

Case Number:	CM15-0020759		
Date Assigned:	02/10/2015	Date of Injury:	07/30/2001
Decision Date:	03/31/2015	UR Denial Date:	12/31/2014
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: Montana

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 57 year old who sustained an industrial injury on 07/30/2001. Diagnoses include left upper extremity radiculopathy, probable cervical spondylosis with radiculopathy left upper extremity, status post L4-L5 posterior lumbar interbody fusion, status post removal of retained intracervical plate, status post anterior cervical discectomy and fusion with cervical plate, and removal of retained metal with extension of the fusion at C5-C6. Treatment to date has included medications, epidural steroid injections, positive spinal cord stimulator trial, and home exercise program. A physician progress note dated 08/27/2014 documents the injured worker complains of neck pain with cervicogenic headaches radiating down both upper extremities. There is pain in the lower back radiating down to her left lower extremity. She has been stable on her medications for a long time, and her current medications enable her to function on a daily basis. Her cervical and lumbar spines are tender to palpation with limited range of motion. Treatment requested is for Anaprox DS 550mg #120, Doral 15mg, #120, Norco 10/325mg # 60, with 3 refills, OxyContin 20mg with 3 refills, Prilosec 20mg # 120, Prozac 20mg, #240, and transportation to [REDACTED] office every 3 months. On 12/31/2014 Utilization Review non-certified the request for Anaprox DS 550mg #120 and cited was California Medical Treatment Utilization Schedule (MTUS)-Chronic Pain Medical Treatment Guidelines. Doral 15mg, #120 was modified to Doral 15mg, #30, and cited was California Medical Treatment Utilization Schedule (MTUS)-Chronic Pain Medical Treatment Guidelines, and Official Disability Guidelines. Norco 10/325mg, #60 with 3 refills was non-certified and cited was California Medical Treatment Utilization Schedule (MTUS)-Chronic Pain Medical

Treatment Guidelines. OxyContin 20mg with 3 refills was non-certified and cited was California Medical Treatment Utilization Schedule (MTUS)-Chronic Pain Medical Treatment Guidelines. Prilosec 20mg, # 120 was non-certified, and cited was California Medical Treatment Utilization Schedule (MTUS)-Chronic Pain Medical Treatment Guidelines. Prozac 20mg, #240 was non-certified and cited was California Medical Treatment Utilization Schedule (MTUS)-Chronic Pain Medical Treatment Guidelines. Transportation to [REDACTED] office every 3 months was non-certified and cited was Official Disability Guidelines-Treatment in Workmen's' Compensation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prozac 20mg #240: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines antidepressants for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13-16. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Selective serotonin reuptake inhibitors (SSRIs)

Decision rationale: The MTUS does address the use of antidepressants for chronic pain. They are recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. (Feuerstein, 1997) (Perrot, 2006) Tricyclics are generally considered a first-line agent unless they are ineffective, poorly tolerated, or contraindicated. Analgesia generally occurs within a few days to a week, whereas antidepressant effect takes longer to occur. (SaartoCochrane, 2005) 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. Tricyclic antidepressants are recommended over selective serotonin reuptake inhibitors (SSRIs), unless adverse reactions are a problem. Caution is required because tricyclics have a low threshold for toxicity, and tricyclic antidepressant overdose is a significant cause of fatal drug poisoning due to their cardiovascular and neurological effects. Tricyclic antidepressants have been shown in both a meta-analysis (McQuay, 1996) and a systematic review (Collins, 2000) to be effective, and are considered a first-line treatment for neuropathic pain. Selective serotonin reuptake inhibitors (SSRIs), a class of antidepressants that inhibit serotonin reuptake without action on noradrenaline, are controversial based on controlled trials. (Finnerup, 2005) (Saarto-Cochrane, 2005) It has been suggested that the main role of SSRIs may be in addressing psychological symptoms associated with chronic pain. (Namaka, 2004) More information is needed regarding the role of SSRIs and pain. Prozac (fluoxetine) is a selective serotonin reuptake inhibitor (SSRI). The Official Disability Guidelines (ODG) note that selective serotonin reuptake inhibitors (SSRIs) are not recommended as a treatment for chronic pain, but SSRIs may have a role in treating secondary depression. Prescribing physicians should provide the indication for these medications. 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. See Antidepressants for chronic pain for general guidelines, as well as specific SSRI listing for more information and references. SSRIs that are commonly prescribed include the following: citalopram, escitalopram, fluoxetine, fluvoxamine, paroxetine, & sertraline. (Clinical Pharmacology, 2010)The Utilization Review on 12/30/14 noted that previous reviews had recommended weaning off the medication and there was no documentation of objective functional improvement associated with the use of Prozac. SSRIs are not recommended as first line treatments for chronic pain. The treating physician must adequately document the indication and efficacy for continued use of Prozac on a long-term basis. The request for Prozac 20mg #240 is not medically necessary.

Doral 15mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: Doral (quazepam) is a benzodiazepine type of medication. The MTUS states that 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. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic and anxiolytic effects occur within months and long-term use may actually increase anxiety. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. The medical records show tht Doral has been prescribed on a long-term basis with the current prescription being provided for a 90 day supply. The use of Doral is not consistent with the MTUS guidelines which note that it is not recommended for long-term use. The Utilization Review on 12/30/14 modified the request for #30. The request for Doral 15mg #90 is not medically necessary.

Anaprox DS 550mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-steroidal anti-inflammatory drugs Page(s): 67-68, 70 and 73.

Decision rationale: Anaprox (naproxen sodium) is a nonsteroidal anti-inflammatory drug (NSAID). The MTUS states that nonsteroidal anti-inflammatory medications are recommended at the lowest dose for the shortest period possible in patients with moderate to severe pain. Although NSAIDs are effective they can cause gastrointestinal irritation or ulceration. Studies also show that NSAID use for more than a few weeks can retard or impair bone, muscle, and connective tissue healing and may cause hypertension. Regarding neuropathic pain, the guidelines note inconsistent evidence for the use of these medications to treat long-term neuropathic pain but they may be useful to treat breakthrough pain. Naproxen as sodium salt is

available in 550 mg (Anaprox). Package inserts for NSAIDs recommend periodic lab monitoring of a CBC and chemistry profile (including liver and renal function tests). There has been a recommendation to measure liver transaminases within 4 to 8 weeks after starting therapy, but the interval of repeating lab tests after this treatment duration has not been established. Routine blood pressure monitoring is recommended. Overall Dosing Recommendation: It is generally recommended that the lowest effective dose be used for all NSAIDs for the shortest duration of time consistent with the individual patient treatment goals. The medical records note that naproxen has been used since at least 8/27/14. The current request is for Anaprox DS 550mg #120. This is not consistent with the MTUS recommendation for using the lowest dose for the shortest duration possible. Medical records do not demonstrate substantial pain relief and objective functional improvement related to use of Anaprox and there is no documentation of laboratory studies to evaluate hepatic and renal function. In this case the request for Anaprox DS 550 mg #120 with 4 refills, is not consistent with the MTUS recommendations and is not medically necessary.

Prilosec 20mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-steroidal anti-inflammatory drugs, GI symptoms and cardiovascular risk Page(s): 68.

Decision rationale: Prilosec (omeprazole) is a proton pump inhibitor. Proton pump inhibitors and H2 receptor antagonists are frequently used for gastrointestinal symptoms related to use of non-steroidal anti-inflammatory medication. The MTUS notes that Clinicians should weight the indications for NSAIDs against both GI and cardiovascular risk factors. Determine if the patient is at risk for gastrointestinal events: (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). Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI. The ODG guidelines recommend proton pump inhibitor for patients at risk for gastrointestinal events. 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. If a PPI is used, omeprazole OTC tablets or lansoprazole 24HR OTC are recommended for an equivalent clinical efficacy and significant cost savings. Research, all of the commercially available PPIs appeared to be similarly effective. (AHRQ, 2011) In this case the treatment records do document gastrointestinal complaints related to use of NSAIDs and possibly other medications. There is no indication that another NSAID was tried. The Utilization Review on 12/30/14 noted that without certification of the other medications, there is no indication for use of Prilosec. Without specific indication noted in the treatment records the request for Prilosec 20mg #120 is not medically necessary.

OxyContin 20mg #90 with 3 refills: Upheld

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): 75-83 and 92.

Decision rationale: The MTUS notes that opioids are not recommended as first line therapy for neuropathic pain. Opioids are suggested for neuropathic pain that has not responded to first line recommendations including antidepressants and anticonvulsants. The MTUS states that reasonable alternatives to opioid use should be attempted. There should be a trial of non-opioid analgesics. When subjective complaints do not correlate with clinical studies a second opinion with a pain specialist and a psychological assessment should be obtained. The lowest possible dose should be prescribed to improve pain and function. The MTUS states that opioids are not recommended as first line therapy for neuropathic pain. Opioids are suggested for neuropathic pain that has not responded to first line recommendations including antidepressants and anticonvulsants. The MTUS states that reasonable alternatives to opioid use should be attempted. There should be a trial of non-opioid analgesics. When subjective complaints do not correlate with clinical studies a second opinion with a pain specialist and a psychological assessment should be obtained. The lowest possible dose should be prescribed to improve pain and function. Ongoing use of hydrocodone/acetaminophen requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: the least reported pain over the period since the last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. OxyContin is a long acting form of oxycodone which is a pure agonist. In this case the OxyContin is used as part of a treatment regimen for severe chronic pain. OxyContin is indicated for management of moderate to severe pain when a continuous, around-the-clock analgesic as needed for an extended period of time. OxyContin tablets are not intended for use as a prn analgesic. The Utilization Review noted that specific objective functional improvement is not documented. There is no pain assessment as required by the MTUS. The request for OxyContin 20 mg #90 with 3 refills is not medically necessary.

Norco 10/325mg #60 with 3 refills: Upheld

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): 75-80 and 91.

Decision rationale: Norco is a brand name for hydrocodone, a short-acting opioid analgesic, combined with acetaminophen. The MTUS states that opioids are not recommended as first line therapy for neuropathic pain. Opioids are suggested for neuropathic pain that has not responded to first line recommendations including antidepressants and anticonvulsants. The MTUS states

that reasonable alternatives to opioid use should be attempted. There should be a trial of non-opioid analgesics. When subjective complaints do not correlate with clinical studies a second opinion with a pain specialist and a psychological assessment should be obtained. The lowest possible dose should be prescribed to improve pain and function. Ongoing use of hydrocodone/acetaminophen requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: the least reported pain over the period since the last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. In this case the medical records do not document specific objective functional improvement and a pain assessment is not documented. Ongoing use of Norco will require documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: the least reported pain over the period since the last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Without appropriate documentation for ongoing opioid use the request for Norco 10/325 mg #60 with 3 refills is not medically necessary.

Transportation to [REDACTED] office every 3 months: 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) Treatment in Workers Compensation (TWC); Knee & Leg procedure summary (updated 10/27/14) and the Department of Healthcare Services, criteria for medical transportation

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Transportation to and from medical visits

Decision rationale: The MTUS does not address the issue of transportation to and from medical appointments. The ODG guidelines recommend medically-necessary transportation to appointments in the same community for patients with disabilities preventing them from self-transport. Note: This reference applies to patients with disabilities preventing them from self-transport who are age 55 or older and need a nursing home level of care. Transportation in other cases should be agreed upon by the payer, provider and patient, as there is limited scientific evidence to direct practice. In this case there is no clearly documented disability that requires nursing home level of care. The appointments are not in the same community but in fact are 150 miles away. The records do not document that she has no other support system for transportation. The decision for transportation to and from medical visits should be agreed upon by the payer, provider and patient as recommended in the ODG guidelines. The request for transportation to and from medical visits is not medically necessary.