

Case Number:	CM15-0162565		
Date Assigned:	09/04/2015	Date of Injury:	03/07/2009
Decision Date:	10/27/2015	UR Denial Date:	07/31/2015
Priority:	Standard	Application Received:	08/19/2015

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, California

Certification(s)/Specialty: Emergency 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 45-year-old female, with a reported date of injury of 03-07-2009. The mechanism of injury was the result of bending to lift a full crate of milk from the lowest shelf of a refrigerator. She twisted while lifting. The injured worker's symptoms at the time of the injury included a sharp pain in her low back. The diagnoses include major depressive disorder, chronic low back pain, lumbar degenerative disc disease, status post L5-S1 complete discectomy with partial vertebrectomy and disc replacement, right sciatica, pain-related depression, pain-related insomnia, constipation, and gastroparesis. Treatments and evaluation to date have included psychological treatment, oral medications, cognitive behavioral therapy, lumbar epidural steroid injection, physical therapy, oral psychotropic medications. The diagnostic studies to date have included a CT scan of the abdomen on 01-27-2015 which showed possible closed loop obstruction; and electrodiagnostic studies in the bilateral legs which showed neuropathic changes and chronic right L5-S1 radiculopathy. The medical report dated 06-30-2015 indicates that the injured worker stated that she was averaging 8 hours of sleep at night with the medications; however, without it she tended to average 5-6 hours of sleep in a night and would wake more frequently. The injured worker had an MRI of the lumbar spine on 10-20-2014 which showed no central spinal canal or neuroforaminal compromise. She also underwent an x-ray of the lumbar spine on 11-20-2012 which showed prosthetic disc placement with good alignment and distraction and no instability. She continued to have chronic low back pain, with radicular symptoms to her right lower extremity. The injured worker rated her pain 8 out of 10 without medications, and 4 out of 10 with medications. It was noted that the pain medications were necessary to help manage the injured worker's pain so that she was able to adequately

function with upright activities of daily living. The objective findings include some tenderness overlying the lumbar spine, no lumbar paraspinal tenderness, negative bilateral straight leg raise test, deep tendon reflexes in the lower extremities were 2+ out of 4 and symmetrical bilaterally, normal muscle testing in the lower extremities in all major muscle groups, reduced sensation to light touch in the L3 and L4 dermatomes of the right lower extremity, and grossly intact sensation to light touch and proprioception in the lower extremities. It was noted that the injured worker would continue working under restrictions. She was under restrictions of limitation to 24 hours of work per week. The treatment plan included the continuation of the injured worker's medication regimen. The treating physician requested Amitriptyline Hydrochloride 25mg #30 with one refill; Wellbutrin SR 150mg #60 with one refill; Buspirone Hydrochloride 10mg #60 with one refill; Voltaren Sodium 75mg #30 with one refill; Flector patch 1.3% #30 with one refill; Lactulose 10grams-5ml #2 with one refill; Percocet 10-325mg #180; and Phenergan 25mg #90 with one refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

Amitriptyline Hydrochloride 25 mg #30 with 1 refill: Overturned

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): Amitriptyline, Antidepressants for chronic pain.

Decision rationale: The CA MTUS Chronic Pain Guidelines indicate that antidepressants are recommended as a first line option for neuropathic pain, and possibly for non-neuropathic pain. Amitriptyline is a tricyclic antidepressant. The guidelines stated that "tricyclics are generally considered a first-line agent unless they are ineffective, poorly tolerated, or contraindicated." For neuropathic pain, tricyclic antidepressants are recommended, especially if the pain is accompanied by insomnia, anxiety, or depression. The injured worker had low back pain with radicular symptoms. She was also diagnosed with pain-related insomnia. There was documentation that Amitriptyline was given to replace Temazepam. The injured worker has been taking Amitriptyline since at least 11-2014. MTUS indicates that the starting dose of Amitriptyline for neuropathic pain may be as low as 10-25mg at night, with increases of 10-25mg once or twice a week up to 100mg per day. The request meets guideline recommendations. Therefore, the request for Amitriptyline with one refill is medically necessary.

Wellbutrin SR 150 mg #60 with 1 refill: Overturned

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): Bupropion (Wellbutrin). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental/Stress Chapter, Bupropion (Wellbutrin).

Decision rationale: The CA MTUS Chronic Pain Guidelines recommend Bupropion (Wellbutrin) as an option after other agents. It is a non-tricyclic antidepressant that has been shown to be effective in relieving neuropathic pain. The side effects of Bupropion include headache, agitation, insomnia, anorexia, and weight loss. The MTUS recommends antidepressants as a first line option for neuropathic pain and possibly for non-neuropathic pain. The guidelines stated that although Wellbutrin showed some effectiveness in neuropathic pain, there was no evidence of effectiveness in patients with non-neuropathic chronic low back pain. The injured worker had low back pain with radicular symptoms. The long-term effectiveness of antidepressants has not been established. The non-MTUS Official Disability Guidelines (ODG) recommend Bupropion "as a first-line treatment option for major depressive disorder." The injured worker has been diagnosed with major depressive disorder. She has been taking Wellbutrin since at least 10-16-2012. There was documentation that the Wellbutrin was necessary to help the injured worker's depression. The request meets guideline recommendation. Therefore, the request is medically necessary.

Bupirone Hydrochloride 10 mg #60 with 1 refill: Overturned

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

MAXIMUS guideline: Decision based on MTUS Stress-Related Conditions 2004, Section(s): Treatment. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Anxiety medications in chronic pain.

Decision rationale: The CA MTUS ACOEM Guidelines indicate that anxiolytics are not recommended as first-line therapy for stress-related conditions because they can lead to dependence. The guidelines state that they may be appropriate for brief periods in case of overwhelming symptoms interfere with daily functioning. The non-MTUS Official Disability Guidelines recommend "diagnosing and controlling anxiety as an important part of chronic pain treatment, including treatment with anxiety medications based on specific DSM-IV diagnosis..." The guidelines indicate that Buspar is recommended to treat generalized anxiety disorder, and is also approved for short-term relief of anxiety symptoms. The effectiveness is decreased in patients with recent prior benzodiazepine use. The treating physician documented that Buspirone was necessary to help the injured worker's depression. There was also documentation that the injured worker noted 50% reduction in her depression and anxiety with the Buspirone.

The request does meet guideline recommendation. Therefore, the request for Buspar is medically necessary.

Voltaren Sodium 75 mg #30 with 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): NSAIDs, specific drug list & adverse effects, NSAIDs (non-steroidal anti-inflammatory drugs).

Decision rationale: The CA MTUS Chronic Pain Guidelines indicate that NSAIDs (non-steroidal anti-inflammatory drugs) is "recommended at the lowest dose for the shortest period

in patients with moderate to severe pain." Voltaren (Diclofenac) is an NSAID. For back pain, NSAIDs are recommended as a second-line treatment after acetaminophen. The injured worker had low back pain with radicular symptoms. MTUS states that anti-inflammatory medications are the traditional first line of treatment to reduce pain so that activity and function restoration can resume. However, long-term use may not be justified. The injured worker has been taking Voltaren since at least 01-11-2010. There was documentation that the medication helped with the injured worker's tolerance for activity and the injured worker continued to work with restrictions. However, the request exceeds guideline recommendation. Therefore, the request for Voltaren is not medically necessary.

Flector Patch 1.3% #30 with 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): Topical Analgesics.

Decision rationale: The CA MTUS Chronic Pain Guidelines indicate that topical analgesics are "primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed." They are "largely experimental in use with few randomized controlled trials to determine effectiveness or safety." Flector patch contains diclofenac, which is a non-steroidal anti-inflammatory drug (NSAID). The effectiveness in the clinical trials for topical NSAIDs have been inconsistent and most studies are small and of short duration. The guidelines also indicate that topical NSAIDs "may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety." There was documentation that the Flector patches helped to provide approximately 50% reduction in the injured worker's pain, and the patches were applied to the low back for 12 hours a day. The injured worker has been using Flector patches since at least 01-11-2010. The injured worker had low back pain with radicular symptoms. According to the guidelines, there is little evidence to use topical NSAIDs for the treatment of osteoarthritis of the spine, hip, or shoulder. For neuropathic pain, topical NSAIDs are not recommended as there is no evidence to support use. Therefore, the request for Flector patch with one refill is not medically necessary.

Lactulose 10g/15ml #2 with 1 refill: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain: Opioid-induced constipation treatment and Other Medical Treatment Guidelines <http://www.drugs.com/pro/lactulose.html>.

Decision rationale: CA MTUS is silent on this topic. According to the above reference, lactulose is a "Lactulose solution is a colonic acidifier which promotes laxation" and is used for the treatment of constipation. According to the ODG reference, "Opioid-induced constipation is a common adverse effect of long-term opioid use because the binding of opioids to peripheral opioid receptors in the gastrointestinal (GI) tract results in absorption of electrolytes, such as chloride, with a subsequent reduction in small intestinal fluid. Activation of enteric opioid receptors also results in abnormal GI motility. Constipation occurs commonly

in patients receiving opioids and can be severe enough to cause discontinuation of therapy." The reviewed records support the IW has had long-standing use of opiate pain medication. There is no discussion regarding constipation and methods tried to address this condition. There are not abdominal exams documented. Additionally, the opiate medications requested with this review have been determined not medically necessary. Without the support of the documentation, the request for lacticulose is not medically necessary.

Percocet 10/325 mg #180: 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 for chronic pain, Opioids, specific drug list.

Decision rationale: The CA MTUS Chronic Pain Guidelines indicate that on-going management for the use of opioids should include the on-going review and documentation of pain relief, functional status, appropriate medication use, and side effects. The pain assessment should include: current pain, the least reported pain over the period since the last assessment, average pain, and intensity of pain after taking the opioid, how long it takes for pain relief, and how long the pain relief lasts. The documentation did not include these items as recommended by the guidelines. Percocet is a combination of oxycodone and acetaminophen. The MTUS indicate that oxycodone should be administered every 4 to 6 hours as needed for pain and for more severe pain; the dose is 10-30mg every 4 to 6 hours as needed for pain. The injured worker has been taking Percocet since at least 06-30-2015. The treating physician prescribed Percocet 10-325mg every four hours as needed instead of Oxycodone, since it was not authorized. Ongoing management should reflect four domains of monitoring, including analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors. There was documentation that the injured worker had signed a pain contract and had not shown any aberrant behaviors regarding her medications. The MTUS recommends urine drug screens for patients with poor pain control and to help manage patients at risk of abuse. However, specific functional goals, random drug testing, and opioid contract were not discussed. Therefore, the request for Percocet is not medically necessary.

Phenergan 25 mg #90 with 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: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Promethazine (Phenergan) and Antiemetics (for opioid nausea).

Decision rationale: The CA MTUS does not address Phenergan. The non-MTUS Official Disability Guidelines indicate that Phenergan is "not recommended for nausea and vomiting secondary to chronic opioid use." The treating physician documented that Phenergan helped to manage the nausea the injured worker had experienced since the lumbar surgery. It was noted that she had failed to benefit from Zofran previously. The guidelines also indicate that Phenergan "is recommended as a sedative and antiemetic in pre-operative and post-operative situations." The medication is not recommended for nausea and vomiting due to chronic opioid use. The injured worker has been taking Phenergan since at least 10-16-2012. There was

documentation that the injured worker experienced nausea with her pain medications, which was alleviated by the Phenergan. The request does not meet guideline recommendation. Therefore, the request for Phenergan is not medically necessary.