

Case Number:	CM15-0056300		
Date Assigned:	04/01/2015	Date of Injury:	08/19/2006
Decision Date:	05/12/2015	UR Denial Date:	03/17/2015
Priority:	Standard	Application Received:	03/24/2015

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 54 year old female who has reported low back pain after an injury on 08/19/2006. The diagnoses include degenerative disc disease of the lumbosacral spine and radiculopathy. Treatment to date has included medications, ESI, medial branch blocks, spine surgery, a spinal cord stimulator trial, trigger point injections, and physical therapy. An AME in 2013 stated that the injured worker had not worked since 2006. The AME noted a spine surgery in 2007. The current primary treating physician has been seeing this injured worker since 2006. The reports during 2014 show pain levels from 7-10/10. Unspecified medications partially relieve pain and allow activities of daily living. Work status is always off work. The same medications that are now appealed for Independent Medical Review were refilled at each visit. None of the reports discuss the results of using any single medication. There was no mention of any drug testing. Per the PR2 of 01/23/2015, there was ongoing back pain as high as 9/10. Unspecified medications allow her to perform usual activities of daily living. Her work status was off work. All the medications now referred for Independent Medical Review were refilled. There was no discussion of the specific results of use for any single medication. Treatment requested was for Neurontin 800mg #90 for neuropathic pain, Norco 10/325mg #120, OxyContin 80mg #90, Soma 350mg #90 for spasm, and Trazodone 50mg #90 for sleeplessness. On 3/17/15 Utilization Review non-certified trazodone, gabapentin, OxyContin, Soma, and Norco. The MTUS was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trazodone 50mg QTY: 90: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 MTUS does not address the use of hypnotics other than benzodiazepines. The Official Disability Guidelines were used instead. The Official Disability Guidelines recommend the short term use of hypnotics, discuss the significant side effects, and note the need for a careful evaluation of the sleep difficulties. No physician reports describe the specific criteria for a sleep disorder. None of the reports discuss the specific results of using this medication. 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. Prescribing in this case meets none of the guideline recommendations. Trazodone is not medically necessary based on prolonged use contrary to guideline recommendations, lack of any apparent benefit, and lack of sufficient evaluation of the sleep disorder.

Neurontin 800mg QTY: 90: 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 AEDs used to date. Note the criteria for a good response per the MTUS. The reports do not discuss this medication and any benefit from medications is non-specific. The off-work status indicates a total lack of functional improvement. 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.

OxyContin 80mg QTY: 90: 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 Opioid management Opioids, steps to avoid misuse/addiction indications, Chronic back pain Mechanical and compressive etiologies Medication trials Page(s): 77-81, 94, 80, 81, 60.

Decision rationale: There is insufficient 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. None of these aspects of prescribing are in evidence. None of the reports address the specific pattern of use or the specific results of use. The prescribing physician does not specifically address function with respect to prescribing opioids, and does not address the other recommendations in the MTUS. There is no evidence of significant pain relief or increased function from the opioids used to date. Pain levels are consistently high. The prescribing physician describes this patient as off work, which fails the return-to-work criterion for opioids in the MTUS, and represents an inadequate focus on functional improvement. The prescribing physician describes this patient as unable to perform any work, which represents a profound failure of treatment, as this implies confinement to bed for most or all of the day. The MTUS recommends random urine drug screens for patients with poor pain control and to help manage patients at risk of abuse. There is a high rate of aberrant opioid use in patients with chronic back pain. There is no record of a urine drug screen program. 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.

Norco 10/325mg QTY: 120: 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 Opioid management Opioids, steps to avoid misuse/addiction indications, Chronic back pain Mechanical and compressive etiologies Medication trials Page(s): 77-81, 94, 80, 81, 60.

Decision rationale: There is insufficient 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. None of these aspects of prescribing are in evidence. None of the reports address the specific pattern of use or the specific results of use. The prescribing physician does not specifically address function with respect to prescribing opioids, and does not address the other recommendations in the MTUS. There is no evidence of significant pain relief or increased function from the opioids used to date. Pain levels are consistently high. The prescribing physician describes this patient as off work, which fails the return-to-work criterion for opioids in the MTUS, and represents an inadequate focus on functional improvement. The prescribing physician describes this patient as unable to perform any work, which represents a profound failure of treatment, as this implies confinement to bed for most or all of the day. The MTUS recommends random urine drug screens for patients with

poor pain control and to help manage patients at risk of abuse. There is a high rate of aberrant opioid use in patients with chronic back pain. There is no record of a urine drug screen program. 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. Therefore, the request is not medically necessary.

Soma 350mg QTY: 90: 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 muscle relaxants, Carisoprodol (Soma) Page(s): 63, 29.

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 many months, and possibly longer. The quantity prescribed implies long term use, not a short period of use for acute pain. No reports show any specific and significant improvements in pain or function as a result of prescribing muscle relaxants. Per the MTUS, carisoprodol is categorically not recommended for chronic pain. Note its habituating and abuse potential. Per the MTUS, this muscle relaxant is not indicated and is not medically necessary.