

Case Number:	CM15-0046577		
Date Assigned:	03/18/2015	Date of Injury:	03/24/2008
Decision Date:	04/24/2015	UR Denial Date:	02/25/2015
Priority:	Standard	Application Received:	03/11/2015

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 44 year old male who sustained an industrial injury on March 24, 2008 due to a fall. He reported low back pain, right hip pain with numbness radiating to the calves, bilateral knee pain and right ankle and foot pain. The injured worker was diagnosed with overuse syndrome of the right knee, status post arthroscopy, meniscectomy of the left knee, right hip degenerative joint disease, lumbar 4-sacral 1 stenosis and disc degeneration, lumbar 4 radiculopathy, right Achilles tendinitis with tear, right ankle sprain and status post lumbar 4-5 laminotomy and foraminotomy. Some reports note failed back syndrome and right foot drop. Treatment to date has included surgical intervention, physical therapy, braces, medications and work restrictions. On July 29, 2014, the injured worker reported continued pain in the lower back with radiation to the right hip rated 7-8 out of 10 in severity, with bilateral numbness in the calves, ongoing bilateral knee pain, and right ankle and foot pain. Medications included restoril, flexeril, lyrica, Percocet, wellbutrin, anaprox, buspirone, metoprolol and simvastatin. Work status was temporarily totally disabled. Evaluation on August 21, 2014, revealed continued pain. The injured worker reported depression. It was noted he experienced a seizure causing him to fall and strike his head; he was admitted to the hospital and started on Keppra. After starting seizure medication, he reported six episodes of sleep walking. An opioid contract was discussed. Evaluation in September 2014, revealed continued pain. The physician documented that the injured worker was seeing a psychologist and a psychiatrist for depression and anxiety and was taking several medications for these issues. Medications as of 9/18/14 were noted to include Cymbalta, gabapentin, restoril, flexeril, lyrica, naproxen, Percocet, and MS contin. In October

2014, the injured worker noted ongoing pain in the low back, right hip, knees, ankles and feet, with loss of mobility in the right foot, falling more often, decreased balance, and need for a wheeled walker for balance and support. Later reports refer to use of a single point cane. Multiple notes document denials of medications by the insurance company. Examination in December 2014 showed tenderness over the medial and lateral joint lines of the knees, normal sensation in the lower extremities, full motor strength in the quads and hamstrings, and negative provocative testing with the exception of trace anterior and posterior drawer test. Progress note in January 2015 discusses consideration of knee replacements and prescription of norco. At a visit on 2/5/14, the injured worker reported ongoing pain rated 8-9 out of 10 in intensity, reduced to 7 out of 10 with use of medications. Restoril, flexeril, naproxen, amitiza, Cymbalta, and norco were prescribed. The physician noted that the injured worker stated that his pain was decreased and function was improved with use of medications and that without them he would have significant difficulty tolerating even routine activities of daily living. He denied negative effects of medication and aberrant drug behavior. Multiple elevated blood pressure readings were documented in the records submitted. On 2/25/15, Utilization Review (UR) denied or modified requests for multiple medications, citing the MTUS.

IMR ISSUES, DECISIONS AND RATIONALES

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

Amitiza 24mcg #60 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 77. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 13th Edition, 2015, Pain Chapter, Opioid induced constipation treatment.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines initiating therapy [with opioids] Page(s): 73. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) chronic pain chapter: opioid induced constipation treatment.

Decision rationale: Amitiza (lubiprostone) is approved by the FDA for treatment of chronic idiopathic constipation in adults, for treatment of opioid-induced constipation with chronic non-cancer pain, and for treatment of irritable bowel syndrome with constipation in adult women. 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. There was no documentation of use of these first line measures. 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 measures to prevent constipation are indicated when opioids are prescribed, the opioids are not medically necessary in this case. The treating physician has not provided other reasons for use of Amitiza, so its use would not be medically necessary if opioids are not prescribed. As such, the request for Amitiza is not medically necessary.

Cymbalta 60mg #60 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 15.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 401-402, Chronic Pain Treatment Guidelines antidepressants 14-16, SNRIs Page(s): 14-16, 105. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) mental illness and stress chapter: antidepressants for treatment of major depressive disorder.

Decision rationale: 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. Duloxetine (Cymbalta) is a norepinephrine and serotonin reuptake inhibitor (SNRI) antidepressant which is FDA approved for treatment of depression, generalized anxiety disorder, and pain related to diabetic neuropathy. The MTUS states that duloxetine is recommended as a first-line option in neuropathic pain. It has been found to be effective for treating fibromyalgia in women with and without depression. It should not be used in patients with substantial alcohol use and those with chronic liver disease. The documentation suggests that cymbalta was prescribed primarily for depression. The injured worker had been treated by a psychologist and a psychiatrist, with multiple additional prior medications prescribed for depression and anxiety. Detailed psychiatric signs and symptoms were not discussed, and a detailed psychiatric history and mental status examination were not documented. Cymbalta was prescribed for at least 5 months, without documentation of functional improvement as a result of its use. Work status remained temporarily totally disabled, and there was no documentation of improvement in activities of daily living, decrease in medication use, or decrease in frequency of office visits. Due to lack of documentation of psychiatric findings, and lack of functional improvement, the request for cymbalta is not medically necessary.

Flexeril 10mg #30 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63 and 64.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines, 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. Flexeril 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. The injured worker continued to report a high level of pain. Work status remained temporarily totally disabled, and there was no documentation of improvement in activities of daily living, decrease in medication use, or decrease in frequency of office visits. 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. This injured worker was prescribed multiple additional medications. Limited, mixed evidence does not allow for a recommendation for chronic use. Due to long term use not in accordance with the guidelines as well as lack of functional improvement, the request for flexeril is not medically necessary.

Naproxen Sodium 550mg #60 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-69.

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

Decision rationale: 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. This injured worker has chronic back, knee, and lower extremity pain. 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 testing was discussed, and multiple progress notes document elevated blood pressures including multiple diastolic blood pressure readings of greater than 100, which was not addressed. Naproxen has been prescribed for at least 6 months, without documentation of functional improvement as a result of its use. Work status remained temporarily totally disabled, and there was no documentation of improvement in activities of daily living, decrease in medication use, or decrease in frequency of office visits. Due to length of use in excess of the guidelines, lack of functional improvement,

and potential for toxicity which was not adequately addressed, the request for naproxen is not medically necessary.

Norco 10/325mg #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

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

Decision rationale: This injured worker has been prescribed various opioids for at least 6 months, including percocet, MS contin, and norco. 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. An opioid contract was discussed, but no urine drug screens were submitted. There should be a prior failure of non-opioid therapy. 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. Work status remained temporarily totally disabled, and there was no documentation of improvement in activities of daily living, decrease in medication use, or decrease in frequency of office visits. 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, specific activities of daily living, adverse side effects, and aberrant drug-taking behaviors. The documentation does not reflect improvement in pain. There was limited discussion of adverse side effects and screening for aberrant drug-taking behavior. 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.