MAXIMUS Federal Services

Case Number:	CM15-0203350		
Date Assigned:	10/20/2015	Date of Injury:	10/26/2005
Decision Date:	12/29/2015	UR Denial Date:	10/05/2015
Priority:	Standard	Application Received:	10/15/2015

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: Tennessee, Florida, Ohio
Certification(s)/Specialty: Surgery, Surgical Critical Care

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 71 year old male who sustained an industrial injury October 26, 2005. Diagnoses are other and unspecified disc disorder cervical region; unspecified internal derangement of the knee. According to a treating orthopedic physician's report dated September 23, 2015, the injured worker presented and has been seen by this treating physician since 2009. The physician documented he had an MRI of the low back November 2014, (report not present in the medical record) showing disc degeneration from L1-S1 and facet wear form L2-S1, foraminal narrowing to the left at L4-L5 and retrolisthesis at L3-4. He further documented he had an epidural injection February 2011 and possibly a transforaminal L4-5 and L5-S1 (unspecified date). The injured worker presents ambulating with a cane and wearing a back brace. He uses ice and cold wrap and a TENS (transcutaneous electrical nerve stimulation) unit. He reported low back pain with shooting pain down both legs especially on the right side to the dorsum of the foot and typically in the L5 dermatome, with worsening weakness along the lower extremities. He reports limitation with sitting, standing, walking, squatting, and kneeling. The physician also documented a cervical MRI dated August 27, 2015, (report not present in the medical record) showing facet changes along the left C2-3, mild stenosis C4-5 and mild stenosis C5-6 with moderate to severe foraminal narrowing at that level bilaterally and mild stenosis at C6-7 with mild to moderate foraminal narrowing bilaterally. He has received cortisone injection to the left knee in August with good relief. The physician also documented a 10-panel urine drug screen dated June 10 2015, (report present in the medical record) revealed presence of Tramadol but not Norco. He reports ongoing headaches and takes Prozac from a family

physician. He has issues with sleep, stress and depression. Objective findings included; tenderness along the lumbosacral area, he can heel walk, hesitant with ankle dorsiflexion, spasms; knee tenderness along the medial and lateral joint line, weakness to resisted function and mild effusion. Treatment plan included a cortisone injection to the left knee, physical therapy 12 sessions for the neck and both knees, neck traction and neck pillow, x-rays of the knees, knee braces, and DonJoy braces. At issue, is the request for authorization, dated September 23, 2015, for Protonix (since at least January 30, 2015), Effexor (since at least March 24, 2015), Wellbutrin, SR, Norflex ER, Tramadol ER (since at least January 30, 2015), Lunesta, and Ativan (since at least May 13, 2015). According to utilization review dated October 5, 2015, the requests for Naproxen, Topamax, Remeron, and Neurontin, were certified. The requests for Protonix 20mg #60, Effexor XR 75mg #60, Wellbutrin SR 150mg #60, Norflex ER 100mg #60, Tramadol ER 150mg #30, Lunesta 2mg #30, and Ativan 1mg #60 were non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Protonix 20mg, #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: There is not sufficient clinical information provided to justify the medical necessity of the requested prescription for this patient. The clinical records submitted do not support the fact that this patient has refractory GERD resistant to H2 blocker therapy or an active h. pylori infection. The California MTUS guidelines address the topic of proton pump prescription. In accordance with California MTUS guidelines, PPI's (Proton Pump Inhibitors) can be utilized if the patient is concomitantly on NSAIDS and if the patient has gastrointestinal risk factors. This patient is not on NSAIDS. Additionally, per the Federal Drug Administration's (FDA) prescribing guidelines for PPI use, chronic use of a proton pump inhibitor is not recommended due to the risk of developing atrophic gastritis. Short-term GERD symptoms may be controlled effectively with an H2 blocker unless a specific indication for a proton pump inhibitor exists. This patient's medical records support that he has mild abdominal discomfort. However, the patient has no documentation of why chronic PPI therapy is necessary. The patient does not have GERD that is not documented to be refractory to H2 blocker therapy and he has not records that indicate an active h. pylori infection. Therefore, based on the submitted medical documentation, the request for Protonix prescription is not medically necessary.

Effexor XR (extended release) 75mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Venlafaxine (Effexor).

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

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of an Effexor prescription for this patient. Effexor is the name brand equivalent of generic Venlafaxine. The clinical records submitted do support the fact that this patient has chronic depression. However, the medical records do not support that this patient has a refractory major depressive disorder with supervision by a specialist. The California MTUS guidelines do address the topic of Effexor prescription. Specifically, per MTUS, "Effexor is a member of the selective-serotonin and norepinephrine reuptake inhibitor (SNRIs) class of antidepressants. It has FDA approval for treatment of depression and anxiety disorders." Additionally, "Antidepressant or antipsychotic medication may be prescribed for major depression or psychosis; however, this is best done in conjunction with specialty referral." This patient has been diagnosed with depression; however, the clinical records indicate that he continues to have severe depression despite multiple medications. Management of clinical depression is best done with a specialist. Despite his persistent depression, there is no evidence this patient is being treated by a specialist. Therefore, based on the submitted medical documentation, the request for Effexor prescription is not-medically necessary.

Wellbutrin SR (sustained release) 150mg, #60: Upheld

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

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

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of a Wellbutrin prescription for this patient. Wellbutrin is the name brand equivalent of generic bupropion. The clinical records submitted do support the fact that this patient has chronic depression. However, the medical records do not support that this patient has a refractory major depressive disorder with supervision by a specialist. The California MTUS guidelines do address the topic of Wellbutrin prescription. Specifically, per MTUS, Wellbutrin is an atypical antidepressant that acts as a norepinephrine and dopamine reuptake inhibitor. Antidepressants have many side effects and can result in decreased work performance or mania in some people. Wellbutrin is an atypical antipsychotic. Antidepressant or antipsychotic medication may be prescribed for major depression or psychosis; however, this is best done in conjunction with specialty referral. This patient has been diagnosed with depression; however, the clinical records indicate that he continues to have depression despite multiple medications. Management of clinical depression is best done with a specialist. Despite his persistent depression, there is no evidence this patient is being treated by a specialist. Therefore, based on the submitted medical documentation, the request for Wellbutrin prescription is not-medically necessary.

Norflex ER (extended release) 100mg, #60: 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: There is not sufficient clinical information provided to justify the medical necessity of this prescription for this patient. In accordance with the California MTUS guidelines, Norflex is a muscle relaxant and muscle relaxants are not recommended for the treatment of chronic pain. From the MTUS guidelines: "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic back pain". Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. This patient has been diagnosed with chronic back pain of the cervical and upper spine. Per MTUS, the use of a muscle relaxant is not indicated. Therefore, based on the submitted medical documentation, the request for Norflex is not medically necessary.

Tramadol ER (extended release) 150mg, #30: Upheld

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

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

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of this prescription for this patient. Per MTUS guidelines, "Tramadol is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. Tramadol may increase the risk of seizure especially in patients taking SSRIs, TCAs and other opioids. Do not prescribe to patients that at risk for suicide or addiction." Per ODG, Tramadol is associated with an increased risk for hypoglycemia requiring hospitalization. Although rare, tramadol-induced hypoglycemia is a potentially fatal, adverse event. "Hypoglycemia adds to mounting concerns about tramadol, a weak opioid, that counter the perception that it is a safer alternative to full opioids." Therefore, based on the submitted medical documentation, the request for tramadol is not medically necessary.

Lunesta 2mg, #30: 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 - Eszopicolone (Lunesta); ODG, Pain Chapter - Insomnia treatment; ODG, Mental Illness & Stress Chapter - Eszopicolone (Lunesta); ODG, Mental Illness & Stress Chapter - Insomnia treatment; ODG Psychotherapy Guidelines.

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 and Stress, Zolpidem/ Eszopiclone.

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of this prescription for this patient. The California MTUS guidelines and the ACOEM Guidelines do not address the topic of this medication. Per the Official Disability Guidelines (ODG), "Lunesta is not recommended for long-term use." The clinical records submitted do support the fact that this patient has a remote history of insomnia. However, the records do not support the long term use of this medication for that indication. Specifically, the patient's most recent clinical encounters do not document signs or symptoms of current insomnia. Therefore, based on the submitted medical documentation, the request for Lunesta is not-medically necessary.

Ativan 1mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter - Lorazepam; ODG, Pain Chapter - Benzodiazepines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines.

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of this prescription for this patient. Per the California MTUS guidelines, benzodiazepines are: "Not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks." This patient has been documented to have long term, chronic neuropathic and musculoskeletal pain. Per MTUS, benzodiazepines should not be utilized for treatment of chronic pain. The patient has been prescribed Ativan for longer than 4 weeks and is at high risk for dependence. Therefore, based on the submitted medical documentation, the request for Ativan is not medically necessary.