MAXIMUS Federal Services

Case Number:	CM15-0050734		
Date Assigned:	03/24/2015	Date of Injury:	12/09/2004
Decision Date:	05/01/2015	UR Denial Date:	03/06/2015
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: 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:

This 55 year old male sustained an industrial injury to the mid back on 12/9/04. Diagnoses include other unspecified back disorders, major depressive affective disorder, thoracic spine pain, anxiety, and tension headaches. Previous treatment included injections, physical therapy and medications. In May 2014 the injured worker reported that it takes longer to urinate, and in January 2015 notation was made that "his prostate is doing better with the new medication," however no specific urologic diagnoses and evaluation were discussed. Oxcarbazepine and Topamax were prescribed since May 2014, Clonzaepam was prescribed since September 2014, tamsulosin and Avodart were prescribed since January 2014. At a visit dated 2/20/15, the injured worker complained of pain 7/10 on the visual analog scale. The injured worker reported doing pretty well, riding his bike, doing a lot of yard work and getting good sleep. He reported some anxiety when he has to leave the house. Topamax was noted to help reduce headaches. Medications as of February 2015 included Avodart, celecoxib, Claritin, Clonazepam, Combivent, Cymbalta, multiple vitamin, Esomeprazole, Fluticasone, Lidoderm, Norco, Oxcarbazepine, Tamsulosin, Topamax, and Trazodone. Physical exam was remarkable for spine with tenderness to palpation in the lower thoracic spine in the midline. The injured worker could get up easily from the chair, walk on heels and toes and perform squats 100% without holding on. The treatment plan included continuing medications, back brace for strenuous activities, continuing with regular activities, six sessions of chiropractic therapy and x-ray of the thoracic spine. Work status was not discussed. On March 6, 2015, Utilization Review (UR) non-certified requests for x-ray of the thoracic spine 2 views, Avodart 0.5 mg, Tamsulosin 0.4 mg, and

Topamax 25 mg. UR modified requests for Clonazepam 1 mg #60 to #50, and Oxcarbazepine 300 mg to up to #7. UR noted a provider response that Tamsulosin and Avodart were not requested. UR cited the MTUS, ACOEM, and ODG, and additional guideline from the American Urological Association Education and Research Inc and the National Clinical Guideline Center for Acute and Chronic Conditions.

IMR ISSUES, DECISIONS AND RATIONALES

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

X-ray of Thoracic Spine, 2 views: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178, 182, table 8-8. Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back - Lumbar & Thoracic (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179, 182.

Decision rationale: The ACOEM neck and upper back chapter states that for most patients presenting with neck or upper back problems, special studies are not needed unless a 3-4 week period of conservative care and observation fails to improve symptoms. Criteria for ordering imaging studies include emergence of a red flag, physiologic evidence of tissue insult or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery, and clarification of anatomy prior to an invasive procedure. This injured worker was noted to have tenderness to palpation of the lower thoracic spine in the midline. None of the criteria for imaging studies as noted above were present. Due to lack of specific indication, the request for x-ray of the thoracic spine is not medically necessary.

Avodart 0.5 mg Qty (unspecified): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Urological Association Education and Research, Inc., page 34.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation UpToDate: Dutasteride: Drug information. In UpToDate, edited by Ted. W. Post, published by UpToDate in Waltham, MA, 2015.

Decision rationale: The MTUS and ODG do not address use of Avodart. This injured worker reported urinary symptoms and the progress notes refer to an unspecified prostate issue. Dutasteride (Avodart) is indicated for treatment of symptomatic benign prostatic hyperplasia as monotherapy or in combination with tamsulosin. In this case the treating physician has not provided sufficient clinical information to support the diagnosis and treatment. The requested prescription is for an unstated quantity; an unspecified quantity and duration can imply a potentially unlimited duration and quantity, which is not medically necessary or indicated. Due

to lack of sufficient clinical information to support use of this medication, as well as unspecified quantity, the request for Avodart is not medically necessary.

Clonazepram 1 mg Qty 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines benzodiazepines p. 24muscle relaxants p. 66.

Decision rationale: Per the MTUS, benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long term use may actually increase anxiety. The MTUS states that a more appropriate treatment for anxiety disorder is an antidepressant. The MTUS does not recommend benzodiazepines for long term use for any condition. The MTUS does not recommend benzodiazepines as muscle relaxants. This injured worker has diagnoses of back pain and anxiety. The progress notes do not discuss the specific indication for Clonazpeam and note that it was prescribed by a different provider. Clonazepam has been prescribed for at least 6 months. There was no documentation of functional improvement as a result of its use. Due to length of use in excess of the guidelines as well as lack of functional improvement, the request for Clonazepam is not medically necessary.

Tamsulosin 0.4. mg Qty (unspecified): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Institute for Health and Clinical Excellence (NICE) page 34 (Clinical guideline no. 97).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation UpToDate: Tamsulosin: drug information. In UpToDate, edited by Ted. W. Post, published by UpToDate in Waltham, MA, 2015.

Decision rationale: The MTUS and ODG do not address use of Tamsulosin. This medication is indicated for treatment of signs and symptoms of benign prostatic hypertrophy. This injured worker reported urinary symptoms and the progress notes refer to an unspecified prostate issue. In this case the treating physician has not provided sufficient clinical information to support the diagnosis and treatment. The requested prescription is for an unstated quantity; an unspecified quantity and duration can imply a potentially unlimited duration and quantity, which is not medically necessary or indicated. Due to lack of sufficient clinical information to support use of this medication, as well as unspecified quantity, the request for Tamsulosin is not medically necessary.

Oxcarbazepine 300 mg Qty (unspecified): 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): p. 16-22,Postsurgical Treatment Guidelines.

Decision rationale: Per the MTUS, antiepilepsy drugs (AEDs) are recommended for neuropathic pain due to nerve damage. A recent review has indicated that there is insufficient evidence to recommend for or against antiepileptic drugs for axial low back pain. A "good" response to the use of AEDs is defined as a 50% reduction in pain and a "moderate" response as a 30% reduction. Lack of at least a 30% response per the MTUS would warrant a switch to a different first line agent or combination therapy. After initiation of treatment, there should be documentation of pain relief with improvement in function, and documentation of any side effects, with continued use of AEDs dependent on improved outcomes versus tolerability of adverse effects. The injured worker has been prescribed two anticonvulsants, Oxcarbazepine and Topamax, for at least 9 months. The MTUS states that serum sodium level should be monitored during treatment with Oxcarbazepine, and that dose adjustment may be necessary in patients with renal insufficiency. No laboratory monitoring was documented. There was no documentation of reduction in pain or increase in function as a result of use of Oxcarbazepine. Work status was not specified, there was no documentation of improvement in specific activities of daily living or reduction in medication use, and office visits continued at the same frequency. The requested prescription is for an unstated quantity, and the medical records do not clearly establish the quantity. Requests for unspecified quantities of medications are not medically necessary, as the quantity may potentially be excessive and in use for longer than recommended. Due to lack of functional improvement, lack of evidence of laboratory monitoring of serum sodium level, and unspecified quantity requested, the request for Oxcarbazepine is not medically necessary.

Topamax 25 mg Qty (unspecified): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 22.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines anticonvulsants Page(s): p. 16-22. Decision based on Non-MTUS Citation UpToDate: Topamax: drug information. In UpToDate, edited by Ted. W. Post, published by UpToDate in Waltham, MA, 2015.

Decision rationale: Per the MTUS, antiepilepsy drugs (AEDs) are recommended for neuropathic pain due to nerve damage. A recent review has indicated that there is insufficient evidence to recommend for or against antiepileptic drugs for axial low back pain. A "good" response to the use of AEDs is defined as a 50% reduction in pain and a "moderate" response as a 30% reduction. Lack of at least a 30% response per the MTUS would warrant a switch to a different first line agent or combination therapy. After initiation of treatment, there should be documentation of pain relief with improvement in function, and documentation of any side effects, with continued use of AEDs dependent on improved outcomes versus tolerability of

adverse effects. Topamax is indicated for prophylaxis of migraine headache and off label for prophylaxis of cluster headache; this injured worker has a diagnosis of tension-type headache. The injured worker has been prescribed two anticonvulsants, Oxcarbazepine and Topamax, for at least 9 months. There was no documentation of specific percentage reduction in pain or increase in function as a result of use of Topamax, although some reduction in headache was noted. Work status was not specified, there was no documentation of improvement in specific activities of daily living or reduction in medication use, and office visits continued at the same frequency. The requested prescription is for an unstated quantity, and the medical records do not clearly establish the quantity. Requests for unspecified quantities of medications are not medically necessary, as the quantity may potentially be excessive and in use for longer than recommended. Due to lack of functional improvement, and unspecified quantity requested, the request for Topamax is not medically necessary.