MAXIMUS Federal Services

Case Number:	CM15-0041977		
Date Assigned:	03/11/2015	Date of Injury:	09/28/2011
Decision Date:	04/24/2015	UR Denial Date:	03/02/2015
Priority:	Standard	Application Received:	03/04/2015

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: New York Certification(s)/Specialty: Emergency 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 (IW) is a 39 year old female who has reported widespread pain after lifting on September 28, 2011. She has been diagnosed with lumbar radiculopathy, lumbar degenerative disc disease, cervical facet syndrome, cervical radiculopathy, epicondylitis, depression, and tendinitis. Treatment has included physical therapy, NSAIDs, epidural steroid injections, psychotherapy, and opioids. The current primary treating physician has been tending to this IW since 6/11/14. None of the reports address the specific benefit of each medication individually. None of the reports address the specific indications and results for omeprazole, gabapentin, and trazodone. None of the reports address the results of any drug tests. Work status was listed as "temporarily totally disabled." Medications are routinely reported to improve activities of daily living without discussing the benefits of individual medications. At the 6/11/14 visit there was widespread pain. She was seeing a psychotherapist. Current medications included daily gabapentin and Norco. She had stopped ibuprofen due to "bruising." The treatment plan included an MRI, electrodiagnostic testing, medial branch blocks, physical therapy, and Nucynta. Nucynta was changed to Norco on 6/30/14. Gabapentin and ibuprofen were also listed as current medications on 6/30/14. Subsequent reports continued to list Nucynta along with Norco. On 7/9/14 pain was daily and severe. Unspecified medications allowed improved activities of daily living. On 7/28/14 there was ongoing widespread pain and depressed mood. Omeprazole was started, with no specific indications. On 9/29/14 the injured worker was taking oxycodone, which reportedly helped her do more and helped her emotionally. The in-office drug screen was positive for amphetamines and negative for all else, including oxycodone. This was not discussed and oxycodone was continued with the other medications. On 10/27/14 the urine drug screen results were not discussed. The work status was "temporarily totally disabled." All medications were continued. A urine drug screen of 1/7/15 was negative for all drugs tested per the in-office

screen, including oxycodone. The specific gravity was above the normal range. The confirmation test was also negative for all drugs tested, including a vast array of drugs with no apparent relevance to this injured worker. Per the PR2 of 12/3/14, there was elbow, neck, upper extremity, and low back pain. There was nausea without vomiting. She has problems sleeping and is exhausted all the time. She is unable to walk even very short distances. She was last active in January 2014. Sitting more than 15 minutes causes spasm. She reported feeling 100% disabled. Medications were continued although there was no discussion of the specific results for any single medication. The Request for Authorization of 12/17/15 was for the medications referred for this Independent Medical Review. All of the medications were listed with directions for daily use other than ibuprofen which was as needed. On 1/7/15 the injured worker was unchanged. Medications were taken as prescribed, and also all medications were stopped due to bloody stools one week prior. She is very nauseated but continues to take Motrin. There were no signs of withdrawal. There was no examination of the abdomen. The in-office urine drug screen was negative and the results were not discussed. The treatment plan did not have any mention of the gastrointestinal issues. Medications were not discussed further. The treating physician appeal letter of 3/12/15 was in response to the Utilization Review decisions of 3/2/15. The age of the records was briefly mentioned and not considered relevant. "Functional improvement" was discussed, although the MTUS definition was not mentioned. Functional improvement was stated to be present for all the medications, and that no single medication should be solely responsible for functional improvement. Usual activities of daily living were listed as evidence of functional improvement. Pain was reduced. The MTUS, the Official Disability Guidelines, and updated ACOEM Guidelines were cited. Non-opiate therapy had been trialed prior to opiates. Screening, a contract, and urine drug screens were ongoing. The actual results of any drug screens were not discussed. On 3/2/15 Utilization Review non-certified trazodone, gabapentin, ibuprofen, omeprazole, and oxycodone. The MTUS was cited in support of the decision.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 100mg, Quantity 90: Upheld

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

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 adequately address the specific symptomatic and functional benefit from the AEDs used to date. Note the criteria for a 'good' response per the MTUS. The specific benefit of gabapentin has never been addressed as per the MTUS citation from page 60. Gabapentin was not present in the urine drug screen of 1/7/15, which was not discussed and which could easily mean that the injured worker does not take this medication. AED's have a significant risk of teratogenicity and alterations in contraceptives, and this must be discussed with the patient. There is no evidence that this reproductive-age woman has been counseled regarding this significant issue. Gabapentin is not medically necessary based on the lack of any clear indication, the lack of counseling and consent regarding the reproductive risks, the negative drug test, and the lack of significant symptomatic and functional benefit from its use to date.

Ibuprofen 800mg quantity #120: 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. No reports show any specific benefit, functional or otherwise. 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. The patient injured worker remains 'temporarily totally disabled', indicating profound disability, inability to perform even basic ADLs, and a failure of all treatment to date. The injured worker had an episode of bloody stools, which was not addressed in the medical reports and ibuprofen was not stopped, as it should have been. 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 long term use only if there is specific benefit, symptomatic and functional, and an absence of serious side effects. This NSAID is not medically necessary based on the MTUS recommendations against chronic use, lack of specific functional and symptomatic benefit, possible gastrointestinal bleeding, and prescription not in accordance with the MTUS and the FDA warnings.

Omeprazole DR 20mg, quantity 60: 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 adequately describe the relevant signs and symptoms of possible gastrointestinal disease. There is no examination of the abdomen. None of the reports address the indications in this case. 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. 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.

Oxycodone-acetaminophen 10/325mg quantity 120: 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 insufficient 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, an opioid contract, and there should be a prior failure of non-opioid therapy. The treating physician has stated that this injured worker failed non-opiate therapy prior to opioids but her records show prescribing of opioids at the beginning of care. The prescribing physician describes this patient as 'temporarily totally disabled', which fails the 'return-to-work' criterion for opioids in the MTUS, and represents an inadequate focus on functional improvement. The records are very inconsistent with respect to describing the status of this injured worker, as the report of 12/3/14 describes the injured worker as extremely disabled and at the same time as very functional. The true functional status is not evident, although the 'temporarily totally disabled' work status reflects a very poor functional status. There is no record of a urine drug screen program performed according to quality criteria in the MTUS and other guidelines. Tests have not been random. Although the urine drug screens to date have not been performed according to sufficiently rigorous quality criteria, the results that are available reflect patient behavior not consistent with that which is expected for a continuation of chronic opioid therapy. The results of the urine drug screens were negative for oxycodone. These results are inconsistent with the prescribed opioids, indicating diversion or stockpiling, and evidence that the patient is not taking the prescribed opioids. The treating physician never addressed these results. Opioids are not medically necessary when there is good evidence of misuse. And the physician noted no signs of withdrawal. 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 and other guidelines.

Trazodone 100mg, quantity (unspecified): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain, Antidepressants for chronic pain Page(s): 13-16. Decision based on Non-MTUS Citation Updated ACOEM Guidelines, Chronic Pain, Page 99, Selective Serotonin Reuptake Inhibitors (SSRIs), Bupropion or Trazodone for Chronic Persistent Pain.

Decision rationale: None of the available reports address the indications for this medication. It is therefore presumed to be prescribed for chronic pain. Per the MTUS, a TCA or SNRI antidepressant is indicated for chronic pain rather than trazodone. The updated ACOEM Guidelines strongly recommend against trazodone for chronic pain. When antidepressants are 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. Trazodone is not medically necessary due to lack of benefit and lack of indications for chronic pain.