

Case Number:	CM15-0048213		
Date Assigned:	04/14/2015	Date of Injury:	03/15/2003
Decision Date:	08/25/2015	UR Denial Date:	02/23/2015
Priority:	Standard	Application Received:	03/13/2015

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: 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 (IW) is a 59 year old female who sustained an industrial injury on 03/15/2003. She reported neck pain radiating into both shoulders. The injured worker was diagnosed as having chronic pain syndrome; post laminotomy pain syndrome; left thoracic outlet syndrome; severe left piriformis syndrome (temporarily improved with Botox chemo enervations); chronic daily headache; gastritis; and major depression. Treatment to date has included multiple surgeries, physical therapy, medications, and a Multi-Disciplinary Pain Program therapy for chronic pain. Currently, the injured worker has no subjective complaints listed on this follow-up visit. Retrospective requests for authorization of the following medications prescribed 01/26/2015 were made: Colace 100mg twice daily #60 ; Senna Laxative twice daily #60; Bentyl 20mg twice daily #60; Cymbalta 30mg twice daily #60; Topamax 50mg four times daily #120; Salagen 5mg twice daily #60; Nexium 40mg QD #30; Ambien 10mg at bedtime #30 Butrans patch 10mcg once a week #4; and Flexeril 10mg at bedtime #30. Also requested were: Retrospective Lidoderm patch 5% every 12hrs #30 prescribed 1/25/15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Colace 100mg BID #60 prescribed 1/26/15: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.drugs.com/mtm/colace.html>.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Not addressed. Decision based on Non-MTUS Citation <http://www.nlm.nih.gov/medlineplus>.

Decision rationale: Stool softeners are used on a short-term basis to treat constipation. Being that the continued use of Opioids has not been recommended for this injured worker, the use of Colace to treat opioid-induced constipation is no longer indicated. The request for Retrospective Colace 100mg BID #60 prescribed 1/26/15 is not medically necessary.

Retrospective Senna Laxative BID #60 prescribed 1/26/15: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.nlm.nih.gov/medlineplus/druginfo/natural/652.html>.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Not addressed. Decision based on Non-MTUS Citation <http://www.nlm.nih.gov/medlineplus/druginfo/>.

Decision rationale: Senna is an FDA-approved nonprescription laxative used to treat constipation and to clear the bowel before diagnostic tests such as colonoscopy. Being that the continued use of Opioids has not been recommended for this injured worker, the use of Senna to treat opioid-induced constipation is no longer indicated. The request for Requested Treatment: Retrospective Senna Laxative BID #60 prescribed 1/26/15 is not medically necessary.

Retrospective Bentyl 20mg BID #60 prescribed 1/26/15: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.nlm.nih.gov/medlineplus/druginfo/meds/a684007.html>.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Not addressed. Decision based on Non-MTUS Citation <http://www.nlm.nih.gov/medlineplus>.

Decision rationale: Bentyl (Dicyclomine) is used to treat the symptoms of Irritable Bowel Syndrome. Dicyclomine is in a class of medications called anticholinergics. Documentation at the time of the requested service fails to demonstrate that the injured worker is diagnosed with Irritable Bowel Syndrome and there is no other evidence of a clear indication for the use of this drug. The request for Retrospective Bentyl 20mg BID #60 prescribed 1/26/15 is not medically necessary.

Retrospective Cymbalta 30mg BID #60 prescribed 1/26/15: Upheld

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

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

Decision rationale: MTUS states that antidepressants may be used as a first line option for neuropathic pain, but long-term effectiveness of these drugs has not been established. Cymbalta is FDA approved for anxiety, depression, diabetic neuropathy, and fibromyalgia. The use of this drug for neuropathic pain and radiculopathy is off label. MTUS recommends that assessment of treatment efficacy should include pain outcomes, evaluation of function, changes in use of other analgesic medication, sleep quality and duration, and psychological assessment. Documentation fails to show improvement in the injured worker's pain or level of function to establish the medical necessity for ongoing use of Cymbalta. The request for Retrospective Cymbalta 30mg BID #60 prescribed 1/26/15 is not medically necessary by MTUS.

Retrospective Topamax 50mg QID #120 prescribed 1/26/15: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.drugs.com/pro/topamax.html>.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs Page(s): 16.

Decision rationale: MTUS states that Anti-epilepsy drugs (AEDs) are recommended for neuropathic pain (pain due to nerve damage) associated with post-herpetic neuralgia and diabetic painful polyneuropathy. There are few randomized controlled trials (RCTs) directed at central pain and none for painful radiculopathy. Topiramate (Topamax) has been shown to have variable efficacy, with failure to demonstrate efficacy in neuropathic pain of 'central' etiology. Documentation shows that Topamax is being prescribed for headaches. Physician report at the time of the requested service under review, fails to assess the clinical status of the injured worker's headache and there is lack of evidence showing adequate improvement in chronic pain or level of function to establish the medical necessity for ongoing use of Topamax. The request for Retrospective Topamax 50mg QID #120 prescribed 1/26/15 is not medically necessary.

Retrospective Flexeril 10mg qHS #30 prescribed 1/26/15: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63.

Decision rationale: Cyclobenzaprine (Flexeril) is a skeletal muscle relaxant and a central nervous system depressant recommended as a treatment option to decrease muscle spasm in conditions such as low back pain. Per MTUS guidelines, muscle relaxants are recommended for

use with caution as a second-line option for only short-term treatment of acute exacerbations in patients with chronic low back pain. The greatest effect appears to be in the first 4 days of treatment and appears to diminish over time. Documentation fails to indicate acute exacerbation or significant improvement in the injured worker's pain or functional status to justify continued use of Flexeril. The request for Retrospective Flexeril 10mg qHS #30 prescribed 1/26/15 is not medically necessary per MTUS guidelines.

Retrospective Lidoderm patch 5% q12hrs #30 prescribed 1/25/15: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

Decision rationale: Lidocaine is recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy, including tri-cyclic or SNRI anti-depressants or an anti-epileptic drug. Per guidelines, further research is needed to recommend Lidoderm for the treatment of chronic neuropathic pain disorders other than post-herpetic neuralgia. Physician reports fail to demonstrate supporting evidence of significant improvement in the injured worker's pain to justify continued use of Lidoderm patch. The request for Retrospective Lidoderm patch 5% q12hrs #30 prescribed 1/25/15 is not medically necessary by lack of meeting MTUS criteria.

Retrospective Salagen 5mg BID #60 prescribed 1/26/15: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://dailymed.nlm.nih.gov/dailymed/drugInfo.cfm?setid=fb4810ec-d26f-429d-b87c-5898a7870169>.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Not addressed. Decision based on Non-MTUS Citation <https://www.nlm.nih.gov/medlineplus/>.

Decision rationale: Salagen (Pilocarpine) is in a class of medications called cholinergic agonists. It is used to treat dry mouth caused by radiotherapy in people with head and neck cancer and to treat dry mouth in people with Sjogren's syndrome (a condition that affects the immune system and causes dryness of certain parts of the body such as the eyes and mouth). It works by increasing the amount of saliva in the mouth. Documentation provided for review fails to address clinical status of Xerostomia or indication that the injured worker is prescribed Salagen for a work-related condition to establish the medical necessity for its use. The request for Retrospective Salagen 5mg BID #60 prescribed 1/26/15 is not medically necessary per guidelines.

Retrospective Nexium 40mg QD #30 prescribed 1/26/15: 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 & cardiovascular risk Page(s): 68.

Decision rationale: Proton Pump Inhibitors (PPIs) are used to treat gastrointestinal conditions such as Gastroesophageal reflux disease, Dyspepsia and Gastric ulcers, and to prevent ulcerations due to long-term use of Non-steroidal anti-inflammatory drugs (NSAIDs). MTUS recommends the combination of NSAIDs and PPIs for patients at risk for gastrointestinal events, including age over 65 years of age, history of peptic ulcer, gastrointestinal bleeding, or perforation, concurrent use of ASA and high dose or multiple NSAIDs. Documentation does not support that the injured worker is at high risk of gastrointestinal events to establish the medical necessity of ongoing use of Nexium. The request for Retrospective Nexium 40mg QD #30 prescribed 1/26/15 is not medically necessary per MTUS guidelines.

Retrospective Ambien 10mg qHS #30 prescribed 1/26/15: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Pain Chapter Zolpidem (Ambien).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Not addressed. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Insomnia treatment.

Decision rationale: Zolpidem is a prescription short-acting nonbenzodiazepine hypnotic, used for treatment of insomnia. Per guidelines, hypnotics are not recommended for long-term use and should be limited to three weeks maximum in the first two months of injury only. Use in the chronic phase is discouraged. They can be habit-forming, and they may impair function and memory more than opioid pain relievers. There is also concern that they may increase pain and depression over the long-term. Documentation provided shows that the injured worker has been prescribed Ambien for a period longer than recommended by guidelines with no significant functional improvement. The request for Retrospective Ambien 10mg qHS #30 prescribed 1/26/15 is not medically necessary.

Retrospective Butrans patch 10mcg Q week #4 prescribed 1/26/15: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Buprenorphine Page(s): 26. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Buprenorphine.

Decision rationale: Per guidelines, Butrans patch (Buprenorphine) is recommended as an option for treatment of chronic pain in selected patients, including those with a hyperalgesic

component to pain, centrally mediated pain, neuropathic pain or at high-risk of non-adherence with standard opioid maintenance. It is also recommended for analgesia in patients who have previously been detoxified from other high-dose opioids. The injured worker is diagnosed with chronic pain syndrome, post laminotomy pain syndrome, left thoracic outlet syndrome and left piriformis syndrome. Physician reports fail to show significant improvement in pain or level of function to justify the continued use of Butrans patch. The request for Retrospective Butrans patch 10mcg Q week #4 prescribed 1/26/15 is not medically necessary.