

Case Number:	CM15-0016025		
Date Assigned:	02/04/2015	Date of Injury:	07/30/2002
Decision Date:	05/01/2015	UR Denial Date:	01/07/2015
Priority:	Standard	Application Received:	01/28/2015

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 65 year old male, who sustained an industrial injury on July 30, 2002. He has reported upper and lower back pain. The diagnoses have included status post back surgery, facet compromise, morbid obesity, potential hardware pain and myofascial pain in the lumbar region. Treatment to date has included radiographic imaging, diagnostic studies, surgical intervention, pain medications, conservative treatment modalities, radiofrequency neurotomy, work restrictions and lifestyle modifications. Currently, the IW complains of upper and lower back pain. The injured worker reported an industrial injury in 2002, resulting in chronic upper and lower back pain. He was treated conservatively however required surgical intervention. On May 14, 2014, evaluation revealed continued pain. Disability status was permanent and stationary. The plan included continuing pain medication, participating in exercise plans and lifestyle modifications. On June 16, 2014, evaluation revealed continued back pain, Gabapentin was ordered. On December 22, 2014, evaluation revealed continued pain. Pain medications were adjusted and renewed. On January 7, 2015, Utilization Review non-certified a request for a urinary drug screen, Zanaflex, Butrans patch and Norco, noting the MTUS, ACOEM Guidelines, (or ODG) was cited. On January 27, 2015, the injured worker submitted an application for IMR for review of requested urinary drug screen, Zanaflex, Butrans patch and Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urinary drug screen - 1 every 3 months: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 94.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, differentiation: dependence & addiction Page(s): 85. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Opioids, Urine drug tests.

Decision rationale: MTUS recommends screening patients to differentiate between dependence and addiction to opioids. Frequency of urine drug testing should be based on documented evidence of risk stratification. Patients at "low risk" of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. Random collection is recommended. Physician reports reveal that the injured worker has had consistent urine drug screens and shows no signs of illicit drug use or diversion indicating low risk of addiction. The request for Urinary drug screen - 1 every 3 months is more frequent than recommended guidelines and is therefore not medically necessary.

Zanaflex 4mg #300: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antispasticity/Antispasmodic drugs Page(s): 65.

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

Decision rationale: MTUS states muscle relaxants should be used with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. Furthermore, in most cases of low back pain, they show no benefit beyond NSAIDs in pain and overall improvement. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Tizanidine (Zanaflex) is FDA approved for management of spasticity and its use for low back pain is unlabeled. Documentation provided shows no acute exacerbation of the injured worker's pain and there is no physical exam finding of spasticity or muscle spasm noted. With guidelines not being met, the request for Zanaflex 4mg #300 is not medically necessary.

Butrans patch 20mcg #20: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Buprenorphine Page(s): 26.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Buprenorphine Page(s): 26.

Decision rationale: Per guidelines, Butrans (Buprenorphine) is recommended as an option for chronic pain, especially after detoxification in patients who have a history of opiate addiction. Physician reports fail to show a history of opiate addiction and the injured worker is reported to have had consistent urine drug screens and shows no signs of illicit drug use or diversion. The request for Butrans patch 20mcg #20 is not medically necessary by MTUS.

Norco 10/325mg #240: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/Acetaminophen Page(s): 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74 - 82.

Decision rationale: MTUS states that opioids are not generally recommended as a first-line therapy for some neuropathic pain. When prescribed, ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects must be documented. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Guidelines recommend using key factors such as pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors, to monitor chronic pain patients on opioids. Assessment for the likelihood that the patient could be weaned from opioids is recommended if there is no overall improvement in pain or function, unless there are extenuating circumstances and if there is continuing pain with the evidence of intolerable adverse effects. Per guidelines, Hydrocodone has a recommended maximum dose of 60mg/24 hours. Documentation indicates some improvement in the injured worker's level of function with current medication regimen and no occurrence of potentially aberrant drug-related behaviors. However, the prescribed Norco dose of one tablet every three hours exceeds the recommended daily amount. The request for Norco 10/325mg #240 is not medically necessary.

Gabapentin 800mg #900: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin Page(s): 18-19, 113.

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

Decision rationale: MTUS, Chronic Pain Treatment Guidelines, pg MTUS states that Anti-epilepsy drugs (AEDs) are recommended for neuropathic pain (pain due to nerve damage) associated with post-herpetic neuralgia and diabetic painful polyneuropathy. There are few randomized controlled trials (RCTs) directed at central pain and none for painful radiculopathy. Documentation fails to show evidence of diagnoses or objective findings on physical examination, to support that the injured worker's condition meets criteria for use of anti-epileptic drugs. The request for Gabapentin 800mg #900 is not medically necessary.

Cymbalta 30mg #390 x 4 refills - QTY: 1950: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Duloxetine (Cymbalta) Page(s): 43-44.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13 - 16.

Decision rationale: MTUS states that antidepressants may be used as a first line option for neuropathic pain, but long-term effectiveness of these drugs has not been established. Cymbalta is FDA-approved for anxiety, depression, diabetic neuropathy, and fibromyalgia. Its use for neuropathic pain and radiculopathy is off label. Documentation fails to show that the injured worker's chronic back pain fits criteria for ongoing use of Cymbalta. The request for Cymbalta 30mg #390 x 4 refills - QTY: 1950 is not medically necessary.