

Case Number:	CM15-0192517		
Date Assigned:	10/06/2015	Date of Injury:	09/16/2010
Decision Date:	12/16/2015	UR Denial Date:	09/10/2015
Priority:	Standard	Application Received:	09/30/2015

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, Tennessee

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 43 year old female, who sustained an industrial injury on 9-16-10. The injured worker is diagnosed with lumbar spine radiculopathy, lumbosacral spondylosis without myelopathy, facet joint syndrome and lumbar disc herniation. Disability status is permanent and stationary. Notes dated 6-15-15 - 8-31-15 reveals the injured worker presented with complaints of constant low back pain that radiates to her left leg. The pain is described as aching, sharp, shooting, throbbing and burning and is rated at 7-8 out of 10. The pain is increased by twisting, turning, bending, increased activity, cold weather and prolonged standing. Physical examinations dated 6-15-15 - 8-31-15 revealed tenderness in the bilateral "lumbar paravertebral regions at L4-L5 and L5-S1". Lumbar spine range of motion produces pain and is limited. Straight leg raise is positive on the left. Sensations are "significant for hyperalgesia and allodynia". Treatment to date has included medications; Diazepam (for at least 6 months), Norco, Duloxetine and Tramadol (at least 4 months), which reduces her pain by 30-60%, per note dated 8-10-15 and improves her function by 90%. Her medication regimen allows her to engage in activities of daily living such as; household chores (cleaning, cooking, washing dishes and grocery shopping). She reports the need to rest 3-4 times a day after engaging in activity for 30-45 minutes with medication; without medication she rests 70-80% of the day and engages minimally in activities. Prior attempts to wean the medications down resulted in a "significant reduction in activity", per note dated 8-31-15. She uses a cane for ambulation. She has had a sacroiliac joint injection (2014), which provided 50% pain relief, left L5-S1 transforaminal epidural steroid injection (2015) provided 60% pain relief, but weakness persists and a lumbar discectomy L5-S1 (2012), per note dated 8-10-15. The urine toxicology screens are consistent per note dated 8-10-15. A request for authorization dated 9-1-15 for Tramadol ER 450 mg #60,

Diazepam 10 mg #14, Norco 10-325 mg #112 and Duloxetine 30 mg #60 is denied, per Utilization Review letter dated 9-10-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol ER 150mg cap 24h 1 tab bid prn for 30 days #60: Upheld

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

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

Decision rationale: Tramadol is a synthetic opioid affecting the central nervous system. It has several side effects, which include increasing the risk of seizure in patients taking SSRI's, TCA's and other opioids. Chronic Pain Medical Treatment Guidelines state that opioids are not recommended as a first line therapy. Opioid should be part of a treatment plan specific for the patient and should follow criteria for use. Criteria for use include establishment of a treatment plan, determination if pain is nociceptive or neuropathic, failure of pain relief with non-opioid analgesics, setting of specific functional goals, and opioid contract with agreement for random drug testing. If analgesia is not obtained, opioids should be discontinued. The patient should be screened for likelihood that he or she could be weaned from the opioids if there is no improvement in pain of function. It is recommended for short-term use if first-line options, such as acetaminophen or NSAIDS have failed. In this case the patient has been receiving opioids since at least May 2015 and has not obtained analgesia. Criteria for long-term opioid use have not been met. The request is not medically necessary.

Diazepam 10mg tablet qd prn for 28 days #14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines, Weaning of Medications.

Decision rationale: Diazepam is a benzodiazepine medication. Benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Benzodiazepines are a major cause of overdose, particularly as they act synergistically with other drugs such as opioids (mixed overdoses are often a cause of fatalities). Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. Tolerance to lethal effects does not occur and a maintenance dose may approach a lethal dose as the therapeutic index increases. In this case the patient is being weaned from diazepam. The recommended rate of tapering from benzodiazepines is about 1/8 to 1/10 of the daily dose every 1 to 2 weeks. Benzodiazepines have not been prescribed in consistently decreasing doses. The request is not medically necessary.

Norco 10mg-325mg 1 tablet 4x's a day for 28 days #112: Upheld

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

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

Decision rationale: Norco is the compounded medication containing hydrocodone and acetaminophen. Chronic Pain Medical Treatment Guidelines state that opioids are not recommended as a first line therapy. Opioid should be part of a treatment plan specific for the patient and should follow criteria for use. Criteria for use include establishment of a treatment plan, determination if pain is nociceptive or neuropathic, failure of pain relief with non-opioid analgesics, setting of specific functional goals, and opioid contract with agreement for random drug testing. If analgesia is not obtained, opioids should be discontinued. The patient should be screened for likelihood that he or she could be weaned from the opioids if there is no improvement in pain of function. It is recommended for short term use if first-line options, such as acetaminophen or NSAIDS have failed. Opioids may be a safer choice for patients with cardiac and renal disease than antidepressants or anticonvulsants. Acetaminophen is recommended for treatment of chronic pain & acute exacerbations of chronic pain. Acetaminophen overdose is a well-known cause of acute liver failure. Hepatotoxicity from therapeutic doses is unusual. Renal insufficiency occurs in 1 to 2% of patients with overdose. The recommended dose for mild to moderate pain is 650 to 1000 mg orally every 4 hours with a maximum of 4 g/day. In this case the patient has been receiving opioids since at least May 2015 and has not obtained analgesia. Criteria for long-term opioid use have not been met. The request is not medically necessary.

Duloxetine 30 mg 2 caps every night prn for 30 days #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antidepressants for chronic pain.

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

Decision rationale: Duloxetine is a selective serotonin and norepinephrine reuptake inhibitors (SNRI). It is FDA-approved for anxiety, depression, diabetic neuropathy, and fibromyalgia. Used off-label for neuropathic pain and radiculopathy. Duloxetine is recommended as a first-line option for diabetic neuropathy. No high quality evidence is reported to support the use of duloxetine for lumbar radiculopathy. More studies are needed to determine the efficacy of duloxetine for other types of neuropathic pain. Side effects include dizziness, fatigue, somnolence drowsiness, anxiety and insomnia. Withdrawal effects can be severe. Abrupt discontinuation should be avoided and tapering is recommended before discontinuation. In this case the patient has been taking duloxetine since June 2015 for chronic pain and radiculopathy. Duloxetine is not effective in radiculopathy. The request is not medically necessary.