

Case Number:	CM15-0034880		
Date Assigned:	03/03/2015	Date of Injury:	07/27/2007
Decision Date:	04/14/2015	UR Denial Date:	02/04/2015
Priority:	Standard	Application Received:	02/24/2015

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 67 year old male who has reported widespread pain after lifting on 7/3/07. Diagnoses have included cervical radiculopathy, left posttraumatic thoracic outlet syndrome, headaches, neuropathy, sacroiliitis, and bilateral shoulder adhesive capsulitis. The injured worker has not worked since 2007. Treatment has included a cervical fusion in 2009, carpal tunnel releases, physical therapy, medications, injections, and acupuncture. Reports from the treating physician during 2014 to 2015 reflect ongoing multifocal pain. There is ongoing prescribing of Ultram, Norco, Neurontin, Motrin, Prilosec, and nortriptyline. Nortriptyline was started on 8/4/14, for headache, pain, and sleep. On 10/6/14 the treating physician states that a urine drug screen was positive for oxycodone, which he states is consistent with hydrocodone use. The formal result of the urine drug screen was not present in the records. None of the available treating physician reports address the specific results of using any medication or any functional status of the injured worker. Utilization Review has previously noted the lack of medical necessity for the ongoing polypharmacy regime. On 1/26/15, there was ongoing neck and upper extremity pain. Recent physical therapy was helpful. The same medications were continued. The treating physician requested authorization for Ultram 30mg #60, Norco 10/325mg #30, Neurontin 300mg #90, Prilosec 20mg #30, Motrin 600mg #60, and Nortriptyline 20mg #30. There was no discussion of the specific results of using any medication. There was no discussion of function and no work status. On 2/4/15 Utilization Review non-certified the medications now under Independent Medical Review, Regarding Ultram and Norco, Utilization Review cited the MTUS, prior Utilization Review partial certifications, and noted the lack of

indications for 2 short acting opioids. Regarding Prilosec, Utilization Review cited the MTUS and noted the lack of documentation of gastrointestinal complaints. Regarding Motrin, Neurontin, and Nortriptyline, Utilization Review cited the MTUS and the lack of functional improvement.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram 30mg #60: Upheld

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

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. Tramadol Page(s): 77-81 ,94 ,80, 81, 60, 94, 113.

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, opioid contract, and 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. The available reports mention nothing about results of use for tramadol. There are no random drug tests, and the one test that is mentioned (performed at an office visit) does not correctly interpret the result. Oxycodone is not a metabolite of hydrocodone and would represent a failed drug test. The prescribing physician does not specifically address function with respect to prescribing opioids, and does not address the other recommendations in the MTUS. There is no evidence of significant pain relief or increased function from the opioids used to date. As currently prescribed, this opioid does not meet the criteria for long term opioids as elaborated in the MTUS 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.

Norco 10/325mg #30: Upheld

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

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 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, opioid contract, and 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. Aberrant use of opioids is common in this population. The available reports mention nothing about the results of use for Norco. There are no random drug tests, and the one test that is mentioned (performed at an office visit) does not correctly interpret the result. Oxycodone is not a metabolite of hydrocodone and would represent a failed drug test. The prescribing physician does not specifically address function with respect to prescribing opioids, and does not address the other recommendations in the MTUS. There is no evidence of significant pain relief or increased function from the opioids used to date. As currently prescribed, this opioid does not meet the criteria for long term opioids as elaborated in the MTUS 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.

Neurontin 300mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy Drugs.

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. There are no physician reports which address the specific symptomatic and functional benefit from the anti-epileptic drugs (AEDs) used to date. Note the criteria for a good response per the MTUS. None of the reports available mention the results of using gabapentin. Gabapentin is not medically necessary based on the lack of any clear indication, and the lack of significant symptomatic and functional benefit from its use to date.

Prilosec 20mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: There are no medical reports which describe the relevant signs and symptoms of possible gastrointestinal disease. There is no examination of the abdomen on record. Cotherapy with an NSAID is not indicated in patients other than those at high risk. No reports describe the specific risk factors present in this case or any indications for using a proton pump inhibitor (PPI). PPIs are not benign. The MTUS, FDA, and recent medical literature have described a significantly increased risk of hip, wrist, and spine fractures; pneumonia,

Clostridium-difficile-associated diarrhea, and hypomagnesemia in patients on proton pump inhibitors. This PPI is not medically necessary based on lack of medical necessity and risk of toxicity.

Motrin 600mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain. NSAIDs for Back Pain - Acute exacerbations of chronic pain. Back Pain - Chronic low back pain. NSAIDs, specific drug list & adverse effects Page(s): 60,68,70.

Decision rationale: Per the MTUS for chronic pain, page 60, medications should be trialed one at a time, and there should be functional improvement with each medication. Systemic toxicity is possible with nonsteroidal anti-inflammatory agents (NSAIDs). The FDA and MTUS recommend monitoring of blood tests and blood pressure. There is no evidence that the prescribing physician is monitoring for toxicity as recommended by the FDA and MTUS. The MTUS does not recommend chronic NSAIDs for low back pain. NSAIDs should be used for the short term only. Acetaminophen is the drug of choice for flare-ups, followed by a short course of NSAIDs. The MTUS does not specifically reference the use of NSAIDs for long term treatment of chronic pain in other specific body parts. NSAIDs are indicated for longer term use only if there is specific benefit, symptomatic and functional, and an absence of serious side effects. No reports show any specific benefit, functional or otherwise. No reports make any mention of the ongoing use of this medication. This NSAID is not medically necessary based on the MTUS recommendations against chronic use, lack of specific functional and symptomatic benefit, and prescription not in accordance with the MTUS and the FDA warnings.

Nortriptyline 20mg #30: 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 Medications for chronic pain; Antidepressants for chronic pain Page(s): 13-16.

Decision rationale: Per the MTUS, antidepressants like nortriptyline may be indicated for some kinds of chronic pain. When prescribed, the MTUS gives clear direction for outcome measurements, including functional improvement (see pages 13 and 60 of the citations above). No medical reports show specific symptomatic and functional benefit, and no reports make any mention of the ongoing use and results for this medication. Tricyclic antidepressants (TCAs) should be used with great caution in the elderly, and not continued without evidence of significant benefit. Although there may be an indication for continuing an antidepressant for the injured worker, the records do not supply the necessary supporting information. Nortriptyline is not medically necessary based on the MTUS, and lack of benefit.

