

Case Number:	CM15-0197925		
Date Assigned:	10/13/2015	Date of Injury:	03/01/2008
Decision Date:	11/24/2015	UR Denial Date:	10/02/2015
Priority:	Standard	Application Received:	10/08/2015

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: Maryland, Texas, Virginia

Certification(s)/Specialty: Internal Medicine, Allergy and Immunology, Rheumatology

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 55-year-old male who sustained an industrial injury on 03-01-2008. Medical records indicated the worker was treated for neck pain, cervical radiculitis and cervicgia, right medial and lateral epicondylitis, bilateral carpel tunnel syndrome, low back pain syndrome, thoracic degenerative disc disease, ulnar neuropathy status-post left ulnar nerve transposition surgery (11-26-2012), shoulder pain, status post left shoulder surgery (03-30-2011), and right shoulder surgery (09-21-2011), chronic pain syndrome, and a combination of neuropathic and nociceptive pain. In the provider notes of 09-22-2015, the injured worker is seen in follow-up for neck pain, thoracic back pain, and bilateral upper extremity pain. The worker had a T7-8 Interlaminar epidural steroid on 09-01-2015 that he feels gave him 50% pain relief of his thoracic back pain, but he continues to have neck pain and lateral epicondyle pain. He reports aching of the neck, upper extremities, neck and thoracic back despite icing, and use of a transcutaneous electrical nerve stimulation (TENS) unit and medications. His pain is increased with prolonged positioning, standing, walking bending, and lifting. Medications and injections are helpful for his pain. Medications include Kaiden, Lidoderm patches and Gralise, which help his pain. He rates his pain as a 10 on a scale of 0-10 in intensity, without medication and as a 4-5 on a scale of 0-10 intensity with medications. He has "tried and failed gabapentin", so Gralise was ordered. On exam, this cervical spine has tenderness of the cervical paraspinals and over the cervical facet joints. Cervical spine range of motions is 0% decreased in all planes. Spurling's sign elicits neck pain. There is tenderness over the bilateral L4-5 and L5-S1 lumbar paraspinals, pain with lumbar flexion and extension. Straight leg raise elicits low back pain but

the sciatic notches are pain free to palpation. There was no significant tenderness of the thoracic paraspinal muscles and no pain with rotation at waist. Sacroiliac joints are tender to palpation bilaterally. The plan of care includes medication renewals. A request for authorization was submitted for 1. Anaprox 550mg #60 (prescribed 9-22-15). 2. Zoloft 100mg #30 (prescribed 9-22-15). 3. Kadian 20mg #30 (prescribed 9-22-15). 4. Robaxin 500mg #90 (prescribed 9-22-15). 5. Lidoderm 5% patches #90 (prescribed 9-22-15). A utilization review decision 10-02-2015 Non-certified the requests for: Anaprox 550mg #60, Zoloft 100mg #30, Kadian 20mg #30, Robaxin 500mg #90, Gralise 600mg #90, Lidoderm 5% patches #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anaprox 550mg #60 (prescribed 9/22/15): Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Naproxen, NSAIDs (non-steroidal anti-inflammatory drugs).

Decision rationale: MTUS recommends NSAIDs for osteoarthritis "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." MTUS further specifies that NSAIDs should be used cautiously in patients with hypertension. ODG states, "Recommended as an option. Naproxen is a nonsteroidal anti-inflammatory drug (NSAID) for the relief of the signs and symptoms of osteoarthritis." Previous UR allowed several months of medications to last past the current request. As such, the request for Anaprox 550mg #60 (prescribed 9/22/15) is medically necessary at this time.

Zoloft 100mg #30 (prescribed 9/22/15): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): SSRIs (selective serotonin reuptake inhibitors).

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

Decision rationale: Zoloft is the brand name version of sertraline, which is an antidepressant classified as a selective serotonin reuptake inhibitor (SSRIs). MTUS states regarding SSRIs, "Not recommended as a treatment for chronic pain, but SSRIs may have a role in treating secondary

depression. Selective serotonin reuptake inhibitors (SSRIs), a class of antidepressants that inhibit serotonin reuptake without action on noradrenaline, are controversial based on controlled trials. It has been suggested that the main role of SSRIs may be in addressing psychological symptoms associated with chronic pain. More information is needed regarding the role of SSRIs and pain. SSRIs have not been shown to be effective for low back pain." The medical records indicate that the previous UR allowed for multiple refills, which would continue this medication through this time. As such, the request for Zoloft 100mg #30 (prescribed 9/22/15) is not medically necessary.

Kadian 20mg #30 (prescribed 9/22/15): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Opioids.

Decision rationale: Kadian is a brand of morphine sulfate, supplied by [REDACTED]. See Opioids for recommendations and references. The MTUS states that, Morphine Sulfate is a pure opioid agonist. ODG does not recommend the use of opioids for low back pain "except for short use for severe cases, not to exceed 2 weeks." The patient has exceeded the 2 week recommended treatment length for opioid usage. MTUS does not discourage use of opioids past 2 weeks, but does state that "ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." The treating physician does not fully document the least reported pain over the period since last assessment, intensity of pain after taking opioid, pain relief, increased level of function, or improved quality of life. As such, the request for Kadian 20mg #30 (prescribed 9/22/15) is not medically necessary.