

Case Number:	CM15-0050858		
Date Assigned:	04/15/2015	Date of Injury:	01/10/2007
Decision Date:	05/14/2015	UR Denial Date:	02/24/2015
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:

The injured worker is a 48 year old male who sustained an industrial injury on 1/10/07. The diagnoses have included cervical disc protrusion with cervical radiculitis, discogenic cervical condition with facet inflammation and headaches, laceration of the digital nerve of the left middle finger status post failed digital nerve repair, status post neurolysis and replantation, digital neuroma left middle finger, hyperesthesia and neuroma along the radial aspect of the left middle finger, depression, and chronic pan syndrome. Treatment has included medications, hand surgery, physical therapy, and chiropractic treatment. MRI of the cervical spine showed disc herniation at C6-7 with left paracentral disc protrusion with depression on the C6 exiting nerve root. Oxycontin was prescribed in 2010, 2011, 2012, and 2014. Gabapentin was prescribed in 2011. Nalfon was prescribed in October 2014. Prior treatment for depression included trazodone and paxil. Progress notes from September and November 2014 noted that the injured worker was not working, and progress note from 1/27/15 states that the injured worker has not worked since 2008. The PR2 dated 1/27/15 noted that the injured worker has complaints of not being able to keep his neck still for more than an hour and that he has shooting pain in his triceps on the left side. He has pain radiating to index finger and thumb and long finger on the left hand. Upset stomach and gastrointestinal (GI) irritation were noted. A history of stroke and heart attack were noted. Examination showed blood pressure of 138/93, tenderness along the tip of the involved finger, and facet tenderness with facet loading especially on the right. A neck pillow and traction were noted to have been provided to the injured worker on 12/31/14. It was noted that the injured worker has blood tests regularly through his primary care provider. On

2/24/15, Utilization Review (UR) non-certified requests for 12 chiropractic manipulation visits; nalfon 400mg #60 with 1 refill; 1 urine drug screen; protonix 20mg #60; 1 cervical traction; unknown prescription of Wellbutrin; Neurontin #90 and unknown prescription of lunesta, and modified a request for oxycontin 20mg #60 to #33. UR cited the MTUS and ODG.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Chiropractic manipulation visits: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back (Acute and Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines manual therapy and manipulation Page(s): 58-60.

Decision rationale: Per the MTUS for Chronic Pain, the purpose of manual medicine is functional improvement, progression in a therapeutic exercise program, and return to productive activities (including work). Per the MTUS for Chronic Pain, a trial of 6 visits of manual therapy and manipulation may be provided over 2 weeks, with any further manual therapy contingent upon functional improvement. Per the MTUS, chiropractic manipulation is not recommended for the "Ankle & Foot, Carpal tunnel syndrome, Forearm, Wrist, & Hand, Knee." For "recurrences/flare-ups" an additional 1-2 visits every 4-6 months are an option if there is treatment success and return to work is achieved. The MTUS states that maintenance manipulation is not recommended. The documentation notes that some chiropractic treatment was received in 2009. No results of this treatment were discussed. The site to be treated was not specified; this injured worker was documented to have neck pain and hand pain; note that chiropractic treatment to the hand is not recommended. The number of sessions requested (12) is in excess of the number recommended for an initial course (6) if this request is to be viewed as an initial course due to the remote prior treatment. If the request is viewed as intended to treat a recurrence or flare-up, the number requested is also in excess of the guidelines, and there was no documentation of return to work. Due to the lack of a sufficiently specific prescription with site to be treated not specified, and number of sessions requested in excess of the guidelines, the request for chiropractic treatment is not medically necessary.

Nalfon 400mg #60 with 1 refill: Upheld

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

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

Decision rationale: Per the MTUS, nonsteroidal 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. 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. Systemic toxicity is possible with NSAIDs. The FDA and MTUS recommend monitoring of blood tests and blood pressure. This injured worker has been prescribed nalfon for at least three months. There was no documentation of functional improvement as a result of its use; the injured worker is not working, and there was no documentation of improvement in activities of daily living. The injured worker was noted to have upset stomach and GI irritation, which are potential side effects of NSAIDs. There is no evidence that the prescribing physician is adequately monitoring for toxicity as recommended by the FDA and MTUS. The injured worker was noted to have a history of heart attack and stroke. Blood pressure was elevated at a recent office visit. The elevated blood pressure and cardiac history were not addressed by the treating physician. The physician noted that the injured worker had laboratory testing through his primary care provider; results and dates of this testing were not discussed. Due to lack of functional improvement and potential for toxicity, the request for nalfon is not medically necessary.

Oxycontin 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Weaning of medications.

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

Decision rationale: This injured worker has been prescribed oxycontin for several years. 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. There should be a prior failure of non-opioid therapy. None of these aspects of prescribing are in evidence. There was no discussion of opioid contract, prior urine drug screening, or functional goals, and the documentation indicates that the injured worker has not worked since 2008 and is not currently working. 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. The prescribing physician does not specifically address function with respect to prescribing opioids, and does not address the other recommendations in the MTUS. 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, activities of daily living, adverse side effects, and aberrant drug-

taking behaviors. The documentation does not reflect improvement in pain. Change in activities of daily living, discussion of adverse side effects, and screening for aberrant drug-taking behaviors were not documented. 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, oxycontin does not meet the criteria for long term opioids as elaborated in the MTUS and is therefore not medically necessary.

1 Urine drug screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, steps to avoid misuse/addiction.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines drug testing p. 43, opioids p. 77- 78, p. 89, p. 94. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) chronic pain chapter: urine drug testing.

Decision rationale: Per MTUS chronic pain medical treatment guidelines, urine drug screens are recommended as an option to assess for the use or the presence of illegal drugs, in accordance with a treatment plan for use of opioid medication, and as a part of a pain treatment agreement for opioids. Per the ODG, urine drug testing is recommended as a tool to monitor compliance with prescribed substances, identify use of undisclosed substances, and uncover diversion of prescribed substances. Urine drug testing is recommended at the onset of treatment when chronic opioid management is considered, if the patient is considered to be at risk on addiction screening, or if aberrant behavior or misuse is suspected or detected. Ongoing monitoring is recommended if a patient has evidence of high risk of addiction and with certain clinical circumstances. Frequency of urine drug testing should be based on risk stratification. Patients with low risk of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. Patients at moderate risk for addiction/aberrant behavior should be tested 2-3 times per year. Patients at high risk of adverse outcomes may require testing as often as once a month. Random collection is recommended. Results of testing should be documented and addressed. This injured worker was prescribed percocet and oxycontin in January 2015. No risk assessment for aberrant behavior was documented, which would be needed in order to determine frequency of testing. No prior urine drug screens were submitted and prior testing was not discussed. Due to insufficient information submitted in order to determine the necessary frequency of testing, the request for urine drug screen is not medically necessary.

Protonix 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI symptoms and cardiovascular risk Page(s): 68-69, Postsurgical Treatment Guidelines.

Decision rationale: This injured worker has been prescribed nalfon, a nonsteroidal anti-inflammatory medication (NSAID), and protonix, a proton pump inhibitor (PPI). Per the MTUS, co-therapy with a nonsteroidal anti-inflammatory medication (NSAID) and a proton pump inhibitor (PPI) is not indicated in patients other than those at intermediate or high risk for gastrointestinal events (including age > 65 years, history of peptic ulcer, gastrointestinal (GI) bleeding or perforation, concurrent use of aspirin, corticosteroids and/or an anticoagulant, or high dose/multiple NSAIDS such as NSAID plus low dose aspirin). None of these risk factors were present in this injured worker. In addition, the associated NSAID has been determined to be not medically necessary. Stomach upset and GI irritation were noted, with no additional discussion of evaluation. There is no examination of the abdomen on record. There are many possible etiologies for GI symptoms; the available reports do not provide adequate consideration of these possibilities. Empiric treatment after minimal evaluation is not indicated. If one were to presume that a medication were to be the cause of the undescribed gastrointestinal symptoms, the treating physician would be expected to change the medication regime accordingly, at least on a trial basis to help determine causation. Note the MTUS recommendation regarding the options for NSAID-induced dyspepsia, which include stopping the NSAID, switching to a different NSAID, or consideration of H2 receptor antagonists or a PPI. In this case, there is no evidence of any attempts to determine the cause of symptoms, including attempts to adjust medications. Due to lack of specific indication and lack of documentation of GI evaluation, the request for protonix is not medically necessary.

1 Cervical traction: 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), Neck and Upper Back (Acute and Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181.

Decision rationale: This injured worker has diagnoses of cervical disc protrusion with cervical radiculitis. It was noted that traction was provided to the injured worker in December 2014. Traction is specifically not recommended by the MTUS, as noted in the ACOEM neck and upper back chapter summary of recommendations for evaluating and managing neck and upper back complaints. Due to lack of recommendation by the guidelines, the request for cervical traction is not medically necessary.

Unknown prescription of Wellbutrin: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Wellbutrin (bupropion).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 401-402, Chronic Pain Treatment Guidelines antidepressants Page(s): 13-16. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) mental illness and stress chapter: antidepressants for treatment of major depressive disorder.

Decision rationale: This injured worker has diagnoses of chronic pain as well as a history of depression, previously treated with other medication. 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. The treating physician has not stated if the reason for prescription of wellbutrin was for treatment of pain or treatment of depression. No details about the prior response to antidepressants were provided. No current psychiatric signs or symptoms were discussed, and no detailed psychiatric examination was submitted. The dose, directions, and quantity of the requested medication were not specified. 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 a sufficiently specific prescription as well as lack of sufficient discussion of indication for this medication, the request for wellbutrin is not medically necessary.

Neurontin #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines anticonvulsants Page(s): 16-22.

Decision rationale: Gabapentin has been shown to be effective for treatment of diabetic neuropathy and postherpetic neuralgia and has been considered a first line treatment for neuropathic pain. The MTUS notes the lack of evidence for treatment of radiculopathy (the apparent reason for the prescription per the treating physician). 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. Gabapentin was first documented as prescribed in 2011. There was no discussion of results of treatment with this medication, including change in pain or improvement in function. The injured worker remains off work, and there was no discussion of improvement in activities of daily living. Due to lack of diagnosis of neuropathic pain, and lack of improvement in pain or function as a result of use of gabapentin, the request for gabapentin is not medically necessary.

Unknown prescription of Lunesta: 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), Mental Illness and Stress, Eszopicolone (Lunesta).

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: Lunesta (eszopiclone) is a nonbenzodiazepine hypnotic agent indicated for the treatment of insomnia. The MTUS does not address the use of hypnotics other than benzodiazepines. No physician reports describe the specific criteria for a sleep disorder. Treatment of a sleep disorder, including prescribing hypnotics, should not be initiated without a careful diagnosis. There is no evidence of that in this case. For the treatment of insomnia, pharmacologic agents should only be used after careful evaluation of potential causes of sleep disturbance. Specific components of insomnia should be addressed. There was no documentation of evaluation of sleep disturbance in the injured worker, and components insomnia were not addressed. The treating physician has not addressed major issues affecting sleep in this patient, including the use of other psychoactive agents like opioids, which significantly impair sleep architecture, and depression. The requested prescription is for an unstated dose and 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 evaluation of sleep disorder and lack of a sufficiently specific prescription, the request for lunesta is not medically necessary.