

Case Number:	CM15-0040087		
Date Assigned:	03/10/2015	Date of Injury:	11/09/2009
Decision Date:	04/17/2015	UR Denial Date:	02/09/2015
Priority:	Standard	Application Received:	03/03/2015

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 57-year-old male who sustained an industrial injury on 11/09/2009 due to an automobile accident. The injured worker was diagnosed as having cervicalgia, chronic pain syndrome, lumbar radiculopathy, sleep disturbance, depressive disorder, and upper arm joint pain. Surgeries included cervical fusion and shoulder surgery. Treatment to date has included medications, psychological counseling, lumbar epidural steroid injection, and transcutaneous electrical nerve stimulation (TENS) unit. The documentation notes that the injured worker has not worked since 2009. Medications including oxycodone, MS contin, temazepam, and valium were prescribed in 2012 and 2013. An Agreed Medical Examination (AME) review of records from August 2014 notes history of opioid dependence and benzodiazepine dependence and acute opiate withdrawal and benzodiazepine withdrawal with opioid detoxification program documented in 2013. Butrans and gabapentin were noted to be prescribed in April of 2014. Medications in July 2014 included gabapentin, nabumetone, butrans, and omeprazole. Cyclobenzaprine and remeron were added in August 2014. Magnetic resonance imaging of the lumbar spine on 9/23/2014 showed spinal stenosis/neural foraminal stenosis with impingement on the right L3 nerve root, left L4 nerve root and both L5 nerve roots. At a visit with the primary treating physician on 10/28/14, the injured worker complains of neck pain, left upper extremity pain, left shoulder pain, left lower extremity pain, and low back pain. He reported that he still has pain but the current medication regime provided an appreciable degree of pain relief. The injured worker stated that he was able to perform activities of daily living while receiving the current treatments. He reported difficulty obtaining an adequate level of restorative sleep and an

overall compromised mood due to painful condition. The physician documented that the injured worker had signed a medication agreement and had been compliant with random urine screens, and that there was no aberrant drug behavior. Medical history was noted to include chronic pain syndrome, depression gastroesophagesl reflux disease (GERD), insomnia, myofascial pain, opiate tolerance, and osteoarthritis. Current medications included Omeprazole, Cyclobenzaprine, Gabapentin, Remeron, Methocarbamol, Nabumetone, and Butrans. He was alert and oriented, without overt signs of intoxication or sedation. Blood pressure was 132/85. Examination showed mildly antalgic gait, globally reduced range of motion, decreased muscle strength in the biceps, spasm in the lumbar paraspinal and gluteal region, pain with shoulder abduction against resistance, positive straight leg raise, decreased Achilles reflex, and decreased sensation to light touch along the posterior and lateral portion of the leg. The physician documented that the proton pump inhibitor was for gastric protection. Muscle relaxant medications were noted to be for the spasmodic and soft tissue dysfunction component of the injured worker's pain. Sleep promoting medication was documented to be for treatment of insomnia. The treating physician documented discussion of "the concept of rational polypharmacy" and the multiple types of medications prescribed. A urine drug screen was collected. Progress notes of 11/25/14, 12/23/14 and 1/30/15 document similar findings. Gastric reflux and upset stomach due to not getting the proton pump inhibitor (PPI) was noted. A plan for surgery was noted to have been repeatedly denied. On 1/30/15, the physician documented that the injured worker needs surgery and that in the interim he will need to stay on his medications. An Agreed Medical Examination (AME) on 2/5/15 noted that the injured worker was able to do some activities of daily living. It was noted that mirtazapine was used for sleep. On 2/9/15, Utilization Review (UR) non-certified request for cyclobenzaprine 5 mg # 90 with 3 refills. UR modified requests for butrans 1 5mcg/hr patch #4 with 3 refills to 2 refills, omeprazole DR 20 mg #30 with 3 refills to 2 refills, gabapentin 600 mg #120 with 3 refills to 2 refills, remeron 15 mg #60 with 3 refills to 2 refills, and nabumetone 500 mg #60 with 3 refills to 2 refills. UR cited the MTUS.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 5mg #90 with 3 refills: 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 cyclobenzaprine, muscle relaxants Page(s): 41-42, 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. The injured worker has chronic pain with no evidence of prescribing for flare-ups. Cyclobenzaprine has been prescribed for at least 6 months the quantity prescribed implies long-term use, not for a short period of use for acute pain. No reports show any specific and significant improvement in pain or function as a result of prescribing muscle relaxants. Per the MTUS chronic pain medical

treatment guidelines, cyclobenzaprine (Flexeril, fexmid) is a skeletal muscle relaxant and a central nervous system depressant. It is recommended as an option for a short course of therapy, with greatest effect in the first four days of treatment. Guidelines state that treatment should be brief. The addition of cyclobenzaprine to other agents is not recommended. Limited, mixed evidence does not allow for a recommendation for chronic use. The injured worker was also prescribed methocarbamol, another muscle relaxant, which is duplicative and potentially toxic. Due to length of use not in accordance with the guidelines, lack of functional improvement, and use in combination with multiple medications including another muscle relaxant, the request for cyclobenzaprine is not medically necessary.

Butrans Patch 15mcg #4 with 3 refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 26.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines buprenorphine, opioids p. 74-96 Page(s): 26-27.

Decision rationale: Butrans patch contains buprenorphine. Buprenorphine is recommended for treatment of opiate addiction, and as an option for chronic pain especially after detoxification in patients who have a history of opiate addiction. This injured worker has a history of opioid dependence, opioid withdrawal, and treatment with an inpatient opioid detoxification program in 2013. The documentation indicates ongoing chronic pain, with lumbar radiculopathy for which surgery has been recommended but denied. The physician has documented that the injured worker has a signed opioid contract, participation in urine drug screens, and ongoing assessment for analgesia, activities of daily living, adverse effects and aberrant behavior, in accordance with the MTUS guidelines. As such, the request for butrans patch is medically necessary.

Omperazole DR 20mg #30 with 3 refills: Upheld

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

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

Decision rationale: The injured worker has been prescribed nabumetone, a NSAID, and omprazole, a PPI. Per the MTUS, co-therapy with a non-steroidal anti-inflammatory medication (NSAID) and a proton pump inhibitor (PPI) is not indicated in patients other than those at intermediate or high risk for gastrointestinal events (including age > 65 years, history of peptic ulcer, gastrointestinal (GI) bleeding or perforation, concurrent use of aspirin, corticosteroids and/or an anticoagulant, or high dose/multiple NSAIDS such as NSAID plus low dose aspirin). None of the risk factors noted above were documented. In addition, the associated NSAID has been determined to be not medically necessary. Long-term proton pump inhibitor (PPI) use (> 1 year) has been shown to increase the risk of hip fracture. Omeprazole has been prescribed for at least 6 months the treating physician documented that the PPI was prescribed for gastric

protection. The documentation notes a history of GERD, with reflux symptoms and upset stomach when the PPI was not obtained, but detailed evaluation for gastrointestinal symptoms was not discussed, and no examination of the abdomen was documented. There are many possible etiologies for GI symptoms; the available reports do not provide adequate consideration of these possibilities. Empiric treatment without evaluation is not indicated. Due to lack of sufficient indication, the request for omeprazole is not medically necessary.

Gabapentin 600mg #120 with 3 refills: 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 anticonvulsants Page(s): 16-22.

Decision rationale: Per the MTUS, anti-epilepsy 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 apparent reason for the prescription per the treating physician). Gabapentin has been prescribed for at least 10 months. There was no documentation of functional improvement as a result of use of gabapentin. The injured worker has not worked since 2009, there was no documentation of improvement in activities of daily living or reduction in medication use, and office visits have continued at the same monthly frequency. Due to lack of specific indication of neuropathy, and lack of functional improvement, the request for gabapentin is not medically necessary.

Remeron 15mg #60 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines anti depressants for chronic pain Page(s): 13-16.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 401-402, Chronic Pain Treatment Guidelines antidepressants Page(s): p. 14-16. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) chronic pain chapter: insomnia treatment and Other Medical Treatment Guidelines pdr.net: remeron.

Decision rationale: The injured worker had diagnoses of depression and insomnia. The physician documented that remeron was prescribed due to insomnia. Remeron is indicated for treatment of major depressive disorder. Side effects include severe neutropenia, serotonin syndrome, akathisia, somnolence, acute angle-closure glaucoma, orthostatic hypotension, weight gain, and elevation in cholesterol and liver enzymes. The MTUS states that antidepressants are recommended as a first line option for neuropathic pain and as a possibility for non-neuropathic pain. Assessment of treatment efficacy should include not only pain outcomes, but also an evaluation of function, changes in use of other analgesic medication, sleep quality and duration, and psychological assessment. The ACOEM notes that brief courses of antidepressants may be helpful to alleviate symptoms of depression, but that given the complexity of available agents,

referral for medication evaluation is advised. The ODG states that antidepressants offer significant benefit in the treatment of the severest depressive symptoms, but may have little or no therapeutic benefit over and above placebo in patients with mild to moderate depression. For the treatment of insomnia, pharmacologic agents should only be used after careful evaluation of potential causes of sleep disturbance. Specific components of insomnia should be addressed. There was no documentation of evaluation of sleep disturbance in the injured worker, and components insomnia were not addressed. The documentation describes prior psychological treatment for depression. There was no recent evaluation of mood disorder, and no detailed documentation of psychiatric signs or symptoms. Prior psychological therapy was noted but no current psychiatric treatment was discussed. The prescription for remeron was noted to be for sleep issues, which were also not sufficiently evaluated. Remeron has been prescribed for 5-6 months without documentation of benefit or functional improvement. No monitoring of laboratory studies including testing of liver function and monitoring of the white blood count as advised by the prescribing information from the manufacturer was documented. Due to lack of sufficient evaluation of sleep disturbance and depression, lack of documentation of improvement in sleep or functional improvement as a result of use, and potential for toxicity, the request for remeron is not medically necessary.

Nabumetone 500mg #60 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-73.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67-73.

Decision rationale: The injured worker has been prescribed nabumetone, a NSAID, for at least 6 months for chronic back pain, without notation of acute exacerbations. Per the MTUS, non-steroidal anti-inflammatory drugs (NSAIDs) are recommended as a second line treatment after acetaminophen for treatment of acute exacerbations of chronic back pain. The MTUS does not specifically reference the use of NSAIDs for long-term treatment of chronic pain in other specific body parts. NSAIDs are noted to have adverse effects including gastrointestinal side effects and increased cardiovascular risk; besides these well-documented side effects of NSAIDs, NSAIDs have been shown to possibly delay and hamper healing in all the soft tissues including muscles, ligaments, tendons, and cartilage. NSAIDs can increase blood pressure and may cause fluid retention, edema, and congestive heart failure; all NSAIDs are relatively contraindicated in patients with renal insufficiency, congestive heart failure, or volume excess. They are recommended at the lowest dose for the shortest possible period in patients with moderate to severe pain. The MTUS does not recommend chronic NSAIDs for low back pain, NSAIDs should be used for the short term only. Systemic toxicity is possible with NSAIDs. The FDA and MTUS recommend monitoring of blood tests and blood pressure. There is no evidence that the prescribing physician is adequately monitoring for toxicity as recommended by the FDA and MTUS. No laboratory studies were provided in the documentation submitted. Multiple elevated diastolic blood pressure readings were documented but not addressed. There was no documentation of functional improvement as a result of use of nabumetone. The injured worker has not worked since 2009, there was no documentation of improvement in activities of daily

living or reduction in medication use, and office visits have continued at the same monthly frequency. Due to lack of functional improvement, length of use not in accordance with the guidelines, and lack of sufficient monitoring for toxicity, the request for nabumetone is not medically necessary.