MAXIMUS Federal Services

Case Number:	CM15-0192563		
Date Assigned:	10/07/2015	Date of Injury:	03/01/2012
Decision Date:	12/09/2015	UR Denial Date:	09/01/2015
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: 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 33 year old female, who sustained an industrial injury on 3-01-2012. The injured worker was diagnosed as having discogenic lumbar condition, weight loss, and an element of depression, stress, anxiety, and sleep disorder due to chronic pain. Treatment to date has included diagnostics, physical therapy, chiropractic, sacroiliac ligament injection ("decreased her pain and improved her function for at least a week" per Utilization Review Treatment Appeal dated 8-19-2015), H wave unit, mental health treatment, left L5-S1 transforaminal epidural steroid injection on 5-29-2015 ("moderate decrease in left lower extremity pain and paresthesias" per Utilization Review Treatment Appeal dated 8-19-2015), and medications. Currently (8-19-2015), the injured worker was seen for follow-up regarding her low back, noting a shooting component still noted, especially on the left side with constant pain and motion loss. Pain was not rated. Her work status was modified low back. It was documented that she had access to a back brace, hot-cold wrap, and H wave. She reported minimized chores, including scrubbing the tub, lifting, pushing, and forceful activities. Her standing and walking tolerance was no more than 20-30 minutes. The treating physician as Cymbalta, Trazadone, Lyrica, Neurontin, Naproxen, Lidocaine patches, and anti-inflammatories documented denied medications. Allergies were documented as Tramadol and Naprosyn and she reported that she could not take Norco. A review of symptoms was positive for issues with sleep, stress, and depression. Her social history noted "she occasionally drinks." Objective findings were noted as tenderness along the sacroiliac joint "is exquisite to the left and midline", flexion 45 degrees, extension 10 degrees, and decreased sensation on the right side along the big toe in the L5 dermatome. Multiple Utilization Review certifications and non-certifications were

referenced and current medication regimen was not clear. The use of Celebrex and Flexeril was noted since at least 4- 2015, Naproxen, Lunesta, and Norflex since at least 5-18-2015. Psychological progress report (8-20-2015) noted that she had to cut Lunesta in half so that she does not feel "hungover" the morning after, and with one-half pill, she "seems to get a fairly restful night of sleep as long as she is not experiencing back spasms." The treating physician documented that her overall psychological status was improved slowly over her last two appointments. Psychology as Effexor 75mg daily, Motrin 800mg twice daily, Norflex 100mg twice daily, and Lunesta 2mg (one-half tab at bedtime) documented her current medications. Her work status remained total temporary disability-psych. Magnetic resonance imaging of the lumbar spine (1-10-2013) was documented as showing at L5-S1, a 5mm central disc protrusion posteriorly displacing the traversing left S1 nerve root in the lateral recess, no visualized nerve compression, and mild bilateral neural foraminal narrowing. Electromyogram and nerve conduction studies (4-20-2014) were documented as normal. The treatment plan included Effexor XR 75mg #30, Motrin 800mg #60, Aciphex 20mg #30, Lunesta 2mg #30, Norflex ER 100mg #60, Celebrex 200mg #30, Flexeril 7.5mg #60, Wellbutrin SR 150mg #60, Remeron 15mg #30, Tramadol ER 150mg #30, and surgical consult for possible sacroiliac joint fusion. On 9-01-2015, Utilization Review certified only Effexor XR, Motrin, and Aciphex, and non-certified all other requested medications-consultation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lunesta 2mg #20: 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) Mental illness & Stress/Eszopicolone (Lunesta).

Decision rationale: The request is for the use of Lunesta to aid in insomnia. The official disability guidelines state the following regarding this topic: Not recommended for long-term use, but recommended for short-term use. See Insomnia treatment. See also the Pain Chapter. Recommend limiting use of hypnotics to three weeks maximum in the first two months of injury only, and discourage use in the chronic phase. While sleeping pills, so-called minor tranquilizers, and anti-anxiety agents are commonly prescribed in chronic pain, pain specialists rarely, if ever, recommend them for long-term use. They can be habit-forming, and they may impair function and memory more than opioid pain relievers. There is also concern that they may increase pain and depression over the long-term. In this study, eszopicolone (Lunesta) had a Hazard ratio for death of 30.62 (C.I., 12.90 to 72.72), compared to zolpidem at 4.82 (4.06 to 5.74). In general, receiving hypnotic prescriptions was associated with greater than a threefold increased hazard of death even when prescribed less than 18 pills/year. (Kripke, 2012) The FDA has lowered the recommended starting dose of eszopiclone (Lunesta) from 2 mg to 1 mg for both men and women. Previously recommended doses can cause impairment to driving skills, memory, and coordination as long as 11 hours after the drug is taken. Despite these long-

lasting effects, patients were often unaware they were impaired. (FDA, 2014) In this case, continued use of this medication is not supported by the guidelines. This is secondary to the duration with long-term use being not advised. As such, the request is not medically necessary.

Norflex ER 100mg #60: 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: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

Decision rationale: The request is for the use of a muscle relaxant to aid in pain relief. The MTUS guidelines state that the use of a medication in this class is indicated as a second-line option for short-term treatment of acute exacerbations of low back pain. Muscle relaxants may be effective in reducing pain and muscle tension, which can increase mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain improvement. Efficacy appears to diminish over time, and prolonged use may lead to dependence. (Homik, 2004) Due to inadequate documentation of a recent acute exacerbation and poor effectiveness for chronic long- term use, the request is not medically necessary.

Celebrex 200mg #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): Anti-inflammatory medications.

Decision rationale: The request is for the use of Celebrex. This medication is in the category of a COX-2 inhibitor anti-inflammatory medication. The MTUS guidelines state the following regarding its use: COX-2 inhibitors (e.g., Celebrex) may be considered if the patient has a risk of GI complications, but not for the majority of patients. Generic NSAIDs and COX-2 inhibitors have similar efficacy and risks when used for less than 3 months, but a 10-to-1 difference in cost. (Rate of overall GI bleeding is 3% with COX-2s versus 4.5% with ibuprofen.) In this case, celebrex is not indicated. There is inadequate documentation of significant gastrointestinal risk, which would justify its use. Also, the patient is on Ibuprofen currently. As such, the request is not medically necessary.

Flexeril 7.5mg #60: Upheld

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

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

Decision rationale: The request is for the use of a muscle relaxant to aid in pain relief. The MTUS guidelines state that the use of a medication in this class is indicated as a second-line option for short-term treatment of acute exacerbations of low back pain. Muscle relaxants may be effective in reducing pain and muscle tension, which can increase mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain improvement. Efficacy appears to diminish over time, and prolonged use may lead to dependence. (Homik, 2004) Due to inadequate documentation of a recent acute exacerbation and poor effectiveness for chronic long- term use, the request is not medically necessary.

Wellbutrin SR 150mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antidepressants for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

Decision rationale: The request is for the use of the medication Wellbutrin. This is a medication in the second-generation non-tricyclic antidepressant class. The MTUS guidelines state the following regarding its use: Recommended as an option after other agents. While bupropion has shown some efficacy in neuropathic pain there is no evidence of efficacy in patients with non-neuropathic chronic low back pain. Furthermore, bupropion is generally a third-line medication for diabetic neuropathy and may be considered when patients have not had a response to a tricyclic or SNRI. See Antidepressants for chronic pain for general guidelines, as well as specific Bupropion listing for more information and references. In this case, the use of this medication is not supported. This is secondary to the patient being approved for Effexor. As such, the request is not medically necessary.

Remeron 15mg #30: 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(chronic)/Antidepressants for chronic pain.

Decision rationale: Medications in the class of antidepressants are recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. (Feuerstein, 1997) (Perrot, 2006) They are generally considered a first-line agent unless they are ineffective, poorly tolerated, or contraindicated. Analgesia generally occurs within a few days to a week, whereas antidepressant effect usually takes longer to occur. (Saarto-Cochrane, 2005) 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/duration, and psychological assessment. Side effects can include excessive sedation and should be assessed. It is recommended that these outcome measurements should be initiated at one week of treatment with a recommended trial of at a minimum of 4 weeks. It has been suggested that if pain is in remission for 3-6 months, a gradual tapering of anti-depressants can be undertaken. In this case, the use of this medication is not indicated due to certification of another antidepressant, Effexor. As such, the request is not medically necessary.

Tramadol ER 150mg #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): Opioids for chronic pain.

Decision rationale: Tramadol is a pain medication in the category of a centrally acting analgesic. They exhibit opioid activity and a mechanism of action that inhibits the reuptake of serotonin and norepinephrine. Centrally acting drugs are reported to be effective in managing neuropathic type pain although it is not recommended as first line therapy. The side effect profile is similar to opioids. For chronic back pain, it appears to be efficacious for short-term pain relief, but long term (>16 weeks) results are limited. It also did not appear to improve function. The use of tramadol for osteoarthritis is indicated for short-term use only (<3 months) with poor long-term benefit. In this case, the patient does not meet the qualifying criteria. This is secondary to the duration of use, with this medication being indicated on a short-term basis only. As such, the request is not medically necessary.

Surgical consult for possible sacroiliac joint fusion: 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) Hip & Pelvis (Acute & Chronic)/Sacroiliac fusion.

Decision rationale: The request is for a surgical consultation for a possible sacroiliac fusion. The official disability guidelines state the following regarding this topic: Criteria for Sacroiliac fusion: (A) Recommended on a case by case basis as a last line of therapy as treatment for the following conditions with ongoing symptoms, corroborating physical findings and imaging, and after failure of non-operative treatment (unless contraindicated, e.g. severe traumatic injury): (1) Sacroiliac joint infection; (2) Tumor involving the sacrum; (3) Disabling pain due to sacroiliitis due to spondyloarthropathy; (4) Sacroiliac pain due to severe traumatic injury; (5) In conjunction with multisegmental spinal constructs (i.e., scoliosis or kyphosis surgery). (B) Not recommended for the following conditions: (1) Mechanical low back pain; (2) Non-

specific low back pain; (3) Sacroiliac joint disruption (in the absence of major pelvic fracture); (4) Degenerative sacroiliitis; (5) SI joint osteoarthritis; (6) SI joint mediated pain. (C) May be either open or minimally invasive (percutaneous). In this case, this procedure would not be guideline-supported as this procedure is considered investigational for the indications listed under (B). As such, the request is not medically necessary.