MAXIMUS Federal Services

Case Number:	CM15-0196634		
Date Assigned:	10/12/2015	Date of Injury:	10/15/2011
Decision Date:	12/14/2015	UR Denial Date:	10/05/2015
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: 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 63 year old male who sustained an industrial injury on 10-15-2011. Medical records indicated the worker was treated for right knee pain. The worker had a right total knee replacement on 04-13-20015 for post-traumatic right knee osteoarthritis. He is seen if or follow-up pain management on 05-08-2015, and is treated for pain in the right knee, lower back, and left shoulder. His medications at that time (05-08-2015) included Norco, Ultracet, Prilosec, and Doral. It is noted that he is unable to tolerate Anaprox as it causes significant headache. In the provider notes of 09-18-2015, the worker continues to have neck and low back pain. He has completed 12 sessions of post-operative physical therapy for the knee and has requested additional sessions. The neck pain is rated from 0-10 scale as 8 intensity and is aggravated by bending, twisting, and turning. Surgical intervention for his cervical spine has been recommended. He is requesting trigger point injections. Lumbar spine MRI (07-2014) revealed disc protrusions at L5 S1 with facet arthropathy, and bilateral neural foraminal stenosis. It also revealed a L5-S1 3mm disc bulge with associated facet arthropathy and bilateral neural foraminal stenosis. At L3-4 there is a 2 mm disc protrusion with facet arthropathy and bilateral neural foraminal stenosis with encroachment of the left foraminal L4 nerve root. The worker has pain in his lower back aggravated by any type of bending twisting and turning. On exam, the worker has decreased lumbar spine range of motion with sensory deficits at L5-S1. Lumbar steroid epidural injections have been recommended for the lumbar spine. He has pain in the left shoulder that is aggravated by overhead activity. According to the 09-18-2015 note, a MR arthrogram (07-03-2014) revealed a grade 1 tendinosis at the musculo-tendinous junction of

the supraspinatus and infraspinatus tendon without a tear. He remains on Norco which he states he receives 30-40% relief after one tablet of Norco which lasts three to four hours. He takes up to six tablets daily. He also takes Ultracet up to two tablets a day. He states that Ultracet along with Anaprox is enabling him to keep his Norco at a minimum and help him to be an active participant in home exercises. He takes Prilosec for occasionally experienced medication induced gastritis symptoms. No urinalysis drug screen or discussion of drug screen results is found. A request for authorization was submitted for: 1. Ultracet 37.5/325mg #60; 2. Anaprox DS 550mg BID PRN #60; 3. Prilosec 20mg BID PRN #60; 4. Trazodone 50mg one to three QHS #90; 5. Norco 10/325mg one to two TID #180. A utilization review decision 10-05-2015 non- certified the request in its entirety.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultracet 37.5/325mg #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: The request is for the use of a medication in the opioid class. The MTUS guidelines state that for ongoing treatment with a pharmaceutical in this class, certain requirements are necessary. This includes not only adequate pain control, but also functional improvement. Four domains have been proposed for management of patients on opioids. This includes pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant drug-related behaviors. As part of the pain treatment agreement, it is advised that Refills are limited, and will only occur at appointments. In this case, there is inadequate documentation of persistent functional improvement seen. Functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management visit and a reduction in the dependency on continued medical treatment. All opioid medications should be titrated down slowly in order to prevent a significant withdrawal syndrome. As such, the request is not medically necessary.

Anaprox DS 550mg BID PRN #60: Upheld

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

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)/NSAIDs (non-steroidal anti-inflammatory drugs).

Decision rationale: The request is for the use of a medication in the NSAID class. The ODG state the following regarding this topic: Specific recommendations: Osteoarthritis (including knee and hip): Recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain, and in particular, for those with gastrointestinal, cardiovascular or renovascular risk factors. NSAIDs appear to be superior to acetaminophen, particularly for patients with moderate to severe pain. There is no evidence to recommend one drug in this class over another based on efficacy. In particular, there appears to be no difference between traditional NSAIDs and COX-2 NSAIDs in terms of pain relief. The main concern of selection is based on adverse effects. COX-2 NSAIDs have fewer GI side effects at the risk of increased cardiovascular side effects, although the FDA has concluded that long-term clinical trials are best interpreted to suggest that cardiovascular risk occurs with all NSAIDs and is a class effect (with naproxyn being the safest drug). There is no evidence of long-term effectiveness for pain or function. (Chen, 2008) (Laine, 2008) Back Pain - Acute low back pain & acute exacerbations of chronic pain: Recommended as a second-line treatment after acetaminophen. In general, there is conflicting to negative evidence that NSAIDs are more effective than acetaminophen for acute LBP. (Van Tulder, 2006) (Hancock, 2007) For patients with acute low back pain with sciatica a recent Cochrane review (including three heterogeneous randomized controlled trials) found no differences in treatment with NSAIDs vs. placebo. In patients with axial low back pain this same review found that NSAIDs were not more effective than acetaminophen for acute low-back pain, and that acetaminophen had fewer side effects. (Roelofs-Cochrane, 2008) The addition of NSAIDs or spinal manipulative therapy does not appear to increase recovery in patients with acute low back pain over that received with acetaminophen treatment and advice from their physician. (Hancock, 2007) Back Pain - Chronic low back pain: Recommended as an option for short-term symptomatic relief. A Cochrane review of the literature on drug relief for low back pain (LBP) suggested that NSAIDs were no more effective than other drugs such as acetaminophen, narcotic analgesics, and muscle relaxants. The review also found that NSAIDs had more adverse effects than placebo and acetaminophen but fewer effects than muscle relaxants and narcotic analgesics. In addition, evidence from the review suggested that no one NSAID, including COX-2 inhibitors, was clearly more effective than another. (Roelofs-Cochrane, 2008) See also Anti-inflammatory medications. Neuropathic pain: There is inconsistent evidence for the use of these medications to treat long-term neuropathic pain, but they may be useful to treat breakthrough pain and mixed pain conditions such as osteoarthritis (and other nociceptive pain) in patients with neuropathic pain. (Namaka, 2004) (Gore, 2006) See NSAIDs, GI symptoms & cardiovascular risk; NSAIDs, hypertension and renal function; & Medications for acute pain (analgesics). Besides the above well-documented side effects of NSAIDs, there are other less well-known effects of NSAIDs, and the use of NSAIDs has been shown to possibly delay and hamper healing in all the soft tissues, including muscles, ligaments, tendons, and cartilage. (Maroon, 2006) The risks of NSAIDs in older patients, which include increased cardiovascular risk and gastrointestinal toxicity, may outweigh the benefits of these medications. (AGS, 2009)As stated above, acetaminophen would be considered first-line treatment for chronic pain. In this case, the continued use of an NSAID is not supported. This is secondary to inadequate documentation of functional improvement benefit seen. Also, the duration of use places the pati ent at risk for gastrointestinal and cardiovascular side-effects. In addition, it is known that use of NSAIDs delays the healing of soft tissue including ligaments, tendons, and cartilage. As such, the request is not medically necessary.

Prilosec 20mg BID PRN #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: The request is for the use of a medication in the class of a proton pump inhibitor. It is indicated for patients with peptic ulcer disease. It can also be used as a preventative measure in patients taking non-steroidal anti-inflammatories for chronic pain. Unfortunately, they do have certain side effects including gastrointestinal disease. The MTUS guidelines states that patients who are classified as intermediate or high risk, should be treated prophylactically. Criteria for risk are as follows: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). Due to the fact the patient does not meet to above stated criteria, the request for use is not medically necessary.

Trazodone 50mg one to three QHS #90: Upheld

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

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/Trazodone (Desyrel).

Decision rationale: The request is for the use of the medication trazodone. This is a medication in the category of a serotonin agonist and reuptake inhibitor and is used for depression. It also has anxiolytic and sedative hypnotic effects. The MTUS guidelines are silent regarding its use. The ODG guidelines state that this medication is indicated as an option for insomnia for patients with coexisting depression or anxiety. Its use as a first-line treatment for primary insomnia is not advised. Evidence for the off-label use of trazodone for treatment of insomnia is poor. The current recommendation is to use a combined pharmacologic and psychological and behavior treatment when primary insomnia is diagnosed. In this case, there is inadequate documentation of a psychiatric evaluation revealing comorbid factors which would qualify the patient for use of trazodone as a first-line agent. As such, the request is not medically necessary.

Norco 10/325mg one to two TID #180: 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: The request is for the use of a medication in the opioid class. The MTUS guidelines state that for ongoing treatment with a pharmaceutical in this class, certain requirements are necessary. This includes not only adequate pain control, but also functional improvement. Four domains have been proposed for management of patients on opioids. This includes pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant drug-related behaviors. As part of the pain treatment agreement, it is advised that Refills are limited, and will only occur at appointments. In this case, there is inadequate documentation of persistent functional improvement seen. Functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management visit and a reduction in the dependency on continued medical treatment. All opioid medications should be titrated down slowly in order to prevent a significant withdrawal syndrome, As such, the request is not medically necessary.