

Case Number:	CM15-0053829		
Date Assigned:	03/27/2015	Date of Injury:	06/24/2003
Decision Date:	05/04/2015	UR Denial Date:	03/11/2015
Priority:	Standard	Application Received:	03/20/2015

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 54 year old female who sustained an industrial injury on 06/24/2003. She has reported subsequent neck, bilateral upper extremity, right shoulder, right ankle, back and right knee pain and was diagnosed with cervical dystonia, cervicogenic headaches, bilateral upper extremity radiculopathy, lumbar myoligamentous sprain/strain syndrome, right ankle sprain and right knee myoligamentous injury. The injured worker was also noted to be diagnosed with reactionary depression/anxiety. Treatment to date has included medication, intrathecal infusion pump placed in July 2014, trigger point injections, epidural and facet injections, occipital nerve blocks, steroid injection to the shoulder, physical therapy and surgery, with C4-5 and C5-6 anterior cervical discectomy and fusion in 2005 and subsequent removal of anterior plate in 2011. Diagnostic studies have included MRIs of the right shoulder, right knee, lumbar spine and cervical spine, cervical provocative discogram, and electromyograms (EMG). Progress notes from September 2014 to March 2015 were submitted. Norco, Xanax, fexmid, and Lexapro were noted to be prescribed in September 2014; zanaflex and amitiza were noted to be prescribed in December 2014. The progress notes submitted discussed a psychiatric agreed medical examination (AME) in August 2013 which noted diagnosis of major depression with recommendation for cognitive behavioral treatment and medication. Urine drug testing at the time of an office visit in October 2014 was noted to be consistent. In a progress note dated 03/02/2015, the injured worker complained of right shoulder pain, right knee pain, lumbar spine pain, and headache. Headache symptoms were noted to be improved since receiving botox in December 2014. It was noted that the injured worker was receiving dilaudid, bupivacaine, and

clonidine via the infusion pump. She was also taking 6 tablets of norco daily, as well as Mobic and both flexeril and zanaflex. Xanax was used for anxiety and amitiza for constipation which was attributed to norco. Constipation was noted to be severe and causing nausea. Additional medications included Neurontin, Prilosec, Lexapro, and Colace. The medications were noted to provide good pain relief and functional improvement, without further details discussed. The physician requested authorization for refills of Norco, Lexapro, Zanaflex, Neurontin, and Amitiza. Examination showed tenderness along the cervical musculature with increased muscle tone and decreased sensation along the right posterolateral arm and forearm, tenderness of the lumbar paraspinal muscles with multiple trigger points, positive straight leg raise bilaterally and decreased sensation along the left lateral calf and dorsum of the foot. Trigger point injections were administered. Work status was temporarily totally disabled. On 3/11/15, Utilization Review (UR) non-certified requests for Lexapro 20 mg #30, zanaflex 1 mg #60, amitiza 24 mg #30, and norco 10/325 mg #120. 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:

Lexapro 20 mg, thirty count: 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), Pain Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 401-403, Chronic Pain Treatment Guidelines antidepressants, SSRIs Page(s): 13-16, 107. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) mental illness and stress chapter: antidepressants for treatment of major depressive disorder.

Decision rationale: Lexapro is a selective serotonin reuptake inhibitor used for the treatment of depression. This injured worker has a diagnosis of depression and has been prescribed lexapro since at least September 2014. 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. Selective serotonin reuptake inhibitors (SSRIs) are controversial based on clinical trials. It has been suggested that the main role of SSRIs may be in addressing psychological symptoms associated with chronic pain. 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 ODG states that lexapro is recommended as a first line treatment for major depressive disorder. The injured worker underwent a psychiatric AME in 2013. Progress notes in late 2014 and early 2015 note the diagnosis of depression, but no current psychiatric signs and symptoms were noted, and no current psychiatric examination or mental status examination were documented. Work status was temporarily totally disabled. There was no discussion of functional improvement as a result of use of lexapro. The combination of medications was noted to provide good pain relief and functional improvement, but specific details about function including activities of daily living were not discussed. There was no documentation of decrease in medication use, and office visits continued at the same frequency of every 1-2 months. Due to lack of current psychiatric

assessment and lack of specific documentation to support functional improvement, the request for lexapro is not medically necessary.

Zanaflex 1 mg, sixty count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13 - 14 and 16.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants Page(s): 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. The quantity prescribed implies long term use, not for a short period of use for acute pain. Zanaflex has been prescribed since December 2014, and fexmid has been prescribed since September 2014. The documentation notes that the injured worker was using both fexmid (flexeril) and zanaflex, which is duplicative and potentially toxic. No reports show any specific and significant improvement in pain or function as a result of prescribing muscle relaxants. Tizanidine (Zanaflex) is FDA approved for management of spasticity and unlabeled for use for low back pain. Side effects include somnolence, dizziness, dry mouth, hypotension, weakness, and hepatotoxicity. Liver function tests should be monitored. It should be used with caution in renal impairment and avoided in hepatic impairment. There was no documentation of monitoring of liver function tests. Due to duration of use in excess of the guidelines, lack of functional improvement, and potential for toxicity, the request for zanaflex is not medically necessary.

Amitiza 24 mg, thirty count: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63, 66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Initiating Therapy [with opioids] Page(s): 77. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) chronic pain chapter: opioid induced constipation treatment.

Decision rationale: 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. 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. 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. This injured worker has constipation which was primarily attributed to Norco and which was noted to be severe, with bowel movements only every 4th day and constipation-associated nausea. Although Norco has been determined to be not medically necessary, the injured worker continues to receive dilaudid via infusion pump. As amitiza is indicated for the treatment of opioid induced constipation and the documentation notes ongoing severe constipation, the request for amitiza is medically necessary.

Norco 10/325 mg, 120 count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Page(s): 78 - 80, 93, 124.

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

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, and opioid contract. The progress notes contain templated language regarding opioid monitoring, including discussion of an opioid agreement and urine drug screens. The opioid contract was not submitted. Two urine drug screens present in the documents submitted were performed on the dates of office visits, not randomly as recommended by the guidelines. Norco has been prescribed for at least 6 months, with noted side effect of severe constipation. The injured worker has chronic neck, shoulder, knee, and lumbar spine pain, as well as headaches. 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 was temporarily totally disabled. There was no discussion of functional improvement as a result of use of norco specifically. The combination of medications was noted to provide good pain relief and functional improvement, but specific details about function including activities of daily living were not discussed. There was no documentation of decrease in medication use, and office visits continued at the same frequency of every 1-2 months. The prescribing physician does not specifically address function with respect to prescribing opioids. 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. There was no documentation of current pain level, least reported pain over the period since last assessment, intensity of pain after taking norco and how long it takes for pain relief, and how long the pain relief lasts. Change in activities of daily living and screening for aberrant drug-taking behaviors were not documented. As currently prescribed, norco does not meet the criteria for long term opioids as elaborated in the MTUS and is therefore not medically necessary.

