

Case Number:	CM15-0162301		
Date Assigned:	08/31/2015	Date of Injury:	08/14/1998
Decision Date:	10/20/2015	UR Denial Date:	07/27/2015
Priority:	Standard	Application Received:	08/18/2015

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: Pediatrics, 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 69 year old female who sustained an industrial injury on 08-14-1998. The mechanism of injury was not discussed in the clinical notes. Treatment provided to date has included: trigger point injections, medications, and conservative therapies/care. Although, some x-rays were available for review, these diagnostic tests were completed after the date of request. There were no noted comorbidities or other dates of injury noted. On 07-20-2015, physician progress report (PR) indicated that the injured worker was being seen on follow-up of spraining injury to the low back with complaints of upper back and neck pain. It was noted that the injured worker had suffered a fall a few weeks prior to this visit. There was no pain rating or description of the pain mentioned. Additional complaints included trouble breathing with inspiration, difficulty sleeping, low back pain, and lower extremity weakness. Current medications include diazepam, Lortab, cyclobenzaprine, gabapentin, aspirin, Nystatin, Benazepril, inhalers, Voltaren gel, Mirtazapine, sumatriptan, Bupropion, and Savella. The physical exam revealed tenderness to the upper back and neck and increasing with rotation and extension of the cervical spine, pain with deep breathing, tenderness over the thoracic posterior elements, and slight guarding in the low back. The provider noted diagnoses of fall with multiple injuries, lumbar sprain, chronic pain syndrome, lower extremity weakness, rule out spinal myelopathy and spinal cord compression, and bilateral upper extremity numbness and tingling. Plan of care includes continuation of current medications; urgent x-rays of the chest, cervical spine, thoracic spine and lumbar spine; possible further trigger point injections, and follow-up the following day. The injured worker's work status was not mentioned. The request for authorization and IMR

(independent medical review) includes: diazepam 5mg #90 with 1 refill, Lortab 10-325mg #120 with 1 refill, cyclobenzaprine 10mg #120 with 1 refill, and gabapentin 600mg #180 with 1 refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diazepam 5mg #90, 1 refill: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (chronic) Chapter: Diazepam (Valium) & Benzodiazepines.

Decision rationale: Valium (diazepam) is a benzodiazepine which is often used in the treatment of anxiety, muscle spasms, seizures, and other medical conditions (per the FDA). The MTUS is silent in regards to Valium (diazepam), but does state that benzodiazepines are not recommended for long-term use due to the unproven efficacy and the risk of dependence, with use limited to 4 weeks. The ODG was also consulted in this review, and it states that diazepam is not recommended (referring further to the benzodiazepine section of the pain chapter). In reference to benzodiazepines, the ODG states that benzodiazepines are not recommended as a first-line treatment. The ODG also goes on to specify criteria for prescribing these medications if the provider and payor agree to prescribe despite the warnings. These criteria include: 1) Indications for use should be provided at the time of initial prescription; and 2) Authorization after a one-month period should include the specific necessity for ongoing use as well as documentation of efficacy. In this case, the prescribing physician stated the reason for this medication was for muscle spasms. The injured worker has been taking this medication since at least 02-2015. The MTUS states that benzodiazepines are not recommended for long-term use (use is limited to 4 weeks) due to the unproven efficacy and the risk of dependence. Additionally, the injured worker had already been prescribed a muscle relaxant (cyclobenzaprine). Therefore, the request for diazepam 5mg #90 with 1 refill is not medically necessary.

Lortab 10-325mg #120, 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain, Opioids, specific drug list.

Decision rationale: MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Lortab (hydrocodone/paracetamol) is an opioid drug that is used to treat moderate to moderately severe pain. The MTUS discourages long term usage unless there is

evidence of "ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." The MTUS also recommends the discontinuation of opioids when there is no overall improvement in function, unless there are extenuating circumstances. Weaning should occur under direct ongoing medical supervision as a slow taper except for the below mentioned possible indications for immediate discontinuation. Immediate discontinuation has been suggested for aberrant behaviors. It is also recommended that urine drug screening be used to monitor for misuse, abuse, addiction, or poor pain control. Opioids are recommended for continuation if the patient has returned to work, or if there has been improvement functioning and pain. Upon review of the submitted documentation, it is clear that the injured worker has been prescribed Lortab for several months. However, the progress reports demonstrate that the treating physician did not document: 1) the least reported pain over the period since last assessment; 2) intensity of pain after taking the opioid; 3) how long it takes for pain relief; 4) how long pain relief lasts; 5) improvement in pain; or 6) improvement in function. Additionally, there has been insufficient documented evidence of an overall and ongoing reduction in pain, improvement in function or decreased dependence on medical care with the use of this medication. As such, the request for continued Lortab (hydrocodone/paracetamol) 10-325mg #120 with 1 refill is not medically necessary.

Cyclobenzaprine 10mg #120, 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

Decision rationale: MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Cyclobenzaprine (brand names: Amrix, Flexeril and Fexmid; generic form: tabradol) is a centrally acting skeletal muscle relaxant. The MTUS recommends non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP (low back pain) as they can reduce pain from muscle tension and possibly increase mobility. However, in most cases involving LBP, they provide no more 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. Cyclobenzaprine (Amrix, Flexeril, Fexmid and other generic forms) is recommended for a short course of treatment (with greatest effect within the first 4 days) and not recommended for long term use. Dosing recommendations: 5 mg three times a day can be increased to 10 mg three times a day. This medication is not recommended to be used for longer than 2-3 weeks. The clinical notes show that the injured worker has been prescribed cyclobenzaprine (Flexeril) for several months with insufficient evidence of reduced spasms, reduction in pain, or improvement

in function with the use of this medication. Furthermore, the MTUS does not recommend or support the long-term use of muscle relaxants. Therefore, the request for cyclobenzaprine 10mg #120 with 1 refill is not medically necessary.

Gabapentin 600mg #180, 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs).

Decision rationale: MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. According to California MTUS Guidelines, Anti-Epilepsy drugs (AEDs) are a first-line treatment for neuropathic pain. Gabapentin (Neurontin) is FDA approved for diabetic neuropathy and post-herpetic neuralgia and has been used effectively for the treatment of other neuropathic pain. The guidelines indicate a good to moderate response to the use of AEDs is a 30-50% reduction in pain. The MTUS states; "A 'good' response to the use of AEDs has been defined as a 50% reduction in pain and a 'moderate' response as a 30% reduction. A lack of response of this magnitude may indicate the need for the following: (1) a switch to a different first-line agent (TCA, SNRI or AED are considered first-line treatment); or (2) combination therapy if treatment with a single drug agent fails." In this case, the injured worker has been taking gabapentin (Neurontin) for several months with no significant measurable improvement in pain or function documented with this medication. Without evidence of improvement, the guidelines recommend changing to a different first-line agent (TCA, SNRI or AED) or a combination of therapy. In addition, there is no documented evidence of neuropathic pain, diabetic neuropathy or post-herpetic neuralgia. Therefore, gabapentin 600mg #180 with 1 refill is not medically necessary.