MAXIMUS Federal Services

Case Number:	CM15-0196546		
Date Assigned:	10/12/2015	Date of Injury:	02/27/2013
Decision Date:	11/20/2015	UR Denial Date:	09/23/2015
Priority:	Standard	Application Received:	10/06/2015

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
Certification(s)/Specialty: Anesthesiology

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 36 year old male, who sustained an industrial injury on 2-27-2013. The injured worker is undergoing treatment for: lumbar sprain with disc protrusion, cervical sprain with left upper extremity radiculopathy and weakness, post-traumatic vertigo, left shoulder sprain and internal derangement, right shoulder sprain and internal derangement, left lower extremity radiculopathy and weakness, urinary retention, left hip sprain with internal derangement and evolving post traumatic arthritis, chronic pain and associated mood disorder and depressive symptoms. On 8-31-15, he is reported as last seen on 6-5-15. He reported not taking the medications prescribed by this provider. He is noted to be asked to restart Fetzima an anti-depressant which is reported as helping with chronic pain. The provider noted Fetzima to help with his mood and impulsive anger. He was prescribed Abilify generic. He reported Abilify and Fetzima together cause headaches and did not help his pain or help him to want to leave his home. The provider indicated he had issues with compliance of prescriptions for "a variety of reasons such as side effects or non-authorization of meds". On 9-8-15, he reported pain to the left upper back, neck, low back, and left arm weakness, left lower extremity weakness, and difficulty with walking. He is reported as using a cane for ambulation. He rated his pain 6 out of 10 and indicated it limits his activities. He has a reported sitting tolerance of 34 minutes, standing 45 minutes, walking 45 minutes and lifting 4 pounds. He indicated having difficulty with grocery shopping. He is reported to have depression secondary to his chronic pain and is reported to have been tried on various medications. Physical examination revealed his blood pressure as 98 over 62, heart rate 80, tenderness to the upper back and neck, positive spurling's, decreased neck

range of motion, left arm weakness and decreased grip and pinch, full strength to the right upper extremity. The treatment and diagnostic testing to date has included: medications, cane, lumbar surgery (11-5-2013), urine drug screen (9-8-15). Medications have included: Metoprolol, vitamin d3, hydrocodone-acetaminophen, Vicodin, aripiprazole, baclofen, fetzima, ibuprofen, meclozine, Nortriptyline, Topiramate, polyethylene glycol powder, oxycodone-acetaminophen. The records indicate he has been utilizing Baclofen since at least October 2014, possibly longer. The records indicate he has been utilizing opioid drugs since at least January 2015, possibly longer. Current work status: off work. The request for authorization is for: Abilify 10mg quantity 60 with 6 refills, Baclofen 10mg quantity 60 with 2 refills, Meclozine 25mg quantity 60 with one refill, Norco 10-325mg quantity 30, Percocet 10-325mg quantity 30. The UR dated 9-23-2015: non- certified the request for Abilify 10mg quantity 60 with 6 refills, Baclofen 10mg quantity 60 with 2 refills, Meclozine 25mg quantity 60 with one refill, Norco 10-325mg quantity 30, Percocet 10- 325mg quantity 30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Abilify 10mg, #60 with 6 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress Chapter (updated 8/31/15) Aripiprazole (Abilify).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Aripiprazole (Abilify).

Decision rationale: According to the ODG, Aripiprazole (Abilify) is not recommended as a first-line treatment. Abilify is an antipsychotic medication. Antipsychotics are the first-line psychiatric treatment for schizophrenia. There is insufficient evidence to recommend atypical antipsychotics as monotherapy for conditions covered in ODG. Abilify is an antipsychotic drug with a serious adverse effect profile and long-term effectiveness data are lacking. It is approved for schizophrenia and acute mania, and as an adjunct second-line therapy for bipolar maintenance, and major depressive disorder. It is not approved or shown to be effective for personality disorder, substance abuse, or insomnia. In this case, there is insufficient documentation regarding the benefit of this medication for this patient. This patient has been on this atypical anti-psychotic long-term with no clear documentation of efficacy. Medical necessity of the requested medication has not been established. The requested medication is not medically necessary.

Baclofen 10mg, #60 with 2 refills: Upheld

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

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

Decision rationale: The California MTUS Guidelines and the ODG recommends non-sedating muscle relaxants, such as Baclofen, with caution as a second-line option for short-term treatment of acute low back pain(LBP), and for short-term (<2 weeks) treatment of acute exacerbations in patients with chronic LBP. The mechanism of action is blockade of the pre- and post-synaptic GABA receptors. It is recommended orally for the treatment of spasticity and muscle spasm related to multiple sclerosis and spinal cord injuries. It is also a first-line option for the treatment of dystonia. Baclofen has been noted to have benefits for treating lancinating, paroxysmal neuropathic pain. In this case, there has been no evidence of objective functional benefit. In addition, the cited guidelines do not recommend this medication to be used for longer than 2-3 weeks. Medical necessity for the requested medication has not been established. The requested item is not medically necessary.

Meclizine 25mg, #60 with 1 refill: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter (updated 9/9/15) Antiemetics (for opioid nausea).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medscape Internal Medicine (2014).

Decision rationale: Meclizine (Antivert) is an antihistamine considered to be an antiemetic. Meclizine is an antagonist at H1 receptors. It possesses anti-cholinergic, CNS depressant, and local anesthetic effects. Its antiemetic and anti-vertigo effects are not fully understood, but its central anti-cholinergic properties are partially responsible. It is approved by the U.S. FDA and used as an anti-vertigo/antiemetic agent, specifically in the prevention and treatment of nausea, vomiting, and dizziness associated with motion sickness. According to the ODG, antiemetics are not recommended for treating nausea and vomiting secondary to chronic opioid use. In this case, there is no documentation of any subjective or objective improvement from prior use of this medication. Medical necessity of the requested medication has not been established. The requested medication is not medically necessary.

Norco 10/325mg, #30: 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 for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Opioids.

Decision rationale: According to the CA MTUS and ODG, Norco 10/325mg (Hydrocodone/ Acetaminophen) is a short-acting opioid analgesic indicated for moderate to moderately severe

pain, and is used to manage both acute and chronic pain. The treatment of chronic pain with any opioid analgesic requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. A pain assessment should include current pain, intensity of pain after taking the opiate, and the duration of pain relief. In this case, there is insufficient evidence that the opioids were prescribed according to the CA MTUS guidelines, which recommend prescribing according to function, with specific functional goals, return to work, random drug testing, an opioid contract, and documentation of a prior failure of non-opioid therapy. In addition, the MTUS recommends urine drug screens for patients with poor pain control and to help manage patients at risk of abuse. In this case, there is evidence of this medication's pain relief effectiveness and functional improvement from previous usage. However, the CA MTUS does not support the concurrent use of two short-acting opioid medications. There is also no documentation of a rationale from the provider regarding this prescribing method. Medical necessity of the requested medication has not been established. Of note, discontinuation of an opioid analgesic should include a taper to avoid withdrawal symptoms. The requested medication is not medically necessary.

Percocet 10/325mg, #30: 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 for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Opioids.

Decision rationale: According to the CA MTUS and ODG, Norco 10/325mg (Hydrocodone/ Acetaminophen) is a short-acting opioid analgesic indicated for moderate to moderately severe pain, and is used to manage both acute and chronic pain. The treatment of chronic pain with any opioid analgesic requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. A pain assessment should include current pain, intensity of pain after taking the opiate, and the duration of pain relief. In this case, there is insufficient evidence that the opioids were prescribed according to the CA MTUS guidelines, which recommend prescribing according to function, with specific functional goals, return to work, random drug testing, an opioid contract, and documentation of a prior failure of non-opioid therapy. In addition, the MTUS recommends urine drug screens for patients with poor pain control and to help manage patients at risk of abuse. In this case, there is evidence of this medication's pain relief effectiveness and functional improvement from previous usage. However, the CA MTUS does not support the concurrent use of two short-acting opioid medications. There is also no documentation of a rationale from the provider regarding this prescribing method. Medical necessity of the requested medication has not been established. Of note, discontinuation of an opioid analgesic should include a taper to avoid withdrawal symptoms. The requested medication is not medically necessary.