

Case Number:	CM15-0133661		
Date Assigned:	07/21/2015	Date of Injury:	02/25/2008
Decision Date:	10/02/2015	UR Denial Date:	06/11/2015
Priority:	Standard	Application Received:	07/10/2015

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 Jersey

Certification(s)/Specialty: Family Practice

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 was a 41-year-old male, who sustained an industrial injury, February 25, 2008. The injured worker previously received the following treatments Nortriptyline, Gabapentin, Colace, Avinza, Norco, Cymbalta, Inderal, Metoprolol, Tizanidine and epidural steroid injections, physical therapy and home exercise program. The injured worker was diagnosed with lumbalgia, disc annular tears at L4-L5 and L5-S1 and lumbar radiculitis. According to progress note of May 6, 2015, the injured worker's chief complaint was back pain. The injured was experiencing back stiffness and radicular pain in the right and left leg. The injured worker reported that back extension, back flexion, hip extension and hip rotation worsened the condition. The injured worker described the pain as aching, burning, stabbing, throbbing, spasming, shooting, deep and shocks. The injured worker was experiencing stiffness and weakness. The pain was worsened by climbing stairs, running, standing, sitting worsens the pain and Lying down, and resting improved the pain. The pain was rated at 5 out of 10 and 10 out of 10 being the worst. The pain radiated into the legs. The physical exam noted the injured worker was uncomfortable and was having difficulty with walking, sitting and standing. There was tenderness across the lumbar spine with radiation to the left lower extremity weakness of 4 out of 5. The injured worker used a caner for ambulation. The bilateral patellar reflex and bilateral Achilles reflexes were 2 out of 4. The neurological exam of the L5 dermatome and S1 dermatome had decreased sensation to light touch on the left. The lumbosacral exam noted pain with Valsalva bilateral, positive FABER maneuver left, positive Gainslen's maneuver bilateral, Patrick's test bilateral, pain to palpation over the L% to L% to L% and L% to Si spinous processes,

pain with rotational extension indicative of facet capsular tears, secondary myofascial pain with triggering, ropey fibrotic banding and spasm bilateral and positive stork test bilateral. There was severe levels of pain at this visit and the severely spasming in the para-lumbar spinal musculature. The injured worker had a severely antalgic gait and tilt. The treatment plan included a request for a urine drug screen and prescription renewals for Nortriptyline, Gabapentin, Colace, Avinza, Norco and Cymbalta.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine Drug Screen: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing p 43, Opioids pp. 77, 78, 86.

Decision rationale: The MTUS Chronic Pain Guidelines state that urine drug screening tests may be used to assess for the use or the presence of illegal drugs. Drug screens, according to the MTUS, are appropriate when initiating opioids for the first time and afterwards yearly or more frequently in settings of increased risk of abuse, in patients with issues of abuse, addiction, or poor pain control. The MTUS lists behaviors and factors that could be used as indicators for drug testing, and they include: multiple unsanctioned escalations in dose, lost or stolen medication, frequent visits to the pain center or emergency room, family members expressing concern about the patient's use of opioids, excessive numbers of calls to the clinic, family history of substance abuse, past problems with drugs and alcohol, history of legal problems, higher required dose of opioids for pain, dependence on cigarettes, psychiatric treatment history, multiple car accidents, and reporting fewer adverse symptoms from opioids. In the case of this worker, repeatedly the notes stated that the worker did not show any signs of drug abuse or misuse and previous drug screening was consistent with current prescriptions. Therefore, it is not clear as to why frequent drug screening is needed for this worker. Without justification for this, the urine drug screen will be considered medically unnecessary.

Nortriptyline 25mg, #90, 4 refills (prescribed 06/04/2015): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain, pp. 13-16.

Decision rationale: The MTUS Chronic Pain Treatment Guidelines state that antidepressants used for chronic pain may be used as a first line option for neuropathic pain and possibly for non-neuropathic pain. Tricyclics are generally considered first-line within the antidepressant choices, unless they are not effective, poorly tolerated, or contraindicated. For patients >40 years old, a screening ECG is recommended prior to initiation of therapy, as tricyclics are contraindicated in patients with cardiac conduction disturbances/decomposition. A trial of 1 week of any type of anti-depressant should be long enough to determine efficacy for analgesia and 4 weeks for antidepressant effects. Documentation of functional and pain

outcomes is required for continuation as well as an assessment of sleep quality and duration, psychological health, and side effects. It has been suggested that if pain has been in remission for 3-6 months while taking an anti-depressant, a gradual tapering may be attempted. In the case of this worker, upon review of previous records leading up to this request, there was frequent approvals and evidence of benefit with nortriptyline use for depression and nerve pain. However, one month prior to this request, five month's worth of medication was approved, which would not require another request for this medication so soon. Therefore, the current request for nortriptyline will be considered medically unnecessary.

Gabapentin 600mg, #270, 4 refills (prescribed 06/04/2015): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy Drug.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs, pp. 16-22.

Decision rationale: The MTUS Guidelines state that anti-epilepsy drugs (or anti-convulsants) are recommended as first line therapy for neuropathic pain as long as there is at least a 30% reduction in pain. If less than 30% reduction in pain is observed with use, then switching to another medication or combining with another agent is advised. Documentation of pain relief, improvement in function, and side effects is required for continual use. Preconception counseling is advised for women of childbearing years before use, and this must be documented. In the case of this worker, upon review of previous records leading up to this request, there was frequent approvals and evidence of benefit with the use of Gabapentin for nerve pain. However, one month prior to this request, five month's worth of medication was approved, which would not require another request for this medication so soon. Therefore, the current request for Gabapentin will be considered medically unnecessary.

Colace 250mg, #60, (prescribed 06/04/2015): 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 Chapter (Online Version).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids p. 77. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, and Opioid-induced constipation treatment.

Decision rationale: The MTUS Chronic Pain Guidelines discuss very little about medication use for constipation besides the recommendation to consider treating constipation when initiating opioids. The ODG states that first line therapy for constipation related to opioid use should begin with physical activity, staying hydrated by drinking enough water, and eating a proper diet rich in fiber. Other food-based supplements such as eating prunes (or drinking prune juice) or fiber supplements may be attempted secondarily. If these strategies have been exhausted and the patient still has constipation, then using laxatives as needed may be considered. In the case of this worker, there was no report of constipation looking back and the recent prior notes made available for review, and no report of how effective this medication was, if constipation was actually a problem related to the opioid use. In addition, there was no record to suggest this worker was using first line methods for constipation to justify using Colace.

Therefore, this request for Colace will not be considered medically necessary.

Avinza 45mg, #60, (prescribed 06/04/2015): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids pp. 78-96.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that opioids may be considered for moderate to severe chronic pain as a secondary treatment, but require that for continued opioid use, there is to be ongoing review and documentation of pain relief, functional status, appropriate medication use with implementation of a signed opioid contract, drug screening (when appropriate), review of non-opioid means of pain control, using the lowest possible dose, making sure prescriptions are from a single practitioner and pharmacy, and side effects, as well as consultation with pain specialist if after 3 months unsuccessful with opioid use, all in order to improve function as criteria necessary to support the medical necessity of opioids. Long-term use and continuation of opioids requires this comprehensive review with documentation to justify continuation. In the case of this worker, although documentation of no side effects and appropriate opioid use was included in the notes, a report of 90% reduction in pain with the use of this medication did not correspond with the report of 5-7/10 pain level found in the same notes, suggesting one of the two reports on pain relief is not true. Regardless, there was no clear and specific mention of how this medication was improving function, which might have helped to justify its continuation. Considering these factors above, the Avinza will be considered medically unnecessary at this time. Weaning may be indicated.

Norco 10/325mg, #180, (prescribed 06/04/2015): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids pp. 78-96.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that opioids may be considered for moderate to severe chronic pain as a secondary treatment, but require that for continued opioid use, there is to be ongoing review and documentation of pain relief, functional status, appropriate medication use with implementation of a signed opioid contract, drug screening (when appropriate), review of non-opioid means of pain control, using the lowest possible dose, making sure prescriptions are from a single practitioner and pharmacy, and side effects, as well as consultation with pain specialist if after 3 months unsuccessful with opioid use, all in order to improve function as criteria necessary to support the medical necessity of opioids. Long-term use and continuation of opioids requires this comprehensive review with documentation to justify continuation. In the case of this worker, although documentation of no side effects and appropriate use of opioids was included in the notes, a report of 90% reduction in pain with the use of this medication did not correspond with the report of 5-7/10 pain level found in the same notes, suggesting one of the two reports on pain relief is not true. Regardless, there was no clear and specific mention of how this medication was improving function, which might have helped to justify its continuation. Considering these factors above, the Norco will be considered medically unnecessary at this time. Weaning may be indicated.

Cymbalta 60mg, #30, 4 refills (prescribed 06/04/2015): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cymbalta (duloxetine), p. 43.

Decision rationale: Duloxetine, a norepinephrine and serotonin reuptake inhibitor antidepressant (SNRI), specifically is recommended by the MTUS as a first-line treatment option for neuropathic pain. It is not to be used by those with hepatic insufficiency or substantial alcohol use. It may be used for the treatment of depression, anxiety, fibromyalgia, and neuropathic pain. In the case of this worker, upon review of previous records leading up to this request, there was frequent approvals and evidence of benefit with the use of Cymbalta for depression and nerve pain. However, one month prior to this request, five month's worth of medication was approved, which would not require another request for this medication so soon. Therefore, the current request for Cymbalta will be considered medically unnecessary.