

Case Number:	CM15-0202069		
Date Assigned:	10/16/2015	Date of Injury:	03/27/1998
Decision Date:	12/28/2015	UR Denial Date:	09/28/2015
Priority:	Standard	Application Received:	10/14/2015

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, 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 56 year old female, who sustained an industrial injury on 3-27-1998. Diagnoses include low back contusion and coccyx fracture, left shoulder rotator cuff and labral tear, status post arthroscopic surgery, carpal tunnel syndrome, status post release, internal derangement, status post arthroscopy, lumbar spine degenerative disc disease, radiculopathy, facet syndrome, cervical radiculopathy, pain disorder, depressive disorder, and status post multiple spinal surgeries. Treatments to date include activity modification, medication therapy, and physical therapy. On 9-17-15, she complained of ongoing pain in the low back and associated with muscle spasms, numbness, tingling and weakness. Pain was rated 4.5 out of 10 VAS with medications and 7.5 out of 10 VAS without medication. Medications were reported to increase activity and functional ability as well as improve quality of sleep. It was also noted that "emotionally she is more stable and less irritable and emotionally labile than without medications." Cymbalta was noted to help with mood and with decreasing pain. Current medications included Doc-q-lace, Gabapentin, Senna, Zolpidem, Carisoprodol, Cymbalta, and Wellbutrin and Celebrex. These medications had been prescribed for at least six months. The records indicated an opioid agreement, urinary drug study, and CURES report were on record and available upon request. The physical examination documented lumbar tenderness and positive Gaenslen's and lumbar facet loading tests. The plan of care included ongoing medication therapy. The appeal requested authorization for multiple prescriptions including; Doc-Q-Lace 100mg #30, Senna laxative 8.6mg #30, Gabapentin 5-325mg #60, Hydrocodone-acetaminophen

5-325mg #90, Zolpidem tartrate 10mg #30, Carisoprodol 350mg #60, and Cymbalta 30mg #30. The Utilization Review dated 9-28-15, denied the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Doc-Q-Lace 100 mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

Decision rationale: CAMTUS chronic pain guidelines recommend prophylactic treatment of constipation when prescribing opiates for analgesia. The IW has been on opiate medications for a prolonged period of time. She has been taking stool softeners during this time. There is no documentation in the record relating the IW bowel habits. The records do not include a diagnosis of constipation, abdominal examination, or discussion of bowel habits. At the most recent office visit, the IW indicated that one of the prescribed stool softeners "wasn't working." There is no further discussion. However, opiate prescriptions should be closely monitored with ongoing assessments of functional improvements related to prescribed medications. Additionally, the request does not include dosing frequency or duration. Without this documentation, the request for doc-q-lace is determined not medically necessary.

Senna laxative 8.6 mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

Decision rationale: CAMTUS chronic pain guidelines recommend prophylactic treatment of constipation when prescribing opiates for analgesia. The IW has been on opiate medications for a prolonged period of time. She has been taking stool softeners during this time. There is no documentation in the record relating the IW bowel habits. The records do not include a diagnosis of constipation, abdominal examination, or discussion of bowel habits. At the most recent office visit, the IW indicated that one of the prescribed stool softeners "wasn't working." There is no further discussion. However, opiate prescriptions should be closely monitored with ongoing assessments of functional improvements related to prescribed medications. Additionally, the request does not include dosing frequency or duration. Without this documentation, the request for Senna is determined not medically necessary.

Gabapentin 300 mg #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): Antiepilepsy drugs (AEDs).

Decision rationale: According to CA MTUS, gabapentin is an anti-epilepsy drug which has efficacy for diabetic neuropathy or post-herpetic neuropathy. It has also been considered a first line agent for neuropathic pain. There is not sufficient evidence to recommend the use of these medications for the treatment of chronic non-specific, non-neuropathic axial low back pain. Ongoing use of these medications recommends "documentation of pain relief and improvement in function as well as documentation of side effects incurred with use. The continued use of AEDs depends on improved outcomes versus tolerability of adverse effects." The IW does not have diabetic neuropathy or post-herpetic conditions. The documentation reports improvement of pain with the use of medications, but specific responses to individual medications is not noted in the record. Additionally, the request does not include dosing or frequency. Without this documentation, the request for gabapentin is not medically necessary in accordance with MTUS guidelines.

Hydrocodone-acetaminophen 5/325 mg #90: 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, specific drug list.

Decision rationale: CA MTUS, chronic pain guidelines, offer very specific guidelines for the ongoing use of narcotic pain medication to treat chronic pain. These recommendations state that the lowest possible dose be used as well as "ongoing review and documentation of pain relief, functional status, appropriate medication use and its side effects." It also recommends that providers of opiate medication document the injured worker's response to pain medication including the duration of symptomatic relief, functional improvements, and the level of pain relief with the medications. The included documentation fails to include the above recommended documentation. The submitted documentation references a urinary drug screen, but does not discuss the results of these tests. There is no documentation of specific functional improvement related to the use of this medication. In addition, the request does not include dosing frequency or duration. The request for opiate analgesia is not medically necessary.

Zolpidem tartrate 10 mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, Insomnia treatment.

Decision rationale: Ambien is a sedative, hypnotic agent that is prescribed for sleep. This medication is recommended for short term use and is not indicated in the treatment of chronic pain. Most recent documentation does not discuss the IW sleep patterns. The IW has been prescribed this medication for a minimum of 4 months which exceeds the recommendation of short term use. Furthermore, the request does not include the frequency or dosing of medication. As such, the request is not medically necessary.

Carisprodol 350 mg #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): Carisprodol (Soma).

Decision rationale: According to CAMTUS, Carisoprodol (Soma) is not recommended. Additionally, it is not recommended for long term use. Medical records support the IW has been taking this medication for a minimum of 4 months. Furthermore, the request does not include frequency or dosing. As this medication is not supported by guidelines, the request for Soma is determined not medically necessary.

Cymbalta 30 mg #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): Antidepressants for chronic pain, SNRIs (serotonin noradrenaline reuptake inhibitors).

Decision rationale: Cymbalta is a selective serotonin reuptake inhibitory. According to the CA MTUS chronic pain guidelines, SSRIs are not recommended for treatment of chronic pain, however it may be useful in a secondary role to treat depression. Documentation does not support the reason this medication was being prescribed although the IW does have a diagnosis of depression. The medication had been prescribed for a minimum of 6 months. There was no documentation of functional improvement or benefit realized from the specific use of this medication. Furthermore, the medication was prescribed by a primary provider and not a mental health provider. The request does not include the frequency and dosing of this medication. The request is not medically necessary.