

Case Number:	CM15-0020379		
Date Assigned:	02/10/2015	Date of Injury:	09/23/2004
Decision Date:	04/21/2015	UR Denial Date:	01/27/2015
Priority:	Standard	Application Received:	02/03/2015

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: Arizona, Michigan

Certification(s)/Specialty: Preventive Medicine, Occupational 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 60 year old female, who sustained an industrial injury reported on 9/23/2004. She reported moderate, constant and intermittent, shooting and radiating lower back, neck and shoulder pain. The diagnoses were noted to include Opioid-type dependence - continuous use; low back syndrome; thoracic or lumbar radiculopathy; and myofascial pain syndrome. Treatments to date have included consultations; multiple diagnostic and imaging studies; massage therapy; and medication management. The work status classification for this injured worker (IW) was not noted. The PR-2, dated 1/21/2015, notes this IW to be on the lowest dose of Percocet, that this dose of Soma has been decreased from the last request; that Soma is ordered because the IW awakens after 5 hours and this helps her go back to sleep; that the Etodolac dose is a tapered down dose, from twice daily, for the purpose of assessing efficacy; the Prevacid is a trial "Y" medication, after the "N" medications Nexium was denied; and Cymbalta is being ordered because it is opiate sparing and is helping with the neuropathic pain, allowing for her to function at a higher level. On 1/27/2015, Utilization Review (UR) non-certified, for medical necessity, the request, made on 1/21/2015, for a Percocet 5/325mg #60, twice daily for pain denied because this IW should already be weaned from this medication; Ambien 10mg #30 every night for sleep and denied because this IW should already be weaned from this medication; Etodolac 400mg #30 daily for tightness and inflammation of the back - denied for lack of documented objective functional benefit; Soma 350mg #20, as needed for sleep - and denied for lack of documented objective functional gains; Prevacid 30mg #30, daily for stomach pain and heartburn from the medications - denied because Etodolac was denied; and Cymbalta 60mg #60,

twice daily to help with depression and the shooting pain denied for lack of documented supportive evidence of objective functional benefit from this medication. The Medical Treatment Utilization Schedule, chronic pain medical treatment guidelines, criteria for opioids with neuropathic & chronic back pain, non-steroidal anti-inflammatory drugs (NSAIDS) & osteoarthritis (hip & knee), skeletal muscle relaxant Soma, NSAIDS with gastrointestinal and cardiovascular risks, anti-depressants for chronic pain & neuropathic pain Cymbalta; and the Official Disability Guidelines and Mosby's Drug Consult, Ambien indications and usage, non-sedating muscle relaxants, were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 5/325 mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96 (78,95).

Decision rationale: Per the MTUS opioids should be discontinued if there is no overall improvement in function, unless there are extenuating circumstances, Opioids should be continued if the patient has returned to work or has improved functioning and pain. Ongoing management should follow the 4 A's of analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors. Long-term users of opioids should be regularly reassessed. Also, patients who receive opioid therapy may sometimes develop unexpected changes in their response to opioids, which includes development of abnormal pain, change in pain pattern, persistence of pain at higher levels than expected. When this happens opioids can actually increase rather than decrease sensitivity to noxious stimuli. It is important to note that a decrease in opioid efficacy should not always be treated by increasing the dose or adding other opioids, but may actually require weaning. A review of the injured workers medical records show updated documentation of improvement in functioning and pain according to guideline recommendations. Therefore based on the injured workers clinical presentation and the guidelines the request for Percocet 5/325mg #60 is medically necessary.

Ambien 10 mg #30: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) and Mosby's Drug Consult.

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) Zolpidem.

Decision rationale: The MTUS/ACOEM did not specifically address the use of Ambien (zolpidem) therefore other guidelines were consulted. Per the ODG Zolpidem is a prescription

short-acting non benzodiazepine hypnotic, which is recommended for short-term (7-10 days) treatment of insomnia. Proper sleep hygiene is critical to the individual with chronic pain and often is hard to obtain. Various medications may provide short-term benefit. While sleeping pills, so-called minor tranquilizers, and anti-anxiety agents are commonly prescribed in chronic pain, pain specialists rarely, if ever, recommend them for long-term use. They can be habit-forming, and they may impair function and memory more than opioid pain relievers. There is also concern that they may increase pain and depression over the long-term. However, a review of the injured workers medical records demonstrate that she is benefiting from the use of this medication and the continued use of ambien 10 mg # 30 is medically necessary and appropriate.

Etodolac 400 mg #30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID's Page(s): 67-68.

Decision rationale: Per the MTUS, NSAIDs are 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. Etodolac is an NSAID and is medically necessary and appropriate in the management of this injured worker.

Soma 350 mg #20: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Soma.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain), Carisoprodol Page(s): 63-65.

Decision rationale: Per the MTUS, non-sedating muscle relaxants are recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Carisoprodol (Soma) is not recommended for longer than a 2-3 week period. Carisoprodol is metabolized to meprobamate an anxiolytic that is a schedule IV controlled substance. Its main effect may be due to generalized sedation as well as treatment of anxiety; adverse effects include drowsiness, psychological and physical dependence, and

withdrawal with acute discontinuation. A review of the injured workers medical records that are available to me do not show a need for the continued use of this medication and the request for soma 350mg # 20 is not medically necessary.

Prevacid 30 mg #30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Soma.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk Page(s): 68-69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (chronic) / proton pump inhibitors.

Decision rationale: Per the MTUS, Clinicians should weigh the indications for NSAIDs against both GI and cardiovascular risk factors according to specific criteria listed in the MTUS and a selection should be made based on these criteria 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). Per the ODG, PPI's are recommended for patients at risk for gastrointestinal events. Prilosec (omeprazole), Prevacid (lansoprazole) and Nexium (esomeprazole magnesium) are PPIs. Healing doses of PPIs are more effective than all other therapies, although there is an increase in overall adverse effects compared to placebo. Nexium and Prilosec are very similar molecules. (Donnellan, 2010) In this RCT omeprazole provided a statistically significantly greater acid control than lansoprazole. (Miner, 2010) In general, the use of a PPI should be limited to the recognized indications and used at the lowest dose for the shortest possible amount of time. PPIs are highly effective for their approved indications, including preventing gastric ulcers induced by NSAIDs. Studies suggest, however, that nearly half of all PPI prescriptions are used for unapproved indications or no indications at all. Many prescribers believe that this class of drugs is innocuous, but much information is available to demonstrate otherwise. Products in this drug class have demonstrated equivalent clinical efficacy and safety at comparable doses, including esomeprazole (Nexium), lansoprazole (Prevacid), omeprazole (Prilosec), pantoprazole (Protonix), dexlansoprazole (Dexilant), and rabeprazole (Aciphex). (Shi, 2008) A trial of omeprazole or lansoprazole had been recommended before prescription Nexium therapy (before it went OTC). The other PPIs, Protonix, Dexilant, and Aciphex, should be second-line. According to the latest AHRQ Comparative Effectiveness Research, all of the commercially available PPIs appeared to be similarly effective. (AHRQ, 2011). A review of the injured workers medical records that are available to me show that she is on an NSAID etodolac and she has stomach pain as well as heartburn related to medication use, She has failed omeprazole in the past, therefore based on her clinical presentation the request for Prevacid 30 mg #30 is medically necessary.

Cymbalta 60 mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressant.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 14-16.

Decision rationale: Per the MTUS, antidepressants are recommended as a first line option in the treatment of neuropathic pain and also possibly for non- neuropathic pain. Duloxetine (Cymbalta) is FDA approved for anxiety, depression, diabetic neuropathy and fibromyalgia, it is used off label for neuropathic pain and radiculopathy. A review of the injured workers medical records show that she has multilevel disc disease with cervical and lumbar radiculopathy and the request for Cymbalta 60 mg #60 is medically necessary in this injured worker.