentation of these diagnoses for this injured worker. It should be used with caution in patients with renal and liver impairment. There was no documentation of evaluation of this injured worker's renal or hepatic function. Due to length of use of muscle relaxants in excess of guideline recommendations, and potential for toxicity, the request for baclofen is not medically necessary.

Retrospective Cymbalta 30mg #60 Date of service: 4/27/15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 401-402, Chronic Pain Treatment Guidelines antidepressants SNRIs Page(s): 13-16, 105.

Decision rationale: This injured worker has chronic neck, back, shoulder, and head pain. The specific indication for cymbalta was not discussed. There was no documentation of diagnosis of depression or neuropathic pain for this injured worker. The MTUS states that antidepressants are recommended as a first line option for neuropathic pain and as a possibility for non-neuropathic pain. Assessment of treatment efficacy should include not only pain outcomes, but also an evaluation of function, changes in use of other analgesic medication, sleep quality and duration, and psychological assessment. In this case, there was no documentation of psychological assessment. Duloxetine (Cymbalta) is a norepinephrine and serotonin reuptake inhibitor (SNRI) antidepressant which is FDA approved for treatment of depression, generalized anxiety disorder, and pain related to diabetic neuropathy. The MTUS states that duloxetine is recommended as a first-line option in neuropathic pain. It should not be used in patients with substantial alcohol use and those with chronic liver disease. There was no documentation of evaluation of this injured worker's hepatic function. Cymbalta has been prescribed for seven months without documentation of significant improvement in pain or function. Work status remains temporarily totally disabled/retired, and there was no documentation of improvement in activities of daily living, decrease in medication use or decrease in office visits. Due to lack of documentation of specific indication, and lack of

functional improvement, the request for cymbalta is not medically necessary.

Retrospective Sumavel #6 Date of service: 4/27/15: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC Head Procedure Summary online version, Triptans.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) head chapter: triptans.

Decision rationale: This injured worker has a diagnosis of cervicalgia and cervicogenic headaches. Some reports briefly mention migraine headaches. The treating physician has provided only the most minimal mention of headaches in the reports. There is no account of the specific symptoms, pattern of headaches, and specific response to treatment. The MTUS does not address therapy for migraines. Although triptans are an option for treatment of migraine headaches per the cited Official Disability Guidelines reference, in this case the treating physician has not provided sufficient clinical information to support the diagnosis and treatment. Sumvavel (sumatriptan) is therefore not medically necessary.

Retrospective Celebrex 200mg #60 Date of service: 4/27/15: Upheld

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

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

Decision rationale: This injured worker has chronic neck, back, shoulder and head pain. Celebrex has been prescribed for at least 7 months. Per the MTUS, non-steroidal anti-inflammatory drugs (NSAIDs) are recommended as a second line treatment after acetaminophen for treatment of acute exacerbations of chronic back pain. The MTUS does not specifically reference the use of NSAIDs for long term treatment of chronic pain in other specific body parts. 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. There was no documentation of functional improvement as a result of use of celebrex. Work status remains temporarily totally disabled/retired, and there was no documentation of improvement in activities of daily living, decrease in medication use or decrease in office visits. Systemic toxicity is possible with NSAIDs. The FDA and MTUS recommend monitoring of blood tests and blood pressure. Package inserts for NSAIDS recommend periodic monitoring of a CBC and chemistry profile (including liver and renal function tests). No laboratory results were submitted. There is no evidence that the prescribing physician is adequately monitoring for toxicity as recommended by the FDA and MTUS. This injured worker has a history of hypertension, and blood pressure

was noted to be elevated at a recent visit; this finding was not addressed. It was noted that the injured worker had failed treatment with celebrex in the past. The MTUS states that COX-2 inhibitors (e.g. Celebrex) may be considered for patients with risk of gastrointestinal (GI) complications, and not for the majority of other patients. There was no documentation of risk of GI complications for this injured worker. The treating physician is prescribing oral and transdermal NSAIDs. This is duplicative, potentially toxic, and excessive, as topical NSAIDs are absorbed systemically. Due to length of use in excess of the guideline recommendations, lack of functional improvement, lack of documentation of GI risk to support use of a COX-2 inhibitor, and potential for toxicity, the request for celebrex is not medically necessary.

Retrospective TN1 cream Date of service: 4/27/15: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Curr Opin Otolaryngol Head Neck Surg. 20015 Aug; 13: 242-7. Scar management.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-113.

Decision rationale: No physician reports discuss the specific indications and medical evidence in support of the topical medication TN1 prescribed in this case. The treating physician has not discussed the ingredients of this topical agent and the specific indications for this injured worker. The documentation suggests that this topical agent has been prescribed for a painful cervical scar, without further discussion. The treating physician's request did not include the concentration, quantity, or directions for use. As such, the prescription is not sufficient and not medically necessary.

Retrospective Topamax 50mg #60 Date of service: 4/27/15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines anticonvulsants Page(s): 16-22. Decision based on Non-MTUS Citation Topamax: drug information. In UpToDate, edited by Ted. W. Post, published by UpToDate in Waltham, MA, 2015.

Decision rationale: Per the MTUS, anti-epilepsy drugs (AEDs) are recommended for neuropathic pain due to nerve damage. 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 fail. In this case, there was no documentation of neuropathic pain or failure of other anticonvulsants. Gabapentin has been prescribed along with topiramate (Topamax), and no reports explain why both AEDs are necessary or indicated. The MTUS and ODG do not address use of topamax for migraines. Per the UpToDate citation, Topamax may be used for prophylaxis of migraine headache in adults and adolescents. There was mention of use of topamax for migraine headaches for this injured worker, with lessening in migraines due to use of topamax, without further discussion. There was no documentation of specific symptoms of headaches, pattern of headaches, or specific reduction in number of headaches as a result of use of topamax. There was no documentation of functional improvement as a result of use of topamax. Topamax is not medically necessary based on the lack of any clear indication, the concurrent prescribing of another AED without a

clear rationale, and the lack of significant symptomatic and functional benefit from its use to date.

Retrospective Fentanyl patch 50ugm #5 Date of service: 4/27/15: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines duragesic p. 44, Fentanyl p. 47, opioids Page(s): 44, 47, 74-96.

Decision rationale: This injured worker has chronic neck, shoulder, upper back, and head pain. Fentanyl and nucynta have been prescribed for at least 7 months. Fentanyl is an opioid analgesic with a potency eighty times that of morphine. Duragesic (fentanyl transdermal system) is not recommended as a first line therapy. It is indicated in the management of chronic pain in patients who require continuous opioid analgesia for pain that cannot be managed by other means. There is insufficient 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 was no documentation of functional goals or return to work. Work status was noted as temporarily totally disabled and retired. An opioid contract was not submitted. Two urine drug screens were discussed and the urine drug screen from November 2014 appears to be negative for opioids, which was not addressed. 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 MTUS states that a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. 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. The treating physician noted discussion of the four domains of monitoring, but there was no documentation of specific improvement in activities of daily living. Work status remains temporarily totally disabled, there was no documentation of decrease in medication use or decrease in office visits. This is not consistent with any functional improvement. 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, as the abnormal finding was not addressed and urine drug screening was not repeated. As currently prescribed, fentanyl patch does not meet the criteria for long term opioids as elaborated in the MTUS and is therefore not medically necessary.

Retrospective Belsomra 20mg Date of service: 4/27/15: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC Mental Illness & Stress Procedure Summary online version.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) chronic pain chapter: insomnia treatment mental illness and stress chapter: belsomra.

Decision rationale: This injured worker was noted to have poor sleep quality due to pain. The MTUS does not address the use of hypnotics other than benzodiazepines. 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 have been prescribed for this injured worker), which significantly impair sleep architecture, and depression. The treating physician has also prescribed lunesta, another hypnotic, which is duplicative and potentially toxic. Belsomra (suvorexant) is not recommended as a first-line treatment due to adverse effects. Drowsiness was the most commonly reported adverse event, and the FDA advises physicians to caution patients against next-day driving or other activities requiring full alertness. These cautions were not discussed by the treating physician. Due to lack of sufficient evaluation for sleep disturbance and potential for toxicity, the request for belsomra is not medically necessary.