

Case Number:	CM15-0190793		
Date Assigned:	10/02/2015	Date of Injury:	12/09/2000
Decision Date:	12/14/2015	UR Denial Date:	08/28/2015
Priority:	Standard	Application Received:	09/28/2015

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: Texas, Florida

Certification(s)/Specialty: Anesthesiology, 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 62 year old female, who sustained an industrial injury on 12-9-2000. The injured worker was being treated for left knee internal derangement, right knee meniscal tear, severe bilateral knee DLD, bilateral trochanteric bursitis, chronic pain in multiple locations, scapular neuralgia, cervical degenerative disc disease, prolonged depression, migraine headaches, obesity, and lumbar herniated nucleus pulposus. Medical records (3-2015 to 7-28-2015) indicate the injured worker reported increased bilateral knee stiffness. She reported difficulty with straightening her left knee, arthritic right knee pain, and knee instability. She reported leg weakness and knee instability made it difficult to walk even short distances. The injured worker noted left shoulder, left elbow, left back pain radiating down to the left knee and bilateral knee pain on a body diagram. In addition, she reported ongoing anxiety and depression. The treating physician noted that the injured worker scored 26 out of 30 points on the Patient Health Questionnaire (PHQ-9) symptoms checklist, which suggested severe depression and anxiety disorder. The injured worker's medications provide moderate pain relief. The treating physician noted that she is slow and careful with self-care as it is painful, she can lift light weights only, and she cannot walk more than ¼ mile, sit more than 1 hour, stand more than 10 minutes, or do light duties. The IW was noted to spend her days confined in bed without interest or participation in routine family and social activities. Per the treating physician (7-28-2015 report), the injured worker did not experience side effects from her pain medications. There was no evidence of inappropriate use or aberrant behavior and Controlled Substance Utilization Review and Evaluation System (CURES) reports have been appropriate. The physical exam (4-

3-2015 to 7-28-2015) revealed an anxious and suppressed affect. There was tenderness over the lumbar spinous processes, left greater than right greater trochanter of the femurs, and right buttock. There was tenderness of the bilateral knees, right greater than left knee swelling, 2+ bilateral lower extremity swelling, and limited lumbar range of motion. A recent urine drug screen was not included in the provided medical records. Treatment has included psychotherapy, steroid injections of the knees, and medications including pain (Avinza, Norco and Dilaudid since at least 3-2015), muscle relaxant (Cyclobenzaprine since at least 3-2015), diclofenac -non-steroidal anti-inflammatory, and anti-anxiety (Clonazepam since at least 3-2015). There is documentation of approval for continual treatment with Behavioral Medicine providers a water exercise therapy. The requested treatments included Avinza 120mg #30 Cyclobenzaprine 5mg #90, Dilaudid 4mg #120, Norco 10-325mg #180, and Clonazepam 0.5mg #10. On 8-26-2015, the original utilization review non-certified a request for Avinza 120mg #30, Cyclobenzaprine 5mg #90, Dilaudid 4mg #120, Norco 10-325mg #180, and Clonazepam 0.5mg #10.

IMR ISSUES, DECISIONS AND RATIONALES

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

Avinza 120mg #30: 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, Antiepilepsy drugs (AEDs), Avinza (morphine sulfate), Chronic pain programs, opioids, Detoxification, Functional improvement measures, Medications for chronic pain, Opioids, criteria for use, Opioids for chronic pain, Opioids, dealing with misuse & addiction, Opioids, differentiation: dependence & addiction, Opioids, dosing, Opioids, long-term assessment, Opioids, psychological intervention, Opioids, screening fo. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Opioids Mental Illness and Stress.

Decision rationale: The CA MTUS and the ODG guidelines recommend that opioids can be utilized for the treatment of severe musculoskeletal pain that did not respond to standard treatment with NSAIDs, non opioid co-analgesics, exercise, behavioral modification and PT. The chronic use of high dose opioid medications can be associated with the development of tolerance, addiction, dependency, sedation, opioid induced hyperalgesia and adverse interaction with other sedative agents. The records indicate that the patient is utilizing multiple high dose opioids and sedative medications concurrently. The documentation of increased psychosomatic symptoms with limited functional restoration despite utilization of high dose opioid and sedative medications is indicative of opioid induced hyperalgesia and failure of medications management. There is no documentation of guidelines required compliance with serial UDS reports. There is no documentation of compliance with physical treatment measures. There is no documentation of failure of treatment with anticonvulsant and antidepressant co-analgesic medications as required by the guidelines for patients with significant psychosomatic disorders. The guidelines recommend that chronic pain patients with significant psychosomatic disorders be referred to Pain Programs or Addiction Centers for safe weaning protocol when opioid weaning is required.

The criteria for the use of Avinza 120mg #30 was not met. The request is not medically necessary.

Cyclobenzaprine 5mg #90: 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): Cyclobenzaprine (Flexeril), Medications for chronic pain, Muscle relaxants (for pain), Weaning of Medications. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Muscle Relaxants.

Decision rationale: The CA MTUS and the ODG guidelines recommend that muscle relaxants can be utilized for the short term treatment of exacerbation of musculoskeletal pain when standard NSAIDs, non opioid co-analgesic, exercise and behavioral modification have failed. The chronic use of muscle relaxants can be associated with the development of tolerance, dependency, addiction, sedation and adverse interaction with opioids and sedative medications. The records indicate that the patient is utilizing multiple high dose opioids and sedative medications concurrently. The duration of utilization of cyclobenzaprine had exceeded the guidelines recommended maximum period of 4 to 6 weeks. There is lack of objective findings of functional restoration consistent with medications utilization. The criteria for the use of cyclobenzaprine 5mg #90 was not met. The request is not medically necessary.

Dilaudid 4mg #120: 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, Chronic pain programs, opioids, Detoxification, Drug testing, Medications for chronic pain, Opioids, criteria for use, Opioids for chronic pain, Opioids, differentiation: dependence & addiction, Opioids, dosing, Opioids, pain treatment agreement, Opioids, psychological intervention, Opioids, screening for risk of addiction (tests), Opioids, specific drug list, Opioid hyperalgesia, Psychological treatment, Weaning. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Opioids Mental Illness and Stress.

Decision rationale: The CA MTUS and the ODG guidelines recommend that opioids can be utilized for the treatment of severe musculoskeletal pain that did not respond to standard treatment with NSAIDs, non opioid co-analgesics, exercise, behavioral modification and PT. The chronic use of high dose opioid medications can be associated with the development of tolerance, addiction, dependency, sedation, opioid induced hyperalgesia and adverse interaction with other sedative agents. The records indicate that the patient is utilizing multiple high dose opioids and sedative medications concurrently. The documentation of increased psychosomatic symptoms with limited functional restoration despite utilization of high dose opioid and sedative

medications is indicative of opioid induced hyperalgesia and failure of medications management. There is no documentation of guidelines required compliance with serial UDS reports. There is no documentation of compliance with physical treatment measures. There is no documentation of failure of treatment with anticonvulsant and antidepressant co-analgesic medications as required by the guidelines for patients with significant psychosomatic disorders. The guidelines recommend that chronic pain patients with significant psychosomatic disorders be referred to Pain Programs or Addiction Centers for safe weaning protocol when opioid weaning is required. The criteria for the use of Dilaudid 4mg #120 was not met. The request is not medically necessary.

Norco 10/325mg #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): Chronic pain programs, opioids, Detoxification, Drug testing, Medications for chronic pain, Opioids, criteria for use, Opioids for chronic pain, Opioids, dealing with misuse & addiction, Opioids, differentiation: dependence & addiction, Opioids, long-term assessment, Opioids, psychological intervention, Opioids, screening for risk of addiction (tests), Opioids, specific drug list, Opioids, steps to avoid misuse/addiction, Opioid hyperalgesia, Psyc. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Opioids.

Decision rationale: The CA MTUS and the ODG guidelines recommend that opioids can be utilized for the treatment of severe musculoskeletal pain that did not respond to standard treatment with NSAIDs, non opioid co-analgesics, exercise, behavioral modification and PT. The chronic use of high dose opioid medications can be associated with the development of tolerance, addiction, dependency, sedation, opioid induced hyperalgesia and adverse interaction with other sedative agents. The records indicate that the patient is utilizing multiple high dose opioids and sedative medications concurrently. The documentation of increased psychosomatic symptoms with limited functional restoration despite utilization of high dose opioid and sedative medications is indicative of opioid induced hyperalgesia and failure of medications management. There is no documentation of guidelines required compliance with serial UDS reports. There is no documentation of compliance with physical treatment measures. There is no documentation of failure of treatment with anticonvulsant and antidepressant co-analgesic medications as required by the guidelines for patients with significant psychosomatic disorders. The guidelines recommend that chronic pain patients with significant psychosomatic disorders be referred to Pain Programs or Addiction Centers for safe weaning protocol when the opioid weaning is required. The criteria for the use of Norco 10/325mg #120 was not met. The request is not medically necessary.

Clonazepam 0.5mg #10: Overturned

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

MAXIMUS guideline: Decision based on MTUS Stress-Related Conditions 2004, Section(s): Treatment, and Chronic Pain Medical Treatment 2009, Section(s): Behavioral interventions, Benzodiazepines, Duloxetine (Cymbalta), Medications for chronic pain, Opioids, psychological intervention, Psychological treatment. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Mental Illness and StressBenzodiazepines.

Decision rationale: The CA MTUS and the ODG guidelines recommend that benzodiazepines can be utilized for the short term treatment of anxiety associated with exacerbation of musculoskeletal pain. The chronic use of benzodiazepines can be associated with the development of tolerance, dependency, sedation, addiction and adverse interaction with opioids and sedative medications. The guidelines recommend that antidepressant medications with anxiolytic properties be utilized for the chronic treatment of anxiety and depression disorders. The criteria for short term use of Clonazepam 0.5mg #10 was met. The request is medically necessary.