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| Case Number: | CM15-0197499 | | |
| Date Assigned: | 10/12/2015 | Date of Injury: | 07/14/2010 |
| Decision Date: | 12/01/2015 | UR Denial Date: | 09/14/2015 |
| Priority: | Standard | Application Received: | 10/07/2015 |

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: Physical Medicine & Rehabilitation

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 48-year-old male with a date of industrial injury 7-14-2010. The medical records indicated the injured worker (IW) was treated for lumbar disc displacement without myelopathy; thoracic disc displacement without myelopathy; lumbar muscle spasm; cervical spine multilevel herniated discs; cervical muscle spasms; thoracalgia; post traumatic anxiety and depression; and sacroiliitis. In the progress notes (8-20-15), the IW reported right mid-back pain rated 9 out of 10, which radiated into the left and right ribs and lower back; upper back pain rated 8 out of 10; bilateral lower back pain rated 9 out of 10, which radiated into the left and right hip; posterior neck pain rated 8 out of 10, which radiated into the posterior and lateral sides of the head, the bilateral shoulders and shoulder blades; and left foot pain or numbness rated 7 out of 10, which radiated into the left ankle. The pain was aggravated by activities of daily living and improved by medication. Medications listed were Omeprazole, Tramadol ER (since at least 1-2015), Gabapentin, Xanax (since at least 6-2015), Prozac (since at least 6-2015), Norco, Butrans patch and Baclofen. On examination (8-20-15 notes), ranges of motion of the cervical and lumbar spine were painful and reduced from normal in most planes. There was grade 3 tenderness in the bilateral cervical, thoracic and lumbar paraspinal muscles, at the T8 through T12 spinous processes and grade 3 pain over the L3 through S1 spinous processes. Spurling's test was positive and straight leg raise was positive bilaterally. In the 6-11-15 progress notes, the IW reported increasing severe depression and anxiety due to his medical condition; Prozac and Xanax were prescribed. Treatments included physical therapy and chiropractic care, which did not help; epidural steroid injections, which aggravated the pain; acupuncture; shockwave therapy; and lumbar fusion, which improved his symptoms for about

six months. CT of the lumbar spine on 8-17-15 showed the postoperative changes at L3-4 and L4-5 with hardware in place; a minimal L3-4 grade 1 anterolisthesis; and fusion of L5-S1 facet joints. The IW was temporarily totally disabled. The records did not contain urine drug screens or documentation of improved function with the prescribed medications. A Request for Authorization dated 8-20-15 was received for Xanax 0.5mg #60, Prozac 20mg #60 and Tramadol 150mg #30. The Utilization Review on 9-14-15 non-certified the request for Xanax 0.5mg #60, Prozac 20mg #60 and Tramadol 150mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prozac 20mg #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: Based on the 08/20/15 progress report provided by treating physician, the patient presents with right mid-back pain rated 9/10, which radiates into the left and right ribs and lower back, upper back pain rated 8/10, bilateral lower back pain rated 9/10, which radiates into the left and right hips, posterior neck pain rated 8/10, which radiates into the posterior and lateral sides of the head, the bilateral shoulders and shoulder blades, and left foot pain rated 7/10, which radiates into the left ankle. The patient is status post lumbar fusion L3-L5, summer 2014, and 2 right elbow surgeries on unspecified dates. The request is for PROZAC 20MG #60. RFA dated 08/20/15 provided. Patient's diagnosis on 08/20/15 includes lumbar and thoracic disc displacement without myelopathy, lumbar and cervical muscle spasm, cervical spine multilevel herniated discs, thoracalgia, posttraumatic anxiety and depression, and sacroiliitis. Physical examination on 08/20/15 revealed grade 3 tenderness in the bilateral cervical, thoracic and lumbar paraspinal muscles, Range of motion of the cervical and lumbar spines were painful and reduced. Treatment to date has included surgery, imaging studies, injections, physical therapy, chiropractic, acupuncture and medications. Patient's medications include Xanax, Omeprazole, Prozac, Tramadol, Gabapentin, Baclofen, and Norco. The patient has not worked since July 14, 2019 and is receiving SSI, per 08/14/15 report. MTUS Chronic Pain Medical Treatment Guidelines, Antidepressants for Chronic Pain section, page 13-15, has the following: "Recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain... Selective Serotonin reuptake inhibitors (SSRIs), a class of antidepressants that inhibit serotonin reuptake without action on noradrenaline, are controversial based on controlled trials. (Finnerup, 2005) (Saarto-Cochrane, 2005) It has been suggested that the main role of SSRIs may be in addressing psychological symptoms associated with chronic pain. (Namaka, 2004)" Prozac has been included in patient's medications per progress reports dated 06/11/15 and 08/20/15. It is not known when this medication was initiated. Per 08/20/15 report, treater states "...the physical examination describes signs and symptoms, and objective findings that support the use of this drug..." Given patient's diagnosis and continued pain, the request for

this medication would appear to be indicated. However, treater has not discussed the efficacy of this medication in terms of decrease in pain and improvement in function. MTUS p60 states "A record of pain and function with the medication should be recorded." This request is not in accordance with guidelines. Therefore, the request is not medically necessary.

Tramadol 150mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids, specific drug list, Weaning of Medications.

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

Decision rationale: Based on the 08/20/15 progress report provided by treating physician, the patient presents with right mid-back pain rated 9/10, which radiates into the left and right ribs and lower back, upper back pain rated 8/10, bilateral lower back pain rated 9/10, which radiates into the left and right hips, posterior neck pain rated 8/10, which radiates into the posterior and lateral sides of the head, the bilateral shoulders and shoulder blades, and left foot pain rated 7/10, which radiates into the left ankle. The patient is status post lumbar fusion L3-L5, summer 2014, and 2 right elbow surgeries on unspecified dates. The request is for TRAMADOL 150MG #30. RFA dated 08/20/15 provided. Patient's diagnosis on 08/20/15 includes lumbar and thoracic disc displacement without myelopathy, lumbar and cervical muscle spasm, cervical spine multilevel herniated discs, thoracalgia, posttraumatic anxiety and depression, and sacroiliitis. Physical examination on 08/20/15 revealed grade 3 tenderness in the bilateral cervical, thoracic and lumbar paraspinal muscles, Range of motion of the cervical and lumbar spines were painful and reduced. Treatment to date has included surgery, imaging studies, injections, physical therapy, chiropractic, acupuncture and medications. Patient's medications include Xanax, Omeprazole, Prozac, Tramadol, Gabapentin, Baclofen, and Norco. The patient has not worked since July 14, 2019 and is receiving SSI, per 08/14/15 report. MTUS, Criteria for use of Opioids Section, pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6- month intervals using a numerical scale or validated instrument." MTUS, Criteria for use of Opioids Section, page 78 also requires documentation of the 4 A's (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS, Criteria for use of Opioids Section, p77, states that "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS, Medications for chronic pain Section, page 60 states that "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity." Tramadol has been included in patient's medications per progress reports dated 01/20/15, 06/11/15, and 08/20/15. It is not known when this medication was initiated. In this case, treater has not stated how Tramadol reduces pain and significantly improves patient's activities of daily living. There are no pain scales or validated instruments addressing analgesia. MTUS states that "function should include social, physical, psychological, daily and work activities." There are no specific discussions regarding aberrant behavior, adverse reactions,

ADL's, etc. No UDS's, opioid pain agreement or CURES reports. MTUS requires appropriate discussion of the 4 A's. Given the lack of documentation as required by guidelines, the request is not medically necessary.

Xanax 0.5mg #60: 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): Benzodiazepines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) Chapter, under Xanax.

Decision rationale: Based on the 08/20/15 progress report provided by treating physician, the patient presents with right mid-back pain rated 9/10, which radiates into the left and right ribs and lower back, upper back pain rated 8/10, bilateral lower back pain rated 9/10, which radiates into the left and right hips, posterior neck pain rated 8/10, which radiates into the posterior and lateral sides of the head, the bilateral shoulders and shoulder blades, and left foot pain rated 7/10, which radiates into the left ankle. The patient is status post lumbar fusion L3-L5, summer 2014, and 2 right elbow surgeries on unspecified dates. The request is for XANAX 0.5MG #60. RFA dated 08/20/15 provided. Patient's diagnosis on 08/20/15 includes lumbar and thoracic disc displacement without myelopathy, lumbar and cervical muscle spasm, cervical spine multilevel herniated discs, thoracalgia, post traumatic anxiety and depression, and sacroiliitis. Physical examination on 08/20/15 revealed grade 3 tenderness in the bilateral cervical, thoracic and lumbar paraspinal muscles, Range of motion of the cervical and lumbar spines were painful and reduced. Treatment to date has included surgery, imaging studies, injections, physical therapy, chiropractic, acupuncture and medications. Patient's medications include Xanax, Omeprazole, Prozac, Tramadol, Gabapentin, Baclofen, and Norco. The patient has not worked since July 14, 2019 and is receiving SSI, per 08/14/15 report. MTUS Guidelines page 24 states, "benzodiazepines are not recommended for long-term use because long-term efficacies are unproven and there is a risk of dependence." ODG-TWC, Pain (Chronic) Chapter, under Xanax (Alprazolam) states: "Not recommended for long-term use. See Alprazolam; & Benzodiazepines. Alprazolam, also known under the trade name Xanax and available generically, is a short-acting drug of the benzodiazepine class used to treat moderate to severe anxiety disorders, panic attacks, and as an adjunctive treatment for anxiety associated with major depression." Xanax has been included in patient's medications per progress reports dated 06/11/15, and 08/20/15. It is not known when this medication was initiated. In this case, the patient presents with continued pain and has a diagnosis of anxiety and depression, for which this medication would be indicated. However, treater has not discussed the efficacy of this medication in terms of decrease in pain and improvement in function. MTUS p60 states "A record of pain and function with the medication should be recorded." Furthermore, guidelines do not recommend long-term use of benzodiazepines due to risk of dependence. The patient has been prescribed this medication at least since 06/11/15, which is more than 3 months from the UR date of 09/14/15. This request is not in accordance with guidelines. Therefore, the request is not medically necessary.