

Case Number:	CM15-0189286		
Date Assigned:	10/01/2015	Date of Injury:	05/31/2002
Decision Date:	12/09/2015	UR Denial Date:	09/14/2015
Priority:	Standard	Application Received:	09/25/2015

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:

This is a 64 year old male with a date of injury of May 31, 2002. A review of the medical records indicates that the injured worker is undergoing treatment for lumbar post laminectomy syndrome, cervical spondylosis, and cervical radiculopathy. Medical records dated July 22, 2015 indicate that the injured worker complained of an increase in his chronic neck, mid back, and lower back pain (pain levels were not enumerated), numbness of the bilateral fingers, and recent bilateral leg swelling. Records also indicate that the injured worker was "Stable on his current medication regimen". A progress note dated August 28, 2015 indicate that the injured worker complained of chronic neck, mid back, and lower back pain (pain levels were not enumerated), and recent bilateral leg swelling. The physical exam dated July 22, 2015 reveals loss of lumbar lordosis, stooped cautious gait with use of a cane, decreased range of motion of the lumbar spine in all directions, severe tenderness to palpation of the lumbar paraspinous muscles, significant spasms of the lumbar paraspinal muscles, diffuse lower extremity weakness due to pain, and decreased sensation on both feet. The progress note dated August 28, 2015 documented a physical examination that showed no changes since the examination performed on July 22, 2015. Treatment has included medications (Rozerem 8mg at bedtime, Methocarbamol 750mg three times a day, and Lidoderm patches 5% twelve hours each day since at least October of 2010; Cymbalta, 60mg each morning and 30mg each evening, Norco 10-325mg every six hours, Hyslinga ER 20mg every day, and Motrin 600mg three times a day since at least July of 2015). The treating physician documented August 28, 2015) that the CURES reports dated August 26, 2015, July 22, 2015, and March 25, 2015 were "Consistent". The original utilization review

(September 14, 2015) non-certified a request for Rozerem 8mg #30, Hyslinga ER 20mg #30, Lidoderm patches 5% #90, and Methocarbamol 750mg #90 with five refills, and partially certified a request for Cymbalta 60mg #30 (original request for 60mg plus 30mg , #30, #30), and Norco 10-325mg #120 for one month to allow for weaning and discontinuation (original request for Norco 10-325mg #120).

IMR ISSUES, DECISIONS AND RATIONALES

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

Rozerem 8 mg, sig 1 tab PO QHS, QTY 30 refills 5 for the management of chronic neck and low back pain as outpatient: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Goodman and Gilman's The Pharmacological Basis of Therapeutics; Physicians Desk Reference, and 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) Chronic Pain Chapter & Mental Illness and Stress Chapter, Insomnia Topics and Other Medical Treatment Guidelines Uptodate Online, Rozerem.

Decision rationale: Regarding the request for Rozerem (ramelteon), this is a sleep medication. Regarding the request for sleep medication, California MTUS guidelines are silent regarding the use of sedative hypnotic agents. ODG recommends the short-term use (usually two to six weeks) of pharmacological agents only after careful evaluation of potential causes of sleep disturbance. They go on to state the failure of sleep disturbances to resolve in 7 to 10 days, may indicate a psychiatric or medical illness. Non-pharmacologic techniques such as sleep hygiene education or recommended first line prior to pharmacologic therapies. It is further noted that Uptodate Online, an evidenced-based database, states that ramelteon is indicated for the "treatment of insomnia characterized by difficulty with sleep onset." Within the documentation submitted for review, it is noted that this request is for a several month course of this medication. This is against guidelines which suggest short use only. The IMR process cannot modify requests. Furthermore, this medication is not indicated for chronic pain. Given this, this request is not medically necessary.

Cymbalta 60 mg + 30 mg sig 1 cap PO QAM QPM QTY 30 QTY 30 refill 0 for the management of chronic neck and low back pain as outpatient: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Goodman and Gilman's The Pharmacological Basis of Therapeutics; Physicians Desk Reference, and Official Disability Guidelines.

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 antidepressants 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, there is identification that the Cymbalta provides some analgesic effect as a handwritten questionnaire is filled out by the patient who checks that this medication is helping. However, the FDA approval of cymbalta for chronic musculoskeletal pain only allows dosing to 60mg/day. The IMR process cannot modify requests and thus this request is not medically necessary.

Norco 325 mg-10 mg, sig 1 tab PO Q6 hrs Qty 120 refill 0 for the management of chronic neck and low back pain as outpatient: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Goodman and Gilman's The Pharmacological Basis of Therapeutics; Physicians Desk Reference, and Official Disability Guidelines.

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

Decision rationale: With regard to this request, the California Chronic Pain Medical Treatment Guidelines state the following about on-going management with opioids: "Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the '4 A's' (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs." Guidelines further recommend discontinuing opioids if there is no documentation of improvement in function and reduction in pain. In the progress reports available for review, the requesting provider did adequately document monitoring of the four domains. Improvement in function and pain reduction were noted in a progress note dated 10/12/2015. The patient did not report any side effects. Monitoring for aberrant behavior has been carried out, and urine drug testing was reported to be consistent (last one done in 7/22/2015). This request is medically necessary.

Hyslinga ER 20 mg sig 1 tab PO QD QTY 30 refill 0 for the management of chronic neck and low back pain as outpatient: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Goodman and Gilman's The Pharmacological Basis of Therapeutics; Physicians Desk Reference, and Official Disability Guidelines.

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

Decision rationale: With regard to this request, the California Chronic Pain Medical Treatment Guidelines state the following about on-going management with opioids: "Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the '4 A's' (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs." Guidelines further recommend discontinuing opioids if there is no documentation of improvement in function and reduction in pain. In the progress reports available for review, the requesting provider did adequately document monitoring of the four domains. Improvement in function and pain reduction were noted in a progress note dated 10/12/2015. The patient did not report any side effects. Monitoring for aberrant behavior has been carried out, and urine drug testing was reported to be consistent (last one done in 7/22/2015). It is appropriate to utilize a long acting opioid such as Hysingla in conjunction with short-acting narcotics for breakthrough pain as in the case of this worker. This request is medically necessary.

Lidoderm 5% patch sig topical Q12 hrs QTY 90 refills 5 for the management of chronic neck and low back pain as outpatient: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Goodman and Gilman's The Pharmacological Basis of Therapeutics; Physicians Desk Reference, and Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: Regarding request for topical Lidoderm, Chronic Pain Medical Treatment Guidelines recommend the use of topical lidocaine for localized peripheral pain after there has been evidence of a trial of the first line therapy such as tricyclic antidepressants, SNRIs, or antiepileptic drugs. Within the documentation available for review, there is no indication of a localized peripheral neuropathic pain as recommended by guidelines. Although the patient has lumbar post-laminectomy syndrome, this condition is not similar in the same vein as conditions such as diabetic peripheral neuropathy or post-herpetic neuralgia for which Lidoderm is FDA approved. As such, the currently requested Lidoderm is not medically necessary.

Methocarbamol 750 mg sig 1 tab PO TID QTY 90 refills 5 for the management of chronic neck and low back pain as outpatient: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Goodman and Gilman's The Pharmacological Basis of Therapeutics; Physicians Desk Reference, and Official Disability Guidelines.

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

Decision rationale: Regarding the request for methocarbamol (Robaxin), 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. Within the documentation available for review, it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation, as recommended by guidelines. Rather this worker has chronic pain due to lumbar post-laminectomy syndrome. The time course of this prescription also exceeds guideline recommendations for short-term use. Given this, the currently requested methocarbamol (Robaxin) is not medically necessary.

Motrin 600 mg sig 1 tab PO TID QTY 90 refills 5 for the management of chronic neck and low back pain as outpatient: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Goodman and Gilman's The Pharmacological Basis of Therapeutics; Physicians Desk Reference, and Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

Decision rationale: Regarding the request for this NSAID, 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, there is indication of benefit from this medication. However, a 6-month course is not appropriate. A shorter follow-up interval with this medication would allow appropriate monitoring of cardiac, GI, and kidney effects as well as any other side effects. Since the patient is being followed at more regular intervals, this medication may be suitable for a shorter supply. Unfortunately, the IMR process does not modify any requests. Given this, the current request is not medically necessary.