MAXIMUS Federal Services

Case Number:	CM15-0020561		
Date Assigned:	02/10/2015	Date of Injury:	04/23/2007
Decision Date:	03/31/2015	UR Denial Date:	01/29/2015
Priority:	Standard	Application Received:	02/04/2015

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: Pennsylvania
Certification(s)/Specialty: Internal 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 54 year old male, who sustained an industrial injury on April 23, 2007. The diagnoses have included lumbar radiculopathy, failed low back syndrome, cervical strain, right greater than left with cervical radiculopathy, upper thoracic strain, secondary insomnia, depression and erectile dysfunction secondary to chronic pain, and gastrointestinal upset secondary to chronic pain medications. He has reported pain in the mid back, low back, neck, upper back and bilateral knees, sleep difficulties, depression and sexual dysfunction secondary to low back pain. Treatment and evaluation to date has included radiographic imaging, diagnostic studies, acupuncture, surgical intervention of the lumbar spine, psychological treatment, pain medications and work duty modifications. On August 7, 2014, evaluation revealed continued pain. The treating physician documented that the Percocet was the only thing that was working very well for the injured worker and keeping him functional and able to continue his activities of daily living such as dressing, walking, and showering. It was documented that there was no aberrant behavior. It was noted he had an antalgic gait and that the injured worker was using a single prong cane. Examination showed moderate spasm of paralumbar region, decreased range of motion of the lumbar spine, positive straight leg test bilaterally, tenderness and spasm of the paracervical muscles with decreased range of motion of the cervical spine, and positive Spurling's sign. The plan was to continue psychiatric treatments and pain medications. Medications included Percocet, flexeril, lyrica, Cialis, and lunesta. An adjustable walking cane was requested due to low back pain. Work status was noted as limited to part time semi-sedentary work duties. The physician also documented that given the injured worker's significant

chronic pain and dysfunction, he is precluded from any gainful employment. A urine drug screen on 9/19/14 was positive for cannabinoids which was discussed with the injured worker at the 11/3/14 visit; the injured worker reported he tried marijuana to help with his chronic pain and was no longer using it. At the 11/3/14 visit, the injured worker reported trouble sleeping and continued pain that had increased in the prior few weeks. Medications included Percocet, lyrica, Cialis, remeron, and lunesta; soma was requested. On 11/21/14, Effexor was ordered for depression secondary to chronic pain and soma was ordered for muscle spasm. It was noted that the injured worker was continuing psychiatric treatment with another physician and the treating physician was requesting a report from the psychiatrist to review recommendations. The physician again documented that work status was limited to part time semi sedentary work duties, and that given the injured worker's significant chronic pain and dysfunction, he is precluded from any gainful employment. On January 29, 2015, Utilization Review non-certified a request for Percocet 10/325mg 4 times a day #120, Cialis 20mg daily #15, Effexor ER 75mg daily #30, Lunesta 3mg at bedtime #30, Soma 350mg twice a day as needed #60 and an adjustable walking cane, citing the MTUS, Mosby's Drug Consult, and the ODG. On February 2, 2015, the injured worker submitted an application for Independent Medical Review (IMR) of the above requests.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325mg 4 times a day #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): p. 74-96.

Decision rationale: There is no evidence that the treating physician is prescribing opioids according to the MTUS, which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, and opioid contract. There should be a prior failure of non-opioid therapy. All of these aspects of prescribing are not in evidence. Per the MTUS, opioids are minimally indicated, if at all, for chronic non-specific pain, osteoarthritis, mechanical and compressive etiologies, and chronic back pain. There is no evidence of significant pain relief or increased function from the opioids used to date. Although the physician documented that medications allowed the injured worker to perform some activities of daily living, this was not attributed to any one medication, and it was documented that the injured worker remained precluded from any gainful employment. Pain was documented to be increased while the injured worker was treated with percocet. The prescribing physician does not specifically address function with respect to prescribing opioids, and does not address the other recommendations in the MTUS. No opioid contract was documented. There is no evidence that the treating physician has utilized a treatment plan NOT using opioids, and that the patient has failed a trial of non-opioid analgesics. Ongoing management should reflect four domains of monitoring, including analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors. The documentation does not reflect improvement in pain. The MTUS

recommends urine drug screens for patients with poor pain control and to help manage patients at risk of abuse. There is no record of a urine drug screen program performed according to quality criteria in the MTUS and other guidelines. A urine drug screen in September 2014 was positive for cannabinoids, indicating use of other psychoactive substances/ingestion of illicit substances. As currently prescribed, percocet does not meet the criteria for long term opioids as elaborated in the MTUS and is therefore not medically necessary.

Cialis 20mg daily #15: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Mosby's Drug Consult

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation UpToDate: Tadalafil: drug information. In UpToDate, edited by Ted. W. Post, published by UpToDate in Waltham, MA, 2015.

Decision rationale: The MTUS and ODG are silent with regards to Cialis. Cialis (tadalafil) is a phosphodiesterase inhibitor indicated for the treatment of erectile dysfunction (ED) and benign prostatic hypertrophy (BPH). For treatment of erectile dysfunction, the usual dose is 10 or 20 milligrams at least 30 minutes prior to anticipated sexual activity as one single dose and not more than once daily, or 2.5 mg once daily at the same time daily without regard to timing of sexual activity. Cialis is contraindicated with concurrent use of nitrates. The documentation states that the injured worker had erectile dysfunction as a result of back injury/chronic back pain, treated with Cialis. The documentation indicates that the injured worker has utilized this medication in the past. No contraindication to treatment with Cialis was noted. The request for Cialis is medically necessary.

Effexor ER 75mg daily #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): p. 401-402,Chronic Pain Treatment Guidelines antidepressants p. 14-16serotonin and norepinephrine reuptake inhibitors p. 105venlafaxine. Decision based on Non-MTUS Citation mental illness and stress chapter: antidepressants for treatment of major depressive disorder

Decision rationale: Effexor (venlafaxine) is a serotonin and norepinephrine reuptake inhibitor (SNRI) indicated for treatment of depression and anxiety. The MTUS states that antidepressants are recommended as a first line option for neuropathic pain and as a possibility for non-neuropathic pain. Assessment of treatment efficacy should include not only pain outcomes, but also an evaluation of function, changes in use of other analgesic medication, sleep quality and duration, and psychological assessment. SNRIs are recommended as an option in first line treatment of neuropathic pain, especially if tricyclics are ineffective, poorly tolerated, or contraindicated. The ACOEM notes that brief courses of antidepressants may be helpful to

alleviate symptoms of depression, but that given the complexity of available agents, referral for medication evaluation is advised. The ODG states that antidepressants offer significant benefit in the treatment of the severest depressive symptoms, but may have little or no therapeutic benefit over and above placebo in patients with mild to moderate depression. The documentation notes that effexor was prescribed by the primary treating physician due to depression secondary to chronic pain. At the same visit, the primary treating physician also documented that the injured worker was under the care of a psychiatrist, and that a report from the psychiatrist was requested to review recommendations. The primary treating physician did not document an evaluation for depression including evaluation of symptom severity. The injured worker was being treated by a psychiatrist for depression, and the recommendation of the psychiatrist including any medication recommendations were not documented. Due to lack of availability of the psychiatry report, including recommendations for medication treatment, the request for effexor is not medically necessary.

Lunesta 3mg at bedtime #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC Pain Procedure Summary

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation insomnia treatment

Decision rationale: The MTUS does not address the use of hypnotics other than benzodiazepines. No physician reports describe the specific criteria for a sleep disorder. Treatment of a sleep disorder, including prescribing hypnotics, should not be initiated without a careful diagnosis. There is no evidence of that in this case. For the treatment of insomnia, pharmacologic agents should only be used after careful evaluation of potential causes of sleep disturbance. Specific components of insomnia should be addressed. There was no documentation of evaluation of sleep disturbance in the injured worker, and components insomnia were not addressed. The treating physician has not addressed major issues affecting sleep in this patient, including the use of other psychoactive agents like opioids, which significantly impair sleep architecture, and depression. Per the ODG, lunesta is not recommended for long term use. The documentation indicates that lunesta has been prescribed for at least four months. Due to lack of evaluation of sleep disturbance and long term use of lunesta not in accordance with the guidelines, the request for lunesta is not medically necessary.

Soma 350mg twice a day as needed #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants p. 63-66carisoprodol (soma) p. 29 Page(s): p. 63-66.

Decision rationale: The MTUS for chronic pain does not recommend muscle relaxants for chronic pain. Non-sedating muscle relaxants are an option for short-term exacerbations of

chronic low back pain. The muscle relaxant prescribed in this case is sedating. The injured worker has chronic pain with no evidence of prescribing for flare-ups. The quantity prescribed implies long term use, not for a short period of use for acute pain. No reports show any specific and significant improvement in pain or function as a result of prescribing muscle relaxants. Per the MTUS Chronic Pain Medical Treatment Guidelines, Soma (carisoprodol), a sedating centrally acting skeletal muscle relaxant, is not recommended and not indicated for long term use. This injured worker has chronic pain with no evidence of prescribing for flare-ups. Prescribing of muscle relaxants, initially with flexeril and subsequently with soma, has occurred for months and the quantity prescribed implies long term use, not a short period of use for acute pain. No reports show any specific and significant improvements in pain or function as a result of Soma. Per the MTUS, Soma is not recommended for chronic pain and has habituating and abuse potential. Due to lack of recommendation of Soma by the MTUS, and the long term use not in accordance with the guidelines, the request for soma is not medically necessary.

Adjustable walking cane: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC Procedure Summary

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation knee and leg chapter: walking aids

Decision rationale: The ODG recommends the use of walking aides such as canes for persons with knee osteoarthritis. Assistive devices for ambulation can reduce pain associated with osteoarthritis. Frames or wheeled walkers are preferable for patients with bilateral disease. Contralateral cane placement is the most efficacious for persons with knee osteoarthritis. The injured worker reported pain in the knees, however no specific evaluation for knee issues was documented and there was no diagnosis of osteoarthritis of the knees. The ODG is silent regarding use of walking aids for low back issues. Bilateral knee pain was noted. It was also documented on several occasions that the injured worker was using a single prong cane. The indication for an adjustable cane was not specified by the treating physician. Due to lack of specific indication, the request for an adjustable walking cane is not medically necessary.