

Case Number:	CM15-0106115		
Date Assigned:	06/10/2015	Date of Injury:	04/23/2007
Decision Date:	09/24/2015	UR Denial Date:	05/19/2015
Priority:	Standard	Application Received:	06/02/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 54 year old male with an industrial injury dated 04/23/2007. The injured worker's diagnoses include lumbar radiculopathy status post-surgery x2, cervical strain, upper thoracic strain, secondary insomnia, depression, erectile dysfunction, and gastrointestinal upset due to chronic pain. Treatment consisted of diagnostic studies, prescribed medications, cognitive therapy and periodic follow up visits. In a progress note dated 05/01/2015, the injured worker reported mid back pain, low back pain, upper back pain, neck pain, sleep difficulty and bilateral knee pain with radiation to his feet. The injured worker also reported gastrointestinal symptoms due to pain medication, depression due to chronic pain, sexual dysfunction and intermittent giving out of the legs after prolonged standing or walking. The injured worker rated current pain level a 4/10 with medications and 8/10 without medications. Objective findings revealed anxiety with slightly depressed mood, slight tenderness with spasm from T2 to T6 of the parathoracic muscles, moderate spasm of the paralumbar region bilaterally from L1 to S1, positive straight leg raises, slight tenderness and spasm of the paracervical muscles bilaterally and positive Spurling's sign. Slow and slight to moderate antalgic gait with the use of a single prone cane were also noted on exam. The treating physician prescribed Percocet 10/325mg #120, Cialis 20mg #15, Effexor ER 75mg #30, Lunesta 3mg #30 and soma 350mg #60 now under review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain CRITERIA FOR USE OF OPIOIDS Page(s): 60, 61, 76-78, 88, 89.

Decision rationale: The patient was injured on 04/23/07 and presents with mid back pain, low back pain, upper back pain, neck pain, sleep difficulty, bilateral knee pain, GI symptoms, depression, and sexual dysfunction. The request is for PERCOCET 1/325 MG #120 for pain control. The RFA is not provided and the patient is limited to part-time sedentary work duties. The patient has been taking this medication as early as 01/09/15. MTUS Guidelines pages 88 and 89 under Criteria For Use of Opioids (Long-Term Users of Opioids): "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 under Criteria For Use of Opioids - Therapeutic Trial of Opioids, 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. MTUS Guidelines, under Opioids For Chronic Pain, pages 80 and 81 state the following regarding chronic low back pain: "Appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited." Long-term use of opiates may be indicated for nociceptive pain as it is "Recommended as the standard of care for treatment of moderate or severe nociceptive pain (defined as pain that is presumed to be maintained by continual injury with the most common example being pain secondary to cancer)." However, this patient does not present with pain that is "presumed to be maintained by continual injury." The 01/09/15, 02/04/15, 03/27/15, 05/01/15, and 06/05/15 reports state that the patient rates his pain as a 4/10 with medications and an 8/10 without medications. Medications allow him to function with activities of daily living such as dressing, walking, showering and day to day activity, without which the patient states he would be bedridden so the medication does provide functional gain. The patient's medications last as prescribed and he only receives opioids from my office, there is no aberrant behavior." In this case, not all of the 4 As are addressed as required by MTUS Guidelines. Although the treater provides a pain scale and ADLs, there seems to be no improvement in pain and function from January 2015 to June 2015. There are no discussions provided on adverse behavior/side effects, no validated instruments are used, and no outcome measures provided as required by MTUS Guidelines. There are no urine drug screens provided to see if the patient is compliant with his prescribed medications. The treating physician does not provide adequate documentation that is required by MTUS Guidelines for continued opiate use. Therefore, the requested Percocet IS NOT medically necessary.

Cialis 20mg #15: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Mosby's Drug Consult, Tadalafil (Cialis).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation AETNA Guidelines Clinical Polity Bulletin No. 0007.

Decision rationale: The patient was injured on 04/23/07 and presents with mid back pain, low back pain, upper back pain, neck pain, sleep difficulty, bilateral knee pain, GI symptoms, depression, and sexual dysfunction. The request is for CIALIS 20 MG #15 for erectile dysfunction due to back injury. The RFA is not provided and the patient is limited to part-time sedentary work duties. The patient has been taking this medication as early as 01/09/15. MTUS, ODG and ACOEM are silent on Cialis. FDA indications/boxed label state that Cialis is approved to treat erectile dysfunction. AETNA Guidelines Clinical Polity Bulletin No. 0007 regarding erectile dysfunction state that a comprehensive physical/examination and lab workup for the diagnosis of erectile dysfunction (ED) including medical, sexual, and psychological evaluation is required. The patient is diagnosed with lumbar radiculopathy status post-surgery x2, cervical strain, upper thoracic strain, secondary insomnia, depression, erectile dysfunction, and gastrointestinal upset due to chronic pain. Although the patient is diagnosed with erectile dysfunction, there is no medical evaluation regarding ED, in terms of etiology, severity, etc. There are no laboratory tests documenting patient's testosterone levels nor is there any documentation of how Cialis impacted the patient's pain and function. Furthermore, some guidelines such as the AETNA consider life-enhancing medications not medically necessary. The requested Cialis IS NOT medically necessary.

Effexor ER 75mg #30: Upheld

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

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

Decision rationale: The patient was injured on 04/23/07 and presents with mid back pain, low back pain, upper back pain, neck pain, sleep difficulty, bilateral knee pain, GI symptoms, depression, and sexual dysfunction. The request is for EFFEXOR ER 75 MG #30 for depression secondary to chronic pain. The RFA is not provided and the patient is limited to part-time sedentary work duties. The patient has been taking this medication as early as 01/09/15. ODG Guidelines under the Pain chapter on Effexor states, "Recommended as an option in first-line treatment of neuropathic pain. Venlafaxine - Effexor - is a member of the Selective serotonin and norepinephrine reuptake inhibitors "SNRIs- class of anti-depressants. It has FDA approval for treatment of depression and anxiety disorders. It is off-label recommended for treatment of neuropathic pain, diabetic neuropathy, fibromyalgia, and headaches. MTUS Guidelines page 60 and 61 states that pain assessment and functional changes must also be noted when medications are used for chronic pain. The patient has slight tenderness/spasm from T2 to T6 of the parathoracic muscles, palpation shows slight tenderness/spasm of the paracervical muscles, Spurling's sign is positive to the right producing right scapular pain, moderate spasm of the paralumbar region bilaterally from L1 to S1 bilaterally, a positive straight leg raise bilaterally at

70 degrees, and an unusual slow antalgic gait. He is diagnosed with lumbar radiculopathy status post-surgery x2, cervical strain, upper thoracic strain, secondary insomnia, depression, erectile dysfunction, and gastrointestinal upset due to chronic pain. Although the patient is diagnosed with depression, none of the reports provided mention how Effexor has impacted the patient's pain and function as required by MTUS Guidelines. Due to lack of documentation, the requested Effexor IS NOT medically necessary.

Lunesta 3mg #30: 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), Treatment in Workers Compensation (TWC), Pain Procedure Summary, Online version, last updated 01/19/15, Eszopicolone (Lunesta).

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

Decision rationale: The patient was injured on 04/23/07 and presents with mid back pain, low back pain, upper back pain, neck pain, sleep difficulty, bilateral knee pain, GI symptoms, depression, and sexual dysfunction. The request is for LUNESTA 3 MG #30 for sleep dysfunction. The RFA is not provided and the patient is limited to part-time sedentary work duties. The patient has been taking this medication as early as 01/09/15. ODG Guidelines pain chapter, under insomnia treatments section states, "Eszopiclone (Lunesta) has demonstrated reduced sleep latency and sleep maintenance. The only benzodiazepine-receptor agonist FDA approved for used longer than 35 days. A randomized, double-blind controlled clinical trial with 830 primary insomnia patients reported significant improvement in the treatment group when compared to the controlled group for sleep latency, wake after sleep onset, and total sleep time over a 6-month period." ODG Guidelines pain chapter, under Eszopicolone (Lunesta), this medication is "Not recommended for long-term use, but recommended for short-term use." The patient is diagnosed with lumbar radiculopathy status post-surgery x2, cervical strain, upper thoracic strain, secondary insomnia, depression, erectile dysfunction, and gastrointestinal upset due to chronic pain. In this case, the patient has been taking this medication since 01/09/15, which exceeds the short-term duration set by ODG guidelines. It would appear that this medication is prescribed on a long-term basis. In regards to Lunesta, ODG Guidelines do not recommend for long-term use, but recommended for short-term use. Therefore, the requested Lunesta IS NOT medically necessary.

Soma 350mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment in Workers Compensation (TWC), Pain Procedure Summary, Online version, last updated 01/19/15, Non-Sedating Muscle Relaxants.

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

Decision rationale: The patient was injured on 04/23/07 and presents with mid back pain, low back pain, upper back pain, neck pain, sleep difficulty, bilateral knee pain, GI symptoms, depression, and sexual dysfunction. The request is for SOMA 350 MG #60 for muscle spasm. The RFA is not provided and the patient is limited to part-time sedentary work duties. The patient has been taking this medication as early as 01/09/15. MTUS Guidelines, Muscle Relaxants, pages 63-66 states "Carisoprodol (Soma): Neither of these formulations is recommended for longer than a 2- to 3-week period." This has been noted for sedated and relaxant effects. The patient has slight tenderness/spasm from T2 to T6 of the parathoracic muscles, palpation shows slight tenderness/spasm of the paracervical muscles, Spurling's sign is positive to the right producing right scapular pain, moderate spasm of the paralumbar region bilaterally from L1 to S1 bilaterally, a positive straight leg raise bilaterally at 70 degrees, and an unusual slow antalgic gait. He is diagnosed with lumbar radiculopathy status post-surgery x2, cervical strain, upper thoracic strain, secondary insomnia, depression, erectile dysfunction, and gastrointestinal upset due to chronic pain. MTUS recommends the requested Soma for no more than 2 to 3 weeks. In this case, the patient has been taking this medication as early as 01/09/15, which exceeds the 2 to 3 weeks recommended by MTUS Guidelines. Therefore, the requested Soma IS NOT medically necessary.