

Case Number:	CM15-0030662		
Date Assigned:	02/24/2015	Date of Injury:	04/24/2003
Decision Date:	04/10/2015	UR Denial Date:	02/10/2015
Priority:	Standard	Application Received:	02/19/2015

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:

This 46-year-old woman sustained an industrial injury on 4/24/2003. Diagnoses include failed back surgery syndrome, chronic pain, insomnia, gastroesophageal reflux disease, and depression. Treatment has included medications, physical therapy, epidural steroid injections, spinal cord stimulator and surgical intervention. She underwent lumbar spinal fusion at L4-5 and L5-S1 in 2006. It was noted that she had weight gain, insomnia and constipation. Work status was noted as permanent disability in 2012. Hydrocodone, gabapentin, senna, and alprazolam have been prescribed since mid-2012, as well as multiple additional medications including. Oxycontin was prescribed from at least 2012 to mid 2014. Alprazolam was noted to be for sleep and anxiety. In June of 2014, it was noted that she had chronic low back and bilateral leg pain, migraines, neuropathy, depression, anxiety, and poor sleep. The physician documented that the injured worker requires help from her husband for showering and using the toilet due to severe pain. Imitrex was prescribed for headaches beginning in May 2014. The physician noted that medications have improved the injured worker's quality of life, pain, and functioning, but no details about specific outcomes from any individual medication were noted. In October 2014 it was noted that she had not had Oxycontin for 3 months as it had not been approved, and that pain was less controlled, that she was more sedentary, and that she had more difficulties performing activities of daily living (ADLs). In November 2014, that injured worker reported chronic low back and bilateral leg pain, migraines, neuropathy, depression, and anxiety. She reported that she would like some way to improve strength and endurance and noted that she felt she would be able to use a pool to exercise, and a gym membership was requested. Work status continued to be noted as disabled. Physician notes dated 1/22/2015 show continued complaints

of low back pain. The worker states she was able to use the pool at the [REDACTED] while visiting her parents. She was in the pool one hour per day, five days per week for four weeks and was able to decrease her pain medication intake by 10-15%. Her mobility increased, her depression decreased, and her sleep quality was improved. Recommendations include continued medications per her current regimen and gym membership with pool access. Medications as of January 2014 included flexeril, gabapentin, senna S, alprazolam, Zofran, imitrex, and hydrocodone. Pain was rated as 6/10. Examination showed pain with extension and rotation at the lumbar spine, mild tenderness over the sacroiliac joints and greater trochanter, and negative Faber's and straight leg raising tests. The physician again requested a gym membership with access to a swimming pool and noted intent to assess for functional improvement. On 2/10/2015, Utilization Review non-certified prescriptions for Norco 10/325 mg #240, Imitrex 50 mg #5, Alprazolam 2 mg #30, Gabapentin 300 mg #120, Senna-S #180, and one gym membership with pool access for three months, citing the MTUS and ODG.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription for Norco 10/325mg #240: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Norco (Hydrocodone/Acetaminophen), and Criteria for Use of Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 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. None of these aspects of prescribing are 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. Norco has been prescribed for at least two years. Work status continues to be documented as permanently disabled, and the injured worker was noted to require assistance with basic activities of daily living, with no improvement discussed as a result of Norco. The prescribing physician does not specifically address function with respect to prescribing opioids, and does not address the other recommendations in the MTUS. The MTUS states that a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. 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. Change in activities of daily living, discussion of adverse side effects, and screening for aberrant drug-taking behaviors were not documented. 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. As currently prescribed, Norco does not meet the criteria for long term opioids as elaborated in the MTUS and is therefore not medically necessary.

1 Prescription for Imitrex 50mg #5: 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), Head.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) head chapter: triptans.

Decision rationale: Imitrex was noted to be prescribed for migraines since May 2014. The treating physician has provided only the most minimal mention of headaches in the reports. There is no account of the specific symptoms, pattern of headaches, and response to any treatment. The MTUS does not address therapy for migraines. Although triptans are an option for treatment of migraine headaches per the cited Official Disability Guidelines reference, in this case the treating physician has not provided sufficient clinical information to support the diagnosis and treatment. This medication is therefore not medically necessary.

1 Prescription for Alprazolam 2mg #30: 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), Pain (chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines benzodiazepines p. 24.

Decision rationale: Alprazolam was noted to be prescribed for sleep and anxiety. This injured worker has been prescribed Alprazolam for at least two years. Per the MTUS, 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. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. The MTUS does not recommend benzodiazepines for long-term use for any condition. Due to duration of use in excess of the guidelines, the request for Alprazolam is not medically necessary.

1 Prescription for Gabapentin 300mg #120: 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), Gabapentin (Neurontin).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines antiepilepsy drugs Page(s): 16-22.

Decision rationale: Per the MTUS, antiepilepsy drugs (AEDs) are recommended for neuropathic pain due to nerve damage. Gabapentin has been shown to be effective for treatment of diabetic neuropathy and postherpetic neuralgia and has been considered a first line treatment for neuropathic pain. The MTUS notes the lack of evidence for treatment of radiculopathy. The documentation from the physician indicated a diagnosis of neuropathy, but there were no diagnostic studies discussed regarding this diagnosis. Gabapentin has been prescribed for at least two years, without documentation of functional improvement. Work status was noted as permanently disabled, the injured worker required assistance with basic ADLs, and there was no documentation of decrease in medication or decrease in frequency of office visits as a result of use of gabapentin. Due to lack of functional improvement, the request for gabapentin is not medically necessary.

1 Gym Membership with Pool Access for 3 Months Between 1/22/2015 and 4/6/2015: 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), Low Back - Lumbar & Thoracic (Acute & Chronic), Aquatic Therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines exercise Page(s): 46-47. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) knee/leg chapter: gym memberships.

Decision rationale: Per the MTUS, exercise is recommended, and there is strong evidence that exercise programs including aerobic conditioning and strengthening are superior to treatment programs that do not include exercise. However, there is no sufficient evidence to support the recommendation of any particular exercise regimen over any other exercise regimen. The ODG states that gym memberships are not recommended as a medical prescription unless a home exercise program has not been effective and there is a need for equipment. Treatment needs to be monitored and administered by medical professionals. While an individual exercise program is of course recommended, more elaborate personal care where outcomes are not monitored by a health professional, such as gym memberships or advanced home exercise equipment may not be covered under this guideline, although temporary transitional exercise programs may be appropriate for patients who need more supervision. There was no documentation that the injured worker required supervision during exercise. The treating physician did not note any reason why a land-based exercise program could not be performed, and no specific medical reason for pool exercise was documented. Because of the lack of documentation of need for equipment or supervision, no evidence of failure of a home exercise program, as well as the lack of recommendation for a specific exercise program, the request for 1 Gym Membership with Pool Access for 3 Months Between 1/22/2015 and 4/6/2015 is not medically necessary.

1 Prescription for Senna-S #180: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation McKay SL, Fravel M, Scanlon C. Management of Constipation, Iowa City (IA): University of Iowa Gerontological Nursing Interventions Research Center, Research Translation and Dissemination Core; 2009 Oct. 51 p. [44 References], Pharmacological Therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines initiating therapy [with opioids] Page(s): 77. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) chronic pain chapter: opioid induced constipation.

Decision rationale: The MTUS notes that when initiating therapy with opioids, prophylactic treatment of constipation should be initiated. Per the ODG, constipation occurs commonly in patients receiving opioids. If prescribing opioids has been determined to be appropriate, prophylactic treatment of constipation should be initiated. First line treatment includes increasing physical activity, maintaining appropriate hydration, and diet rich in fiber. Some laxatives may help to stimulate gastric motility, and other medications can help loosen otherwise hard stools, add bulk, and increase water content of the stool. Although laxatives are indicated when opioids are prescribed, the opioids are not medically necessary in this case. The treating physician has not provided other reasons for laxatives so laxatives would not be medically necessary if opioids are not prescribed. Therefore, the request for Senna-S is not medically necessary.