

Case Number:	CM15-0059149		
Date Assigned:	04/03/2015	Date of Injury:	09/08/2009
Decision Date:	09/22/2015	UR Denial Date:	03/20/2015
Priority:	Standard	Application Received:	03/27/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 59 year old male, who sustained an industrial injury on September 8, 2009. The injured worker was diagnosed as having status post lumbar fusion, lumbar disc disease, spondylolisthesis and cervical fusion with residual pain. Treatment to date has included surgery, therapy and medication. A progress note dated March 9, 2015 provides the injured worker complains of neck and back pain. He reports his medications "keep him active." Without medication pain is severe enough to reduce activity. Physical exam notes decreased cervical and lumbar range of motion (ROM) with guarding and tenderness. The plan includes Neurontin, Flexeril, Tramadol, Lisinopril and hydrochlorothiazide.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurontin 600mg #30: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin Page(s): 18, 19.

Decision rationale: The 59 year old patient is status post L4-S1 anterior and posterior fusion in 2009, status post C5-7 cervical fusion in 2010, and status post hip replacement in 2014, as per progress report dated 03/09/15. The request is for NEURONTIN 600mg #30. The RFA for the case is dated 03/12/15, and the patient's date of injury is 09/08/09. The patient also suffers from residual pain and neck ankylosis, junctional L3-4 disc disease with retrolisthesis, history of L5-S1 spondylosis / spondylolisthesis, obstructive sleep apnea, and hypertension, as per progress report dated 03/09/15. Medications included Neurontin, Flexeril, Tramadol, Lisinopril, and Hydrochlorothiazide. The pain is rated at 5/10, as per progress report dated 01/23/15. The patient is medically retired, as per the same progress report. MTUS has the following regarding Gabapentin on pg 18, 19, Anti-epilepsy Drugs section: "Gabapentin (Neurontin, Gabarone, generic available) has been shown to be effective for treatment of diabetic painful neuropathy and post-therapeutic neuralgia and has been considered as a first-line treatment for neuropathic pain." In this case, the patient has been using Neurontin for "neuropathic pain" at least since 01/23/15. In progress report dated 03/09/15, the treater states that the medications "keep him active. He tried going without medications but the pain was too severe and activity levels are decreased". The treater also states that the patient has been "on a stable regime of non-narcotic medications for the past five years to help control his ongoing pain following lumbar surgery". Given the patient's pain and the efficacy of Gabapentin, the request appears reasonable and is medically necessary.

Flexeril 10mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment in Workers' Compensation (ODG-TWC) Pain Procedure Summary.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66.

Decision rationale: The 59 year old patient is status post L4-S1 anterior and posterior fusion in 2009, status post C5-7 cervical fusion in 2010, and status post hip replacement in 2014, as per progress report dated 03/09/15. The request is for FLEXERIL 10mg #60. The RFA for the case is dated 03/12/15, and the patient's date of injury is 09/08/09. The patient also suffers from residual pain and neck ankylosis, junctional L3-4 disc disease with retrolisthesis, history of L5-S1 spondylosis / spondylolisthesis, obstructive sleep apnea, and hypertension, as per progress report dated 03/09/15. Medications included Neurontin, Flexeril, Tramadol, Lisinopril, and Hydrochlorothiazide. The pain is rated at 5/10, as per progress report dated 01/23/15. The patient is medically retired, as per the same progress report. MTUS pg 63-66 states: "Muscle relaxants section: Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbation in patients with chronic LBP. The most commonly prescribed antispasmodic agents are carisoprodol, cyclobenzaprine, metaxalone, and methocarbamol, but despite their popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available): Recommended for a short course of therapy." In this case, the patient has been taking Flexeril at least since 01/23/15. It is not clear when the medication was initiated. In

progress report dated 03/09/15, the treater states that the medications "keep him active. He tried going without medications but the pain was too severe and activity levels are decreased". The treater also states that the patient has been "on a stable regime of non-narcotic medications for the past five years to help control his ongoing pain following lumbar surgery". While the Flexeril does appear to benefit the patient, MTUS does not support long-term use of Cyclobenzaprine. Hence, the request is not medically necessary.

Tramadol 50mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain Criteria for use of Opioids Page(s): 60, 61, 76-78, 88, 89.

Decision rationale: The 59 year old patient is status post L4-S1 anterior and posterior fusion in 2009, status post C5-7 cervical fusion in 2010, and status post hip replacement in 2014, as per progress report dated 03/09/15. The request is for TRAMADOL 50mg #90. The RFA for the case is dated 03/12/15, and the patient's date of injury is 09/08/09. The patient also suffers from residual pain and neck ankylosis, junctional L3-4 disc disease with retrolisthesis, history of L5-S1 spondylosis / spondylolisthesis, obstructive sleep apnea, and hypertension, as per progress report dated 03/09/15. Medications included Neurontin, Flexeril, Tramadol, Lisinopril, and Hydrochlorothiazide. The pain is rated at 5/10, as per progress report dated 01/23/15. The patient is medically retired, as per the same progress report. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS p77 states, "Function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." In this case, Tramadol "for breakthrough pain" is first noted in progress report dated 01/23/15. It is not clear when the medication was actually initiated. In progress report dated 03/09/15, the treater states that the medications "keep him active. He tried going without medications but the pain was too severe and activity levels are decreased". The treater also states that the patient has been "on a stable regime of non-narcotic medications for the past five years to help control his ongoing pain following lumbar surgery". The treater, however, does not use a pain scale to demonstrate reduction of pain nor does the treater provide specific examples that indicate improvement in function. No recent UDS and CURES reports are available for review. There is no discussion regarding side effects of Tramadol as well. MTUS requires a clear documentation regarding impact of Norco on 4As, including analgesia, ADLs, adverse side effects, and aberrant behavior, for continued opioid use. Hence, the request is not medically necessary.

Lisinopril 5mg #30 with 3 refills: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Mosby's Drug Consultation.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Diabetes (Type 1, 2 and Gestational) Chapter under 'Hypertension Treatment' and Other Medical Treatment Guidelines aetna-health.healthline.com/smartsource/: Lisinopril.

Decision rationale: The 59 year old patient is status post L4-S1 anterior and posterior fusion in 2009, status post C5-7 cervical fusion in 2010, and status post hip replacement in 2014, as per progress report dated 03/09/15. The request is for Lisinopril 5mg #30 with 3 refills. The RFA for the case is dated 03/12/15, and the patient's date of injury is 09/08/09. The patient also suffers from residual pain and neck ankylosis, junctional L3-4 disc disease with retrolisthesis, history of L5-S1 spondylosis / spondylolisthesis, obstructive sleep apnea, and hypertension, as per progress report dated 03/09/15. Medications included Neurontin, Flexeril, Tramadol, Lisinopril, and Hydrochlorothiazide. The pain is rated at 5/10, as per progress report dated 01/23/15. The patient is medically retired, as per the same progress report. MTUS and ODG guidelines do not discuss this specific medication. AETNA guidelines state that this ACE inhibitor is a preferred medication used to treat high blood pressure. Aetna-health.healthline.com/smartsource/ MTUS and ACOEM Guidelines are silent on this issue. ODG Guidelines, chapter 'Diabetes (Type 1, 2 and Gestational)' under 'Hypertension Treatment', state that "After Lifestyle (diet & exercise) modifications. (1) First line, 1st choice - Renin-angiotensin-aldosterone system blockers: ACE inhibitors (angiotensin-converting enzyme inhibitor): Benazepril (Lotensin); Captopril (Capoten); Enalapril (Vasotec); Lisinopril (Zestril); Ramipril (Altace) - Angiotensin II receptor blocker (ARBs): Losartan (Cozaar); Olmesartan (Benicar); Valsartan (Diovan)." In this case, the patient has been taking Lisinopril at least since 01/23/15. It is not clear when the medication was initiated for the first time. Although there are no recent medical reports that document current blood pressure values and other symptoms, the patient has been diagnosed with hypertension. ODG guidelines recommend Lisinopril as first-line treatment for high blood pressure. Hence, this medication is medically necessary.

Hydrochlorothiazide 25mg #30 with 3 refills: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.drugs.com.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.nlm.nih.gov/medlineplus/: Hydrochlorothiazide.

Decision rationale: The 59 year old patient is status post L4-S1 anterior and posterior fusion in 2009, status post C5-7 cervical fusion in 2010, and status post hip replacement in 2014, as per progress report dated 03/09/15. The request is for Hydrochlorothiazide 25mg #30 with 3 refills. The RFA for the case is dated 03/12/15, and the patient's date of injury is 09/08/09. The patient also suffers from residual pain and neck ankylosis, junctional L3-4 disc disease with retrolisthesis, history of L5-S1 spondylosis / spondylolisthesis, obstructive sleep apnea, and hypertension, as per progress report dated 03/09/15. Medications included Neurontin, Flexeril,

Tramadol, Lisinopril, and Hydrochlorothiazide. The pain is rated at 5/10, as per progress report dated 01/23/15. The patient is medically retired, as per the same progress report. The MTUS, ODG and ACOEM guidelines do not discuss Hydrochlorothiazide. MedlinePlus, a service of U.S. National Library of Medicine, at <https://www.nlm.nih.gov/medlineplus/druginfo/meds/a682571.html> states "Hydrochlorothiazide is used alone or in combination with other medications to treat high blood pressure. Hydrochlorothiazide is used to treat edema (fluid retention; excess fluid held in body tissues) caused by various medical problems, including heart, kidney, and liver disease and to treat edema caused by using certain medications including estrogen and corticosteroids. Hydrochlorothiazide is in a class of medications called diuretics ('water pills'). It works by causing the kidneys to get rid of unneeded water and salt from the body into the urine". In this case, the patient has been taking Hydrochlorothiazide at least since 01/23/15. It is not clear when the medication was initiated for the first time. Although there are no recent medical reports that document current blood pressure values and other symptoms, the patient has been diagnosed with hypertension. While MTUS, ODG and ACOEM guidelines do not discuss this medication, MedlinePlus supports its use in patients with hypertension. Hence, the request is medically necessary.