

Case Number:	CM15-0038987		
Date Assigned:	04/09/2015	Date of Injury:	12/13/2007
Decision Date:	05/20/2015	UR Denial Date:	02/03/2015
Priority:	Standard	Application Received:	03/02/2015

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 48 year old male who has reported low back pain after an injury on December 13, 2007. The diagnoses include lumbar disc degeneration, status post lumbar fusion, and status-post L3-L4 disc replacement. Treatment has included physical therapy, medications, and surgeries. The last surgery was performed in 2010, an L3-4 disk replacement and an L4-5 fusion. Periodic reports from the spine surgeon during 2014-2015 reflect an ongoing plan to taper opioids and gabapentin. None of the reports address the specific benefits of using any single medication. There is no work status. The urine drug screen result of 1/30/15 was positive for hydromorphone, amitriptyline, acetaminophen, gabapentin, morphine, and zolpidem. Duloxetine, carisoprodol, and cyclobenzaprine were not detected. The urine drug screens of 8/27/14 and 10/30/14 was positive for hydromorphone, amitriptyline, acetaminophen, gabapentin, morphine, and zolpidem. Duloxetine, carisoprodol, and cyclobenzaprine were not detected. The treating physician did not discuss the specific test results and the implications in light of the prescribed drugs. There were generic statements about drug testing only. Per the report of 10/30/14 Norco had been weaned successfully. MS Contin 15 mg was used at 5 pills per day. Ongoing medications were Soma, Ambien, and oxaprozin. The disability index was 62. The pulse was 98. The treatment plan included a urine drug screen, tapering of narcotics, tapering gabapentin, and ongoing Ambien, Soma, and oxaprozin. Per the PR2 of 01/27/2015, there was back pain and spasm. Pain was worse with cold weather and decreased narcotics. The disability index showed a marked degree of disability, 54. There was no leg pain. Medications included MS Contin, Ambien, amitriptyline, gabapentin, oxaprozin, and Protonix. The blood

pressure was elevated. The range of motion was limited. There were no neurological deficits. The treatment plan included amitriptyline, gabapentin, MS Contin, Protonix and Soma. MS Contin was to be continued for one more month, at 15 mg once per day, after which MS Contin was to stop completely. Another portion of the report states that MS Contin will be given at 15mg bid. All other medications were continued, although gabapentin dosage was reduced. There was no discussion of the specific benefit of using any medication. There was no work status. On 2/3/15, Utilization Review non-certified Soma, partially certified amitriptyline, certified oxaprozin, and partially certified MS Contin. Gabapentin and Protonix were apparently non-certified. The MTUS was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg by mouth nightly #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma) Page(s): 29.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants, Carisoprodol (Soma) Page(s): 63-66, 29.

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 months at minimum. No reports show any specific and significant improvements in pain or function as a result of prescribing muscle relaxants. No reports address the fact that all the drug tests did not show any evidence of carisoprodol, indicating probably lack of compliance and possible diversion. Per the MTUS, carisoprodol is categorically not recommended for chronic pain. Note its habituating and abuse potential. Per the MTUS, this muscle relaxant is not indicated and is not medically necessary.

Amitriptyline 25mg 2 by mouth nightly #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti depressant Page(s): 13.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain, Antidepressants for chronic pain Page(s): 60, 13-16.

Decision rationale: Per the MTUS, antidepressants like amitriptyline may be indicated for 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. However, it is clear that the injured worker is taking this medication, per the urine drug screen results. The treating physician is also attempting to taper the opioids and gabapentin while maintaining some of the other medications,

including this one. In order to maximize the chances that the opioids are successfully weaned, amitriptyline should be continued as long as there is evidence that the injured worker is actually taking it. Good evidence is present that he is. The Utilization Review is overturned, as the role of the amitriptyline as an adjunct during opioid and gabapentin tapering was not fully considered. The request is medically necessary.

MS Contin 15mg by mouth twice a day #60: Overturned

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

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. Weaning of medications.

Decision rationale: There is little evidence that opioids are providing any functional benefit for this injured worker. The treating physician has not provided any information of this sort. Work status has not been addressed. It is difficult to make a strong case to continue opioids based on any functional benefit, as was noted in the Utilization Review. However, the Utilization Review did not address the fact that the treating physician has been gradually weaning MS Contin, and that the current dose is significantly less than it was several months ago. It is possible that the injured worker will be completely weaned from MS Contin within 1-2 months, and this should be encouraged. The current MS Contin prescription is therefore medically necessary in order to continue the weaning process. The Utilization Review is overturned, as weaning was not adequately considered. The weaning process is consistent with the recommendations in the MTUS and other guidelines. The request is medically necessary.

Protonix 20mg by mouth daily #60: Upheld

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

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 adequately describe the relevant signs and symptoms of possible gastrointestinal disease. Co-therapy 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, as presented in the MTUS. Proton pump inhibitors (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. The request is not medically necessary.

Gabapentin 300mg by mouth daily #30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs Page(s): 16 & 18.

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

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 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. However, the treating physician has been gradually weaning gabapentin while weaning morphine and the current dose is substantially decreased from what it was previously. In light of the need to continue the opioid weaning, the possible need for adjunct medications during the opioid weaning, and the fact that gabapentin has been weaned to a fairly low dose now, the current prescription is medically necessary as a temporary measure. The Utilization Review is overturned as the Utilization Review did not adequately consider the current weaning program. The request is medically necessary.