

Case Number:	CM15-0100817		
Date Assigned:	06/03/2015	Date of Injury:	09/23/1997
Decision Date:	07/07/2015	UR Denial Date:	05/21/2015
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: New York

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 67 year old female patient who sustained an industrial injury on 09/23/1997. The accident was described as while she was working as a receptionist secretary she lunged forward to keep a copy machine from hitting a co-workers' head. She immediately had subjective complaint of acute onset of upper/lower back pain. She has subjective complaint of having neck, mid back and left hip pain. Radiographic study performed on 07/06/2011 revealed the lumbosacral spine moderate to severe facet joint arthropathy together with a stable spondylolisthesis at L2-3; compared to 03/29/2010, unchanged. The cervical spine views showed a mild advance in previously noted cervical spondylosis. A primary treating office visit dated 02/28/2014 reported the patient with subjective complaint of having multiple physical and emotional issues. The main complaint is neck and low back pains, headaches, and severe anxiety. "my feet ache and the pain is excruciating and my hands always shake". She states she is gaining weight and being worked up for adrenal insufficiency by family doctor. She rates the pain a 7 in intensity out of 10. Without the use of medications the pain increases to a 9 in intensity. A recent urine drug screen was consistent with prescribed medications with the exception of alcohol. The following diagnoses are applied: lumbar radiculopathy; cervical sprain/strain; chronic pain syndrome; chronic pain related insomnia; severe myofascial syndrome; neuropathic pain; prescription narcotic dependence; chronic pain related depression; chronic pain related anxiety, and total body pain. The plan of care noted the patient continuing with current medication regimen; recommendation for pain management consultation; refilling current medications and follow up visit in three weeks. A follow up dated 04/29/2014 reported

subjective complaint of bilateral shoulder pain, upper/lower back pain, and bilateral foot pain. She states that she found medication Subutex at home at used it to relieve the pain, and she needs a refill of the Prevacid. There is no change in the treating diagnoses. There was also mention of the patient being prescribed Idrasil, but she stopped taking it due to having a reaction. She would like to change to Skelaxin because it works better than Flexeril for her spasm. She also stated reducing the dose of Subutex due to difficulty obtaining medication and this is providing adequate pain relief. The plan of care involved obtaining a urine drug screen, continuing with lower dose of Subutex, Voltaren, Fioricet, Xanax, Prevacid and initiate skelaxin. A vitamin B injection was administered and she is to follow up in 6 weeks. A follow up on 06/13/2014 reported the patient having issue with sleep and Gabadone was initiated along with Flurififex ointment. A follow up visit dated 07/24/2014 reported the patient with difficulty obtaining medications over the past 12 weeks due to medication modification secondary to urine drug screen inconsistent findings. By 09/05/2014 the patient is reporting good effects from the Skelexin for the spasms, but it keeps getting denied. She reports being very depressed. The plan of care involved the patient undergoing a course of cognitive behavioral therapy session. She is to also undergo a yoga based physical therapy course. On 10/16/2014 she was administered trigger point injections and the plan of care noted the patient continuing with Subutex and Mobic, Fioricet, Xanax, Prevacid, Flexeril, Ambien, Gabapentin, Idrasil, Sentra, and Relora. A more recent follow up visit on 01/05/2015 reported subjective complaint of ongoing back pain. She is still with difficulty obtaining medications and found to have been self-purchasing when there denied. Current medications are: Skelaxin, B12, Prevacid, Diclofenac, Fioricet, Flexeril, Xanax, Ambien, Senna, Neurontin, Glucosamine/Chondroitin, Propranolol, Lyrica, and Wellbutrin. She is also with complaint of depression, anxiety, and gastrointestinal upset. Objective findings showed the patient obese, pale, depressed and anxious appearing. Remarkable the patient is without any trigger point.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine HCL 5mg #90: Upheld

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

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

Decision rationale: Cyclobenzaprine (Flexeril) is a skeletal muscle relaxant and a central nervous system depressant recommended as a treatment option to decrease muscle spasm in conditions such as low back pain. Per MTUS guidelines, muscle relaxants are recommended for use with caution as a second-line option for only short-term treatment of acute exacerbations in patients with chronic low back pain. The greatest effect appears to be in the first 4 days of treatment and appears to diminish over time. Prolonged use can lead to dependence. The injured worker is diagnosed with chronic pain syndrome. Documentation fails to indicate acute exacerbation or significant improvement in pain or functional status to justify continued use of cyclobenzaprine. The request for Cyclobenzaprine HCL 5mg #90 is not medically necessary per MTUS guidelines.

Voltaren 1% #3 tubes with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

Decision rationale: Voltaren Gel 1% (diclofenac) is a topical non-steroidal anti-inflammatory drug (NSAID) indicated for short-term treatment (4-12 weeks) of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Per MTUS, topical NSAIDs are not recommended for neuropathic pain. The recommendation for continued use of Voltaren gel for the injured worker's main complains of chronic back pain is not supported by guidelines. The request for Voltaren 1% #3 tubes with 2 refills is not medically necessary by MTUS.

Fioricet #69 (dosage unspecified): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Barbiturate-containing analgesic agents (BCAs) Page(s): 23.

Decision rationale: Fioricet is Barbiturate-containing analgesic agent commonly used to treat acute headache. MTUS does not recommend Barbiturate-containing analgesic agents (BCAs) for chronic pain. There is a risk of medication overuse as well as rebound headache. Guidelines further caution about the increased potential for drug dependence with these drugs. The injured worker is diagnosed with chronic pain syndrome with complains of headaches. The medical necessity for use of Fioricet is not established for ongoing symptoms. The request for Fioricet #69 (dosage unspecified) is not medically necessary by MTUS.

Alprazolam 1mg #60 with 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: Per MTUS, Benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Their use should be limited to 4 weeks. Documentation reveals that the injured worker has been prescribed this medication for a longer duration of time with no significant improvement in function. The request for Alprazolam 1mg #60 with 1 refill is not medically necessary.

Omperazole 20mg #30 with 3 refills: Overturned

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 NSAIDs, GI symptoms & cardiovascular risk Page(s): 68.

Decision rationale: Proton Pump Inhibitors (PPIs) are used to treat gastrointestinal conditions such as Gastroesophageal reflux disease, Dyspepsia and Gastric ulcers, and to prevent ulcerations due to long term use of Non-steroidal anti-inflammatory drugs (NSAIDs). MTUS recommends the combination of NSAIDs and PPIs for patients at risk for gastrointestinal events, including age over 65 years of age, history of peptic ulcer, gastrointestinal bleeding, or perforation, concurrent use of ASA and high dose or multiple NSAIDs. Documentation shows that the injured worker is over 65 years of age, with ongoing complains of GI distress, intermittent abdominal cramps and nausea. The recommendation for use of Omeprazole is clinically appropriate. The request for Omperazole 20mg #30 with 3 refills is medically necessary per MTUS guidelines.

Neurontin 100mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 16.

Decision rationale: MTUS states that Anti-epilepsy drugs (AEDs) are recommended for neuropathic pain (pain due to nerve damage). After initiation of treatment there should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with use. The continued use of AEDs depends on improved outcomes versus tolerability of adverse effects. Documentation fails to show significant improvement in the injured worker's pain or level of function to support the medical necessity for continued use of Neurontin. The request for Neurontin 100mg #90 is not medically necessary by MTUS

Ambien 10mg #90: 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 (Chronic): Zolpidem (Ambien).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Not addressed. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Insomnia treatment.

Decision rationale: Zolpidem is a prescription short-acting non-benzodiazepine hypnotic, used for treatment of insomnia. Per guidelines, hypnotics are not recommended for long-term use and should be limited to three weeks maximum in the first two months of injury only. Use in the chronic phase is discouraged. They can be habit-forming, and they may impair function and memory more than opioid pain relievers. There is also concern that they may increase pain and depression over the long-term. Documentation indicates that the injured worker has chronic pain

related insomnia. Physician reports fail to show adequate functional improvement to support the medical necessity for ongoing use of Ambien. The request for Ambien 10mg #90 is not medically necessary per guidelines.