

Case Number:	CM15-0050469		
Date Assigned:	03/24/2015	Date of Injury:	02/05/2004
Decision Date:	05/07/2015	UR Denial Date:	03/10/2015
Priority:	Standard	Application Received:	03/17/2015

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 is a 64-year-old male who has reported low back and leg pain after an injury on 2/5/04. The pain was of gradual onset and attributed to 'cumulative trauma', and attributed to lifting. The diagnoses have included post laminectomy syndrome and low back pain. Treatment to date has included surgery, physical therapy, a spinal cord stimulator, injections, and pain medications. Reports from the pain management physician since 2012 show ongoing back and leg pain. Sleep was poor. All reports have a long list of medications, including Lidoderm, trazodone, Norco, a PPI, OxyContin, Neurontin, Flector, and Flexeril. A spinal cord stimulator was in place, and was reprogrammed in 2013 and 2014. The charger was not working as of 12/18/14. Flexeril was reported to aid sleep and muscle spasms, such that he could not sleep more than 2-3 hours without it, even while taking trazodone. With Flexeril he could sleep 5 hours. Oxycontin was reported to reduce pain, allow walking for 30 minutes, sit and stand for 10 minutes longer, and do very light housework. Norco reduced pain, allowed 15 minutes of walking, and allowed lighthouse work. A urine drug screen on 8/22/13 was positive for oxycodone, hydrocodone, and gabapentin. No reports address work status. As of the PR2 dated 2/19/15, there was back pain radiating from the low back to both legs and poor sleep quality. The injured worker requested removal of the spinal cord stimulator because he finds the battery pack to be uncomfortable and he is not using it anymore. The same medications were continued and explanation of the spinal cord stimulator was requested. There was no new information regarding any of the medications. A urine drug screen was performed on 2/19/15 and was positive for hydrocodone, oxycodone, and gabapentin. The test was negative for cyclobenzaprine. On

3/10/15, Utilization Review non-certified trazodone, Flexeril, and explanation of the spinal cord stimulator. Neurontin, Norco, and Oxycontin were partially certified. The explanation was non-certified based on lack of apparent indications and unlikely benefit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trazodone 100 mg #30 with 5 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Trazodone.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, Insomnia treatment.

Decision rationale: The reports state that trazodone is for insomnia. The MTUS does not address the use of hypnotics other than benzodiazepines. The Official Disability Guidelines were used to render a decision. Note the ODG citation, which recommends short-term use of hypnotics, a careful analysis of the sleep disorder, and caution against using zolpidem in the elderly. Prescribing in this case meets none of the guideline recommendations. No physician reports describe the specific criteria for a sleep disorder. The reports do not show specific and significant benefit of trazodone. Sleep is routinely described as 'poor', and the injured worker was stated to be sleeping 2-3 hours a night while taking trazodone. The treating physician has not addressed other major issues affecting sleep in this patient, including the use of other psychoactive agents like opioids, which significantly impair sleep architecture. Trazodone is not medically necessary based on prolonged use contrary to guideline recommendations, lack of benefit, and lack of sufficient evaluation of the sleep disorder.

Neurontin 600 mg #120 with 5 refills: 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 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 gabapentin used to date. Note the criteria for a 'good' response per the MTUS. The reports refer to pain relief and minimal functional benefit from pain medications in general. The level of function even with medications is relatively minimal, as there is only minimal walking along with some sort of very light housework. The activity levels would imply that this injured worker is practically sedentary

for nearly all the day. Gabapentin is not medically necessary based on the lack of any clear indication, and the lack of significant symptomatic and functional benefit from its use to date.

Flexeril 10 mg #30 with 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants Page(s): 63. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter, insomnia.

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 over a year. The quantity prescribed implies long-term use, not a short period of use for acute pain. The only specific benefit described in the reports is that of increased sleep. Regardless, sleep quality is routinely described as poor. Cyclobenzaprine, per the MTUS, is indicated for short-term use only and is not recommended in combination with other agents. This injured worker has been prescribed multiple medications along with cyclobenzaprine. The Official Disability Guidelines discuss the treatment of insomnia, and medications are recommended for the short term only, and only after a careful analysis of the sleep disorder. There is no evidence of any analysis of a sleep disorder, and the only treatment documented is chronic prescribing of multiple sedating drugs. Cyclobenzaprine was not present on the urine drug screen results, which was not discussed by the treating physician and which casts doubt on whether this injured worker takes this medication. Cyclobenzaprine is not medically necessary based on the MTUS, the Official Disability Guidelines, and the lack of indications for chronic use.

Norco 10/325 mg #90 with 1 refill: 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. Medication trials, Mechanical and compressive etiologies Page(s): 77-81, 94, 80, 81, 60.

Decision rationale: 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, opioid contract, and there should be a prior failure of non-opioid therapy. The prescribing physician does not address work status, which fails the 'return-to-work' criterion for opioids in the MTUS, and represents an inadequate focus on functional improvement. The description of increased functions resulting from using opioids is of only a minimal level of function. The injured worker would be practically sedentary for the

entire day based on the minimal level of walking and very light housework. There is no record of a urine drug screen program performed according to quality criteria in the MTUS and other guidelines. Tests are not random and are much less frequent than guidelines recommend for a patient with such poor function and high pain levels. Page 60 of the MTUS, cited above, and recommends that medications be trialed one at a time. In this case, medications were given as a group, making the determination of results, side effects, and benefits very difficult or impossible to determine. 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.

Oxycontin 20 mg #60 with 1 refill: 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. Medication trials, Mechanical and compressive etiologies Page(s): 77-81,94,80,81,60.

Decision rationale: 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, opioid contract, and there should be a prior failure of non-opioid therapy. The prescribing physician does not address work status, which fails the 'return-to-work' criterion for opioids in the MTUS, and represents an inadequate focus on functional improvement. The description of increased functions resulting from using opioids is of only a minimal level of function. The injured worker would be practically sedentary for the entire day based on the minimal level of walking and very light housework. There is no record of a urine drug screen program performed according to quality criteria in the MTUS and other guidelines. Tests are not random and are much less frequent than guidelines recommend for a patient with such poor function and high pain levels. Page 60 of the MTUS, cited above, and recommends that medications be trialed one at a time. In this case, medications were given as a group, making the determination of results, side effects, and benefits very difficult or impossible to determine. 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.

One (1) explanation of spinal cord stimulator: 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 Spinal cord stimulators (SCS) Page(s): 106.

Decision rationale: The MTUS addresses the indications for implantation of a spinal cord stimulator but not the indications for explanation. Given that a spinal cord stimulator for chronic back pain is an elective treatment, the injured worker should be able to terminate the treatment at will. The injured worker has had problems with adequate function of the spinal cord stimulator, finds it irritating, and has requested that it be removed, as he is not using it. These are adequate reasons to remove this elective device. The Utilization Review is overturned, as the Utilization Review did not adequately consider the nature of the device and the injured worker's role in stopping this treatment. Therefore, this request is not medically necessary.