

Case Number:	CM15-0057014		
Date Assigned:	04/17/2015	Date of Injury:	07/13/2006
Decision Date:	07/15/2015	UR Denial Date:	03/17/2015
Priority:	Standard	Application Received:	03/25/2015

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 49 year old male who has reported multifocal pain after a twisting injury on 07/13/2006. The diagnoses have included bilateral carpal tunnel syndrome, herniated nucleus pulposus in the neck and back, radiculopathy, depression, anxiety, esophageal reflux, left shoulder myoligamentous injury, and cerebrovascular accident with right hemiparesis. Treatment to date has included medications, a spinal cord stimulator, physical therapy, injections, and surgery. Records from the primary treating physician during 2014-2015 reflect ongoing low back pain, bowel and bladder dysfunction, shoulder pain, many medications, and a 'temporarily totally disabled' work status. Prozac, Ativan, and Remeron were prescribed chronically and were stated to be for depression and anxiety. Elavil and Doral were used for sleep. Doral reportedly allows for 5 hours of sleep per night. Elavil was reportedly in use as of 2/24/15. The reports include some of the same information in each report, making it difficult to determine what information is current. The sacral stimulator briefly resulted in some degree of medication reduction. A urine drug screen on 1/19/15 was negative for Prozac, benzodiazepines, all opioids, tramadol, and a very long list of many other medications (many of which had no apparent relevance to this injured worker). At the office visit on that same day the injured worker was reported to be taking Ultracet, Prozac, Remeron, Doral, and Prilosec. This drug test result was not discussed at the next office visit. Per the PR2 of 02/24/2015, there was increased low back pain, and left shoulder pain. The injured worker was taking left over Norco for the last 1-2 months. Current medications were stated to be Ultracet, Norco, and Anaprox. Norco was stated to allow doing activities of daily living and provided pain relief. Ultracet and Norco are used variably depending on pain

levels. Prilosec was for medication-induced gastritis/GERD symptoms. Prozac and Remeron were for depression and anxiety. Ativan was for anxiety. Doral and Elavil were for sleep. The work status was 'temporarily totally disabled.' The treatment plan included trigger point injections, refills of medications (Elavil, Norco, Ativan, Prozac, Ultracet, Remeron, Doral, Anaprox and Prilosec), cognitive behavioral therapy, urology referral, sacral nerve stimulator programming. On 3/17/15 Utilization Review partially certified Elavil, Norco, Ultracet, Doral, and Anaprox. Ativan, Prozac, Remeron, and Prilosec were non-certified. None of the medications were found to meet the cited MTUS and other guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Elavil 25mg 1-2 QHS Count #60: Upheld

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

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 treating physician has stated that Elavil is for insomnia. 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. The treating physician has not addressed major issues affecting sleep in this patient, including the use of other psychoactive agents like opioids and benzodiazepines, which significantly impair sleep architecture. The reports are not clear about the duration of use for Elavil, both historical and for the future. It appears that it was used prior to 2/24/15. No reports address the results of use. The urine drug screen was negative for Elavil, and this was not addressed by the physician. Elavil is not medically necessary based on possible prolonged use contrary to guideline recommendations, the negative drug test, lack of any documented benefit, and lack of sufficient evaluation of the sleep disorder. The request is not medically necessary.

Norco 10-325mg TID PRN Count #90: Upheld

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

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. There is no evidence of significant pain relief or increased function from the opioids used to date. The treating physician has made only non-specific references to

any benefits from Norco. There is no record of a urine drug screen program performed according to quality criteria in the MTUS and other guidelines. Although the urine drug screen was not random or performed according to sufficiently rigorous quality criteria, the results that are available reflect patient behavior not consistent with that which is expected for a continuation of chronic opioid therapy. The test was negative for tramadol and hydrocodone, making any further prescribing of opioids very questionable. The physician did not address the test results. The physician refers to what appears to have been stockpiling of Norco but does not address this questionable process. The prescribing physician describes this patient as 'temporarily totally disabled,' which fails the 'return-to-work' criterion for opioids in the MTUS, and represents an inadequate focus on functional improvement. 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.

Ativan 1 mg QD PRN Count #30: Upheld

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

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

Decision rationale: The treating physician has not provided a sufficient account of the indications and functional benefit for this medication. The specific results of using Ativan are not discussed in the reports. The MTUS does not recommend benzodiazepines for long term use for any condition. The prescribing has occurred chronically, not short term as recommended in the MTUS. The treating physician has prescribed two different benzodiazepines, which is contraindicated and potentially toxic, particularly in light of the other nervous system depressants (opioids, antidepressants) given to this patient. The physician did not discuss the drug test which was negative for benzodiazepines. This injured worker may not even be taking the prescribed Ativan, and has shown that he stockpiles controlled substances. This benzodiazepine is not prescribed according the MTUS and is not medically necessary.

Prozac 20mg 1 tablet BID PRN Count #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain, Antidepressants for chronic pain, SSRIs (selective serotonin reuptake inhibitors) Page(s): 60, 13-16, 107.

Decision rationale: Per the MTUS, selective serotonin reuptake inhibitor (SSRI) antidepressants are not indicated for chronic pain but may be indicated for depression. Treatment of depression is discussed in the Official Disability Guidelines citation above. An antidepressant may be indicated for treating depression. However, there is no evidence of specific functional improvement and improved mental status after using Prozac. There is insufficient evidence provided for a psychiatric disorder and there are no reports which describe the specific results of using Prozac for a psychiatric disorder. The 'temporarily totally disabled' work status implies not functional improvement at all. The negative drug test implies that the injured worker is not even taking this medication. The treating physician has not adequately addressed these factors. Prozac is therefore not medically necessary.

Ultracet 3.7-325mg BID PRN Count #60: Upheld

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

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, Tramadol Page(s): 77-81, 94, 80, 81, 60, 94, 113.

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. There is no evidence of significant pain relief or increased function from the opioids used to date. The treating physician has made only non-specific references to any benefits from tramadol. There is no record of a urine drug screen program performed according to quality criteria in the MTUS and other guidelines. Although the urine drug screen was not random or performed according to sufficiently rigorous quality criteria, the results that are available reflect patient behavior not consistent with that which is expected for a continuation of chronic opioid therapy. The test was negative for tramadol and hydrocodone, making any further prescribing of opioids very questionable. The physician did not address the test results. The physician refers to what appears to have been stockpiling of Norco but does not address this questionable process. The prescribing physician describes this patient as 'temporarily totally disabled,' which fails the 'return-to-work' criterion for opioids in the MTUS, and represents an inadequate focus on functional improvement. Tramadol has been prescribed simultaneously with an SSRI (Prozac). There are significant risks due to toxicity and this has not been addressed by the treating physician. 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.

Remeron 15mg 1-2 QHS Count #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation REMERON (mirtazapine) tablet, film coated [Organon Pharmaceuticals USA]. DailyMed, Organon Pharmaceuticals USA. October 2012. Retrieved 24 October 2013.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Official Disability Guidelines (ODG) Mental Illness and Stress chapter, treatment of depression.

Decision rationale: The MTUS does not provide specific direction for the use antidepressants like Remeron. The Official Disability Guidelines notes that antidepressants should not be a stand-alone treatment, and that they are not helpful for mild depression. Any antidepressant has possible side effects and should be continued only if there is specific benefit. No reports show any specific benefit, functional or otherwise. The 'temporarily totally disabled' work status implies no functional improvement at all. No reports describe specific improvements in mental status. Although an antidepressant might theoretically be indicated in this setting, there is no evidence that Remeron has provided any benefit and is thus not medically necessary.

Doral 15mg 1 tablet at bedtime PRN count #30: Upheld

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

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

Decision rationale: The treating physician has not provided a sufficient account of the indications and functional benefit for this medication. Doral has reportedly provided improved sleep (5 hours per night), yet the urine drug screen was negative for benzodiazepines, and this was not discussed by the physician. The MTUS does not recommend benzodiazepines for long term use for any condition. The prescribing has occurred chronically, not short term as recommended in the MTUS. The treating physician has prescribed two different benzodiazepines, which is contraindicated and potentially toxic, particularly in light of the other nervous system depressants (opioids, antidepressants) given to this patient. This injured worker may not even be taking the prescribed Doral, and has shown that he stockpiles controlled substances. This benzodiazepine is not prescribed according the MTUS and is not medically necessary.

Anaprox DS 550mg BID PRN Count #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain, NSAIDs for Back Pain - Acute exacerbations of chronic pain, Back Pain - Chronic low back pain, NSAIDs, specific drug list & adverse effects Page(s): 60, 68, 68, 70-73.

Decision rationale: Per the MTUS for chronic pain, page 60, medications should be trialed one at a time, and there should be functional improvement with each medication. No reports show

any specific benefit, functional or otherwise. The injured worker remains 'temporarily totally disabled.' Specific pain relief has not been described. Systemic toxicity is possible with non-steroidal anti-inflammatory agents (NSAIDs). The FDA and MTUS recommend monitoring of blood tests and blood pressure. There is no evidence that the prescribing physician is adequately monitoring for toxicity as recommended by the FDA and MTUS. The MTUS does not recommend chronic NSAIDs for low back pain. NSAIDs should be used for the short term only. Acetaminophen is the drug of choice for flare-ups, followed by a short course of NSAIDs. The MTUS does not specifically reference the use of NSAIDs for long term treatment of chronic pain in other specific body parts. NSAIDs are indicated for long term use only if there is specific benefit, symptomatic and functional, and an absence of serious side effects. Reportedly the injured worker has gastrointestinal symptoms from medications, yet the Anaprox has not been addressed in this light. This NSAID is not medically necessary based on the MTUS recommendations against chronic use, lack of specific functional and symptomatic benefit, and prescription not in accordance with the MTUS and the FDA warnings.

Prilosec 20mg BID PRN Count #60: Upheld

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

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

Decision rationale: There are no medical reports which adequately describe the relevant signs and symptoms of possible gastrointestinal disease. There is no examination of the abdomen. There are many possible etiologies for gastrointestinal 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 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. In this case, there is no evidence of any attempts to determine the cause of symptoms, including minimal attempts to adjust medications. Proton pump inhibitors (PPIs) are not benign. The MTUS, FDA, and recent medical literature have described a significantly increased risk of hip, wrist, and spine fractures; pneumonia, Clostridium-difficile-associated diarrhea, cardiovascular disease, and hypomagnesemia in patients on proton pump inhibitors. This PPI is not medically necessary based on lack of medical necessity and risk of toxicity.