

Case Number:	CM15-0219407		
Date Assigned:	11/12/2015	Date of Injury:	07/23/2012
Decision Date:	12/31/2015	UR Denial Date:	11/06/2015
Priority:	Standard	Application Received:	11/07/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 62 year old male, who sustained an industrial injury on 7-23-2012. According to physician documentation, the injured worker was diagnosed with lumbar post-laminectomy pain syndrome, lumbar herniated disc, lumbar spinal stenosis, lumbago, sacroilitis, cervical post-laminectomy pain syndrome, cervicalgia, and myofascial pain syndrome. Subjective findings dated 9-10-2015, were notable for pain in the neck, shoulders, wrists/hands, back knees and ankles, indicating pain medication provide mild relief, rating his pain 8-10 out of 10. Objective findings dated 7-20-2015, were notable for neck tenderness on palpation along bilateral, upper, middle and lower cervical paraspinal muscles, active cervical range of motion is limited to 20 degrees of cervical flexion and 5 degrees of cervical extension. Physician notes, indicates there is tenderness of the back on palpation along bilateral mid-lower lumbar paraspinal muscles with active lumbar flexion limited to 30 degrees secondary to pain. An X-ray of the lumbar spine was performed on 2-25-2014, revealing status post interbody fusion procedure, decompressible laminectomy with instruments at L4-L5 (lumbar) and Ld-S1 (sacral). On 1-31-2014, an X-ray and CT of the cervical spine were performed, revealing degenerative narrowing and mild anterior osteophyte formation C6-C7. Treatment to date have included 12 sessions of physical therapy, physio motion therapy, cervical epidural (no relief), lumbar epidural (no relief), cervical fusion, kyphoplasty, lumbar fusion, Gabapentin 600mg, Valium 10mg, (since 5-2015), Ibuprofen (no relief), Diazepam (no relief), Flexeril 7.5mg, (no relief), Naproxen (no relief), Carisoprodol 350mg (no relief), Dilaudid 2mg (since 5-2015) (decreases pain significantly), OxyContin (no relief) and Tramadol (no relief). The Utilization Review determination dated 10-8-2015 did not certify retrospective treatment/service requested for Valium 10mg #30, Dilaudid 2mg # 45 and Belsomra 10mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Valium 10mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Based on the 9/10/15 progress report provided by the treating physician, this patient presents with neck pain radiating with numbness/tingling/weakness into bilateral upper extremities and fingers equal bilaterally rated 8-10/10, low back pain radiating to bilateral lower extremities with numbness/tingling/weakness rated 8-10/10, bilateral knee pain that is stabbing, aching, and burning rated 8-10/10, and bilateral ankle pain, left > right, rated 3/10 on the right and 3/10 on the left. The treater has asked for valium 10MG #30 but the requesting progress report is not included in the provided documentation. The request for authorization was not included in provided reports. The patients overall pain has worsened, and pain medications provide mild relief at times per 9/10/15 report. The patient is s/p physical therapy, X-rays, 12 chiropractic sessions which caused more pain, 1 cervical epidural steroid injection and 1 lumbar epidural steroid injection with no relief per review of reports. The patient is s/p cervical fusion and discectomy C3-6 from July 2013, which provided relief between C3-6 per 9/10/15 report. The patient is s/p lumbar fusion L4-S1 and decompression at L5 from February of 2014 per 8/4/15 report. The patient is currently unable to work due to pain per 8/4/15 report. The patient is currently permanent and stationary per AME per 9/10/15 report. MTUS, Benzodiazepines section, page 24 states: 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 effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. The treater does not discuss this request in the reports provided. This patient has been prescribed Valium since at least 5/18/15 and in subsequent reports dated 7/7/15, 8/4/15 and 9/10/15. Although there is no documentation of side effects from Valium during more than 3 months of usage, the requesting provider has exceeded recommended duration of therapy for this class of medications. MTUS and ODG do not support chronic Benzodiazepine utilization due to the high risk of dependency and loss of efficacy. The requested 30 tablets, in addition to prior use, does not imply the intent to limit this medication to short-term. Therefore, the request is not medically necessary.

Belsomra 10mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental & Stress Chapter under Suvorexant (Belsomra).

Decision rationale: Based on the 9/10/15 progress report provided by the treating physician, this patient presents with neck pain radiating with numbness/tingling/weakness into bilateral upper extremities and fingers equal bilaterally rated 8-10/10, low back pain radiating to bilateral lower extremities with numbness/tingling/weakness rated 8-10/10, bilateral knee pain that is stabbing, aching, and burning rated 8-10/10, and bilateral ankle pain, left > right, rated 3/10 on the right and 3/10 on the left. The treater has asked for belsomra 10MG #30 but the requesting progress report is not included in the provided documentation. The request for authorization was not included in provided reports. The patients overall pain has worsened, and pain medications provide mild relief at times per 9/10/15 report. The patient is s/p physical therapy, X-rays, 12 chiropractic sessions, which caused more pain, 1 cervical epidural steroid injection and 1 lumbar epidural steroid injection with no relief per review of reports. The patient is s/p cervical fusion and discectomy C3-6 from July 2013 which provided relief between C3-6 per 9/10/15 report. The patient is s/p lumbar fusion L4-S1 and decompression at L5 from February of 2014 per 8/4/15 report. The patient is currently unable to work due to pain per 8/4/15 report. The patient is currently permanent and stationary per AME per 9/10/15 report. ODG-TWC, Mental & Stress Chapter under Suvorexant (Belsomra) states: Not recommended as a first-line treatment due to adverse effects. FDA approved a first-in-class insomnia drug suvorexant (Belsomra, Merck) after the manufacturer lowered the dosages to satisfy the agencies safety concerns. Originally the FDA had declined to approve suvorexant until the starting dose for most patients was 10 mg. The agency also said that proposed upper-limit doses of 30 mg for elderly patients and 40 mg for nonelderly patients were unsafe. Suvorexant, an orexin receptor antagonist, is the first drug of its kind to be approved for patients with insomnia. It alters the signaling of orexins, neurotransmitters responsible for regulating the sleep-wake cycle. Drowsiness was the most commonly reported adverse event for clinical trial participants taking suvorexant, which is classified as a Schedule IV controlled substance. In next-day driving tests, both male and female participants who took the 20-mg dose proved to be impaired drivers. The FDA advises physicians to caution patients against next-day driving or other activities requiring full alertness. (FDA, 2014) The treater does not discuss this request in the reports provided. In this case, patient continues with neck pain, low back pain, and knee pain and has a diagnosis of myofascial pain syndrome. Utilization review letter dated 11/6/15 denies the request as Belsomra is not recommended as first-line treatment, and as there is no evidence of a trial and failure of first-line medications. Review of provided medical records shows medications tried/failed include Soma, Lunesta, and Trazodone. There is documentation of failure of first-line medications, but there is no diagnosis of insomnia per review of reports. As there is no documentation of difficulty sleeping per review of reports dated 5/18/15 to 9/10/15, the request for Belsomra is not in accordance with ODG guidelines. Therefore, the request is not medically necessary.

Dilaudid 2mg #45: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Based on the 9/10/15 progress report provided by the treating physician, this patient presents with neck pain radiating with numbness/tingling/weakness into bilateral upper extremities and fingers equal bilaterally rated 8-10/10, low back pain radiating to bilateral lower extremities with numbness/tingling/weakness rated 8-10/10, bilateral knee pain that is stabbing, aching, and burning rated 8-10/10, and bilateral ankle pain, left > right, rated 3/10 on the right and 3/10 on the left. The treater has asked for dilaudid 2MG #45 but the requesting progress report is not included in the provided documentation. The request for authorization was not included in provided reports. The patients overall pain has worsened, and pain medications provide mild relief at times per 9/10/15 report. The patient is s/p physical therapy, X-rays, 12 chiropractic sessions which caused more pain, 1 cervical epidural steroid injection and 1 lumbar epidural steroid injection with no relief per review of reports. The patient is s/p cervical fusion and discectomy C3-6 from July 2013, which provided relief between C3-6 per 9/10/15 report. The patient is s/p lumbar fusion L4-S1 and decompression at L5 from February of 2014 per 8/4/15 report. The patient is currently unable to work due to pain per 8/4/15 report. The patient is currently permanent and stationary per AME per 9/10/15 report. MTUS, criteria for use of opioids Section, pages 88 and 89 states that "pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS, Criteria For Use Of Opioids Section, page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS, Criteria for Use of Opioids Section, page 77, states that "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS, Medications For Chronic Pain Section, page 60 states that relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity. MTUS, Opioids For Chronic Pain Section, pages 80 and 81 states that "There are virtually no studies of opioids for treatment of chronic lumbar root pain with resultant radiculopathy," and for chronic back pain, it "Appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited." The treater does not discuss this request in the reports provided. The patient has been taking Dilaudid since 5/18/15 and in subsequent reports dated 6/22/15, 8/31/15, and 9/10/15. MTUS requires appropriate discussion of all the 4A's; however, in addressing the 4A's, the treater does not discuss how this medication significantly improves patient's activities of daily living. No validated instrument is used to show analgesia. A urine drug screen dated 6/24/15 was consistent but no CURES and no opioid contract were provided. Given the lack of documentation as required by MTUS, the request does not meet the specifications given by the guidelines. Furthermore, MTUS pg. 80 states that there is no evidence that radiculopathy should be treated with opiates, and also that the efficacy of opiate use for chronic low back pain beyond 16 weeks is not clear and appears to be limited. Therefore, the request is not medically necessary.