MAXIMUS Federal Services

Case Number:	CM15-0165971		
Date Assigned:	09/03/2015	Date of Injury:	04/05/2001
Decision Date:	10/21/2015	UR Denial Date:	08/06/2015
Priority:	Standard	Application Received:	08/24/2015

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, Pain Management

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 59-year-old female with an industrial injury dated 04-05-2001. The injured worker's diagnoses include lumbar spine disc herniation, lumbar radiculopathy, chronic pain syndrome, status post microscopic lumbar discectomy and status post right knee replacement. Treatment consisted of diagnostic studies, physical therapy, and aqua therapy, chiropractic treatment, prescribed medications, epidural steroid injections and periodic follow up visits. According to the progress note dated 07-20-2015, the injured worker presented for pain management. The injured worker reported persistent neck pain, headaches, and low back pain. The injured worker rated neck pain a 2-4 out of 10. The injured worker rated low back pain a 5-6 out of 10. Objective findings revealed severely antalgic gait, use of a walker and severely decreased range of motion of the cervical spine and lumbar spine in all planes, limited by pain. Objective findings also revealed diffused tenderness of the cervical spine, thoracic spine and lumbar spine; decreased sensation of the left C6-C8 dermatomes and right L4 dermatomes; and limited upper and lower extremities motor exam due to pain. Knee exam revealed decreased range of motion of right knee and pain with bilateral knee range of motion. The treatment plan consisted of transforaminal lumbar epidural steroid injection (ESI), medication management and follow up visit. The treating physician prescribed Cyclobenzaprine 7.5mg tablet, Naproxen sodium 550mg tablet, Omeprazole 20mg capsules, Duloxetine DR 30mg capsules, Lyrica 150mg #60, 2 refills and Butrans 5mg #4, 2 refills, now under review. The progress report dated June 2015 states that all of the patients' medications including naproxen, Flexeril, gabapentin, Prilosec, and Cymbalta decrease her pain by 20% and allow increased walking distance with no side effects. The note goes on to indicate that the current medications increase the patient's activities. The note states that the patient has had a urine drug screen positive for methamphetamine. It

recommends starting Butrans patch. A urine drug screen performed on February 12, 2015 indicates that the patient was using Butrans at that time, although it was not detected in the patient's urine. A subsequent progress note indicates that Lyrica decreases the patient's pain by 30%. A report dated July 24, 2015 documents 20% improvement in pain while using Butrans with no side effects.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 7.5mg tablet: 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: Regarding the request for cyclobenzaprine (Flexeril), Chronic Pain Medical Treatment Guidelines support the use of non-sedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Guidelines go on to state that cyclobenzaprine specifically is recommended for a short course of therapy. Within the documentation available for review, the requesting physician has indicated that a group of medications improve the patient's pain and function. However, there is no indication identifying how much each specific individual medicine is improving the patient's pain and function. As such, there is no identification of a specific analgesic benefit or objective functional improvement as a result of the cyclobenzaprine. Additionally, it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation, as recommended by guidelines. Finally, there is no documentation of failure of first-line treatment options, as recommended by guidelines. In the absence of such documentation, the currently requested cyclobenzaprine (Flexeril) is not medically necessary.

Naproxen sodium 550mg tablet: 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 (non-steroidal anti-inflammatory drugs), NSAIDs, GI symptoms & cardiovascular risk, NSAIDs, hypertension and renal function, NSAIDs, specific drug list & adverse effects.

Decision rationale: Regarding the request for Naproxen, Chronic Pain Medical Treatment Guidelines state that NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Within the documentation available for review, the requesting physician has indicated that a group of medications improve the patient's pain and function. However, there is no indication identifying how much each specific individual medicine is improving the patient's pain and function. As such, there is no indication that Naproxen is providing any specific analgesic benefits (in terms of percent pain reduction, or reduction in numeric rating scale), or any objective functional improvement. Finally, the current request does not include the number of pills requested, number of refills desired, or duration of

use intended. Open-ended request are not supported by guidelines, and there is no provision to modify the current request. In the absence of such documentation, the currently requested Naproxen is not medically necessary.

Omeprazole 20mg capsules: 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, GI symptoms & cardiovascular risk. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Proton Pump Inhibitors (PPIs).

Decision rationale: Regarding the request for omeprazole (Prilosec), California MTUS states that proton pump inhibitors are appropriate for the treatment of dyspepsia secondary to NSAID therapy or for patients at risk for gastrointestinal events with NSAID use. Within the documentation available for review, there is no indication that the patient has complaints of dyspepsia secondary to NSAID use, a risk for gastrointestinal events with NSAID use, or another indication for this medication. Finally, the current request does not include the number of pills requested, number of refills desired, or duration of use intended. Open-ended request are not supported by guidelines, and there is no provision to modify the current request. In light of the above issues, the currently requested omeprazole (Prilosec) is not medically necessary.

Duloxetine DR 30mg capsules: 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): Antidepressants for chronic pain.

Decision rationale: Regarding the request for Duloxetine (Cymbalta), guidelines state that anti-depressants are recommended as a 1st line option for neuropathic pain and as a possibility for non-neuropathic pain. Guidelines go on to recommend a trial of at least 4 weeks. Assessment of treatment efficacy should include not only pain outcomes, but also an evaluation of function, changes in use of other analgesic medication, sleep quality and duration, and psychological assessment. Within the documentation available for review, the requesting physician has indicated that a group of medications improve the patient's pain and function. However, there is no indication identifying how much each specific individual medicine is improving the patient's pain and function. As such, there is no identification that the Cymbalta provides any specific analgesic effect (in terms of reduced numeric rating scale or percent reduction in pain), or provides any objective functional improvement, reduction in opiate medication use, or improvement in psychological well-being. Additionally, if the Cymbalta is being prescribed to treat depression, there is no documentation of depression, and no objective findings which would support such a diagnosis (such as a mini mental status exam, or even depressed mood). Finally, the current request does not include the number of pills requested, number of refills desired, or duration of use intended. Open-ended request are not supported by guidelines, and there is no provision to modify the current request. In the absence of clarity regarding those issues, the currently requested Duloxetine (Cymbalta) is not medically necessary.

Lyrica 150mg #60, 2 refills: 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): Anti-epilepsy drugs (AEDs).

Decision rationale: Regarding request for Lyrica, Chronic Pain Medical Treatment Guidelines state that anti-epilepsy drugs are recommended for neuropathic pain. They go on to state that a good outcome is defined as 50% reduction in pain and a moderate response is defined as 30% reduction in pain. Guidelines go on to state that after initiation of treatment, there should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with use. The continued use of AEDs depends on improved outcomes versus tolerability of adverse effects. Within the documentation available for review, there is identification of analgesic benefit and documentation of objective functional improvement. It is acknowledged, that there should be better documentation of functional improvement specifically attributable to this medication. However, due to analgesic efficacy and objective functional improvement described in general, continuing to provide this patient with medication should allow the requesting physician time to better document those items. As such, the currently requested Lyrica is medically necessary.

Butrans 5mg #4, 2 refills: 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): Opioids (Classification), Opioids, California Controlled Substance Utilization Review and Evaluation System (CURES) [DWC], Opioids, criteria for use, Opioids for chronic pain, Opioids for neuropathic pain, Opioids for osteoarthritis, Opioids, cancer pain vs. nonmalignant pain, Opioids, dealing with misuse & addiction, Opioids, differentiation: dependence & addiction, Opioids, dosing, Opioids, indicators for addiction, Opioids, long-term assessment.

Decision rationale: Regarding the request for Butrans, California Pain Medical Treatment Guidelines note that it is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is indication that the medication is improving the patient's function and pain with no intolerable side effects, and the patient is noted to undergo monitoring. It is acknowledged, that there should be better documentation of functional improvement specifically attributable to this medication. However, due to analgesic efficacy and objective functional improvement described in general, continuing to provide this patient with medication should allow the requesting physician time to better document those items. As such, the currently requested Butrans is medically necessary.