

Case Number:	CM15-0024367		
Date Assigned:	02/24/2015	Date of Injury:	03/24/2008
Decision Date:	04/13/2015	UR Denial Date:	02/04/2015
Priority:	Standard	Application Received:	02/09/2015

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 56-year-old male who has reported widespread pain after an injury on 3/24/08. The diagnoses have included bilateral shoulder pain, cervical spine fracture, cervical fusion, myelopathy, low back pain, spondylosis, and lumbar radiculopathy. Treatment to date has included cervical spine surgery, physical therapy, injections and medications. The current primary treating physician and his associate, a chiropractor, continue to see the injured worker on an approximately monthly to bimonthly basis. Reports during 2014 reflect falls, temporary pain relief with medications, and difficulty obtaining Zohydro. He uses a walker. Medications included Neurontin, Relafen, Zanaflex, trazodone, Duragesic, Opana, Norco, and Colace. Norco is stated to be for breakthrough pain, although the quantities dispensed are at least #120 per visit. The office visits document pain behavior, poor ambulation to the degree that he can barely use a walker, ongoing pain that can be 7-8/10 with medications, and ongoing issues with medication authorization. The injured worker was using a cane earlier in 2014 and a walker later in 2014. A drug screen at the office visit on 2/27/14 was negative for the 9 drugs/drug classes assayed including opiates. It is not at all clear that the assays included the drugs prescribed. For example, for assayed "opiates", propoxyphene and methadone were the only drugs listed in the opioid class. Duragesic was listed as a current medication, along with Norco. The chemistry panel was negative. The results of this test were not discussed in any of the available reports. On 6/19/14, the injured worker was stated to be unable to provide a urine specimen so a urine drug screen was to be performed at the next visit instead. No subsequent reports include the actual results of the drug test ordered on 8/14/14. The report of 10/9/14 states that Duragesic and Norco allow

him to shower, dress, and do unspecified house chores. As of the PR2 dated 1/15/15, there was ongoing neck and back pain with lower extremity weakness. There were recent falls, use of a walker, and poor standing ability. Zohydro was needed for pain. The treatment plan included home physical therapy x 12, Norco 10/325mg #120, Duragesic patch 25mcg/hr #10, Neurontin 800mg #90, Neurontin 400mg #90 and Zanaflex 4mg #60. The home physical therapy was for strengthening and evaluation of the home environment. Norco, Duragesic, Relafen, Neurontin, Zanaflex, and trazodone were dispensed. There was no discussion of the contribution of any medications to the risk of falls. There was no work status or description of current functional status apart from the problems with standing and walking. Per an appeal letter of 2/10/15, the treating physician addressed the Utilization Review decisions of 2/4/15. He refers to a report of 8/14/14, which shows temporary pain relief with medications, pain relief and improved activities of daily living after an epidural steroid injection, a "random" urine drug screen on that date which was "consistent." Radiating extremity pain is reportedly "neuropathic" and there is myelopathy. Neurontin is helpful. Home physical therapy is needed for stability at home, uses a walker. The physician contends that Zanaflex is indicated for long-term pain per the MTUS. On 2/4/15 Utilization Review non-certified home physical therapy x 12 sessions and Zanaflex 4mg #60. Norco 10/325mg #120 was modified to Norco 10/325mg #96, Duragesic patch 25mcg/hr #10 to Duragesic patch 25mcg/hr #8, Neurontin 800mg #90 to Neurontin 800mg #72 and Neurontin 400mg #90 to Neurontin 400mg #72. The MTUS was cited. Prior Utilization Review reflects partial or complete non-certifications of various ongoing medications, as the Utilization Review physicians did not find that the medication prescribing met the MTUS recommendations and there was insufficient functional improvement.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Norco 10mg/325mg tables, #120 (DOS: 1/15/15): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid management, Opioids, steps to avoid misuse/addiction. Indications, Chronic back pain. Mechanical and compressive etiologies, Medication trials Page(s): 77-81, 94, 80, 81, 60.

Decision rationale: There is insufficient 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, opioid contract, and there should be a prior failure of non-opioid therapy. There has been no apparent return to any form of work for years. There is no random drug testing, as the testing was at office visits only. One of the tests was canceled due to inability to urinate. This should never be a valid reason for not testing absent a very specific medical reason, which was not present in this case. The failed drug test was never addressed, and hydrocodone did not appear to be present in this specimen. The other prescribed opioids do not appear to have been assayed. Pain relief is modest though present. The degree of functional improvement appears to be minimal. Gait and standing abilities are routinely described as poor, and the injured worker went from using a cane to using a walker

during 2014. The other functions such as taking a shower and getting dressed are not substantial enough to warrant the considerable risks of ongoing opioids. Unspecified other activities of daily living are beyond comment, as they were not specified. The treating physician note falls at home but does not investigate the cause. This treating physician has given the injured worker multiple opioids, a muscle relaxer, trazodone, and gabapentin, all of which can contribute to or cause sedation, dizziness, and/or gait instability; yet this has not been mentioned in any of the reports. As currently prescribed, this opioid does not meet the criteria for long term opioids as elaborated in the MTUS, is associated with other problems as noted above, and is therefore not medically necessary. This is not meant to imply that some form of analgesia is contraindicated; only that the opioids as prescribed have not been prescribed according to the MTUS and that the results of use do not meet the requirements of the MTUS.

Retrospective request for Neurontin 800mg tables #90 (DOS: 1/15/15): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs) Page(s): 16-22.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy Drugs. Medication trials Page(s): 16-22, 60.

Decision rationale: Per the MTUS, gabapentin is recommended for neuropathic pain. There is no good evidence in this case for neuropathic pain. The MTUS notes the lack of evidence for treatment of radiculopathy (the apparent reason for the prescription per the treating physician). There are no physician reports, which adequately address the specific symptomatic and functional benefit from the AEDs used to date. Note the criteria for a "good" response per the MTUS. As noted above in the opioids discussion, the treating physician has not addressed Gabapentin in the context of its possible contribution to the reported falls and gait instability. Gabapentin is not medically necessary based on the lack of any clear indication, the lack of any apparent consideration of its roles in the ongoing poor gait and falls, and the lack of significant symptomatic and functional benefit from its use to date.

Retrospective request for Duragesic 25mcg patches #10 (DOS: 1/15/15): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Duragesic (fentanyl transdermal system) Page(s): 44, 47.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid management, Opioids, steps to avoid misuse/addiction. Indications, Chronic back pain. Mechanical and compressive etiologies, Medication trials Page(s): 77-81, 94, 80, 81, 60.

Decision rationale: There is insufficient 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, opioid contract, and there should be a prior failure of non-opioid therapy. There has been no apparent return to any form of work for years. There is no random drug testing, as the testing was at office visits only. One of the tests was canceled due to inability to urinate. This should never be a valid reason for not testing

absent a very specific medical reason, which was not present in this case. The failed drug test was never addressed, and hydrocodone did not appear to be present in this specimen. The other prescribed opioids (fentanyl) do not appear to have been assayed. Pain relief is modest though present. The degree of functional improvement appears to be minimal. Gait and standing abilities are routinely described as poor, and the injured worker went from using a cane to using a walker during 2014. The other functions such as taking a shower and getting dressed are not substantial enough to warrant the considerable risks of ongoing opioids. Unspecified other activities of daily living are beyond comment, as they were not specified. The treating physician note falls at home but does not investigate the cause. This treating physician has given the injured worker multiple opioids, a muscle relaxer, trazodone, and gabapentin, all of which can contribute to or cause sedation, dizziness, and/or gait instability; yet this has not been mentioned in any of the reports. The Official Disability Guidelines recommend against fentanyl as a treatment for musculoskeletal pain. As currently prescribed, this opioid does not meet the criteria for long-term opioids as elaborated in the MTUS and the Official Disability Guidelines, is associated with other problems as noted above, and is therefore not medically necessary. This is not meant to imply that some form of analgesia is contraindicated; only that the opioids as prescribed have not been prescribed according to the MTUS and that the results of use do not meet the requirements of the MTUS.

Retrospective request for Neurontin 400mg capsules #90 (DOS: 1/15/15): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs) Page(s): 16-22.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy Drugs, Medication trials Page(s): 16-21, 60.

Decision rationale: Per the MTUS, gabapentin is recommended for neuropathic pain. There is no good evidence in this case for neuropathic pain. The MTUS notes the lack of evidence for treatment of radiculopathy (the apparent reason for the prescription per the treating physician). There are no physician reports, which adequately address the specific symptomatic and functional benefit from the antiepileptic drugs (AEDs) used to date. Note the criteria for a "good" response per the MTUS. As noted above in the opioids discussion, the treating physician has not addressed gabapentin in the context of its possible contribution to the reported falls and gait instability. Gabapentin is not medically necessary based on the lack of any clear indication, the lack of any apparent consideration of its roles in the ongoing poor gait and falls, and the lack of significant symptomatic and functional benefit from its use to date.

Home physical therapy #12: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Exercise, Physical Medicine, Functional improvement measures Page(s): 98-99, 48. Decision based on Non-MTUS Citation Official Disability Guidelines, Exercise.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Introduction, functional improvement, Physical Medicine Page(s): 9, 98-99.

Decision rationale: The treating physician has not provided an adequate prescription, which must contain diagnosis, duration, frequency, and treatment modalities, at minimum. The treating physician did not provide an adequate rationale for home therapy, as this implies a homebound patient. Patients should be encouraged to mobilize and leave the house whenever possible, and this was not addressed adequately. The treating physician has not adequately addressed any gait instability, as discussed above regarding medications. Physical therapy for gait problems would not be indicated if medications are the problem. If weakness is the problem, there is an insufficient investigation of the cause, including any progressive myelopathy. There is no prescription with treatment modalities. Passive modalities are not indicated for chronic pain, and the treating physician should prescribe physical therapy that is clearly indicated without any superfluous modalities. Per the MTUS, Chronic Pain section, functional improvement is the goal rather than the elimination of pain. The maximum recommended quantity of Physical Medicine visits is 10, with progression to home exercise. The current physical therapy prescription exceeds the quantity recommended in the MTUS. The Physical Medicine as prescribed is not medically necessary based on the MTUS, lack of a sufficient prescription, and the lack of sufficient evaluation of the underlying symptoms, which are the apparent reasons for referring to physical therapy.

Retrospective request for Zanaflex 4mg tablets #60 (DOS: 1/15/15): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 64-66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 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. This injured worker has chronic pain with no evidence of prescribing for flare-ups. Prescribing has occurred consistently for a year. The quantity prescribed implies long-term use, not a short period of use for acute pain. The treating physician has pointed out a possible discrepancy in the MTUS, that the schedule of testing for toxicity implies a recommendation for long-term use. This may be an issue of interpretation, but this schedule could be used for monitoring of periods of short-term use as well as for chronic, daily use so the point is not necessarily established. There are issues with causation of falls and gait problems, as discussed in the opioids section above. This has not been addressed and is significant. No reports show any specific and significant improvements in pain or function because of prescribing muscle relaxants. Note that tizanidine, when indicated, can be hepatotoxic, as discussed in the MTUS. Although the treating physician is aware of this, the testing schedule is not frequent enough. There is only one liver test on record, from February 2014. Per the MTUS, this muscle relaxant is not indicated and is not medically necessary as it is currently prescribed.