

Case Number:	CM15-0067038		
Date Assigned:	04/14/2015	Date of Injury:	07/16/2001
Decision Date:	07/15/2015	UR Denial Date:	04/02/2015
Priority:	Standard	Application Received:	04/08/2015

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 68 year old male who sustained an industrial injury on 7/16/2001. Diagnoses have included lumbago, right shoulder impingement syndrome status post decompression and distal clavicle excision, right lateral epicondylitis status post arthroscopy, cervical pain with referred pain in the upper extremities, right knee pain and carpal tunnel syndrome bilaterally. Medical history includes hypertension. Treatment to date has included surgery, epidural steroid injection, aqua therapy, transcutaneous electrical nerve stimulation (TENS) and medication. Ongoing pain and limitations of activities were discussed in reports from 2008 to 2015. Reports describe the injured worker as retired, not working, and permanently disabled. Omeprazole was prescribed in 2010. Naproxen and ultracet were prescribed in 2011 and 2012. Reports as far back as mid 2013 note use of flexeril and naproxen. Flexeril, remeron, naproxen, and protonix were noted to be used since March 2014. The physician noted that remeron was used for depression as well as insomnia. Norflex, naproxen, protonix, and remeron were prescribed in December 2014. Multiple elevated diastolic blood pressure readings were documented in recent progress notes. According to the progress report dated 3/24/2015, the injured worker complained of low back pain. Physical exam revealed tenderness across the lumbar paraspinal muscles bilaterally, pain along the facets and pain with facet loading. Authorization was requested for Remeron, Naproxen, Protonix, Norflex, Ultram and Ultracet. Remeron was noted to be prescribed for insomnia and protonix for upset stomach. Tramadol ER was noted to make him too drowsy in the past. The physician documented a plan to start ultram and that if this did not work to go to ultracet. Work status was noted as retired.

On 4/2/15, Utilization Review non-certified the items currently under Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

30 REMERON 15MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 401-402. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) chronic pain chapter: insomnia treatment, mental illness and stress chapter: antidepressants for treatment of major depressive disorder and Other Medical Treatment Guidelines pdr.net: remeron.

Decision rationale: Remeron (mirtazapine) is piperazino-azepine antidepressant, which increases central noradrenergic and serotonergic activity. Remeron is indicated for treatment of major depressive disorder. Side effects include severe neutropenia, serotonin syndrome, akathisia, somnolence, acute angle-closure glaucoma, orthostatic hypotension, weight gain, and elevation in cholesterol and liver enzymes. The treating physician documented that remeron was prescribed for insomnia and depression. 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 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 physician has provided minimal discussion regarding depression. There was no documentation of severity of symptoms of depression, and no mental status examination or detailed psychiatric examination was noted. There was no documentation of response or improvement in symptoms or function as a result of use of remeron. The physician has also prescribed tramadol, another serotonergic medication, which increases the risk of serotonin syndrome; this consideration was not discussed. Due to lack of sufficient evaluation of sleep disturbance and depression, and potential for toxicity, the request for remeron is not medically necessary.

60 NAPROXEN 550MG: 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: This injured worker has chronic multifocal pain including chronic back pain. Naproxen has been prescribed for years. 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. There was no documentation of functional improvement as a result of use of naproxen. Work status was noted as retired/not working/permanently disabled, progress reports document limitations in daily activities, and office visits have continued at the same frequency. 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. The MTUS does not recommend chronic NSAIDs for low back pain; NSAIDs should be used for the short term only. Systemic toxicity is possible with NSAIDs. The FDA and MTUS recommend monitoring of blood tests and blood pressure. Package inserts for NSAIDS recommend periodic monitoring of a CBC and chemistry profile (including liver and renal function tests). There is no evidence that the prescribing physician is adequately monitoring for toxicity as recommended by the FDA and MTUS. This injured worker has a history of hypertension and multiple elevated diastolic blood pressure readings were documented recently but not addressed. Due to length of use in excess of the guideline recommendations, lack of functional improvement and potential for toxicity, the request for naproxen is not medically necessary.

60 PROTONIX 20MG: Upheld

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

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

Decision rationale: This injured worker has been prescribed naproxen, a nonsteroidal anti-inflammatory medication (NSAID), and omeprazole, 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). Other than age, none of

these risk factors were present for this injured worker. Long term proton pump inhibitor (PPI) use (> 1 year) has been shown to increase the risk of hip fracture. The records indicate that PPIs have been prescribed for many years. Protonix was noted to be prescribed for upset stomach. There are no medical reports which adequately describe signs and symptoms of possible GI (gastrointestinal) disease. There are many possible etiologies for GI symptoms; the available reports do not provide adequate consideration of these possibilities. Empiric treatment after in the absence of sufficient 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. Due to lack of specific indication and potential for toxicity, the request for protonix is not medically necessary.

60 NORFLEX 100MG: Upheld

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

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

Decision rationale: This injured worker has chronic multifocal pain including back pain. 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. Muscle relaxants have been prescribed for years and no reports show any specific and significant improvement in pain or function as a result of prescribing muscle relaxants. Work status was noted as retired/not working/permanently disabled, progress reports document limitations in daily activities, and office visits have continued at the same frequency. 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 for this injured worker. Due to length of use in excess of the guideline recommendations, lack of functional improvement and potential for toxicity, the request for norflex is not medically necessary.

60 ULTRAM 50MG: Upheld

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

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

Decision rationale: This injured worker has chronic multifocal pain. Tramadol was prescribed in 2011 and 2012. There was no documentation of functional improvement as a result of its use, and the treating physician documented in a recent progress note that tramadol caused excessive drowsiness in the past. Tramadol (ultram) is a centrally acting synthetic opioid analgesic, which is not recommended as a first line oral analgesic. Multiple side effects have been reported including increased risk of seizure especially in patients taking selective serotonin reuptake inhibitors (SSRIs), tricyclic antidepressants (TCAs) and other opioids. It may also produce life-threatening serotonin syndrome. The treating physician has also prescribed remeron, another serotonergic medication, which increases the risk of serotonin syndrome. The MTUS criteria for use of opioids includes establishment of a treatment plan, including trial of reasonable alternatives to treatment and assessment of likelihood of abuse or adverse outcome, attempt to determine if the pain is nociceptive or neuropathic, attempt to determine if there are underlying contributing psychological issues, failure of trial of non-opioid analgesics, baseline pain and functional assessment, setting of goals before the initiation of therapy, a pain related assessment and assessment of likelihood of weaning from opioids, at least one physical and psychological assessment, discussion of risks and benefits of use of controlled substances, consideration of a written consent or pain agreement for chronic use, and consideration of the use of a urine drug screen to assess for the use of illegal drugs. The physician did not document a treatment plan in accordance with these guideline criteria. There was no discussion of functional goals or psychological assessment, and no discussion of an opioid contract or baseline urine drug screen. The treating physician has requested both ultram and ultracet, which is duplicative. Due to lack of functional improvement with prior use of tramadol, lack of a treatment plan for use of opioids in accordance with the MTUS, and potential for toxicity, the request for ultram is not medically necessary.

ULTRACET 37.5MG: Upheld

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

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

Decision rationale: This injured worker has chronic multifocal pain. Tramadol was prescribed in 2011 and 2012. There was no documentation of functional improvement as a result of its use, and the treating physician documented in a recent progress note that tramadol caused excessive drowsiness in the past. Tramadol (ultram) is a centrally acting synthetic opioid analgesic, which is not recommended as a first line oral analgesic. Multiple side effects have been reported including increased risk of seizure especially in patients taking selective serotonin reuptake inhibitors (SSRIs), tricyclic antidepressants (TCAs) and other opioids. It may also produce life-threatening serotonin syndrome. The treating physician has also prescribed remeron, another serotonergic medication, which increases the risk of serotonin syndrome. The MTUS criteria for use of opioids includes establishment of a treatment plan, including trial of reasonable alternatives to treatment and assessment of likelihood of abuse or adverse outcome, attempt to determine if the pain is nociceptive or neuropathic, attempt to determine if there are underlying contributing psychological issues, failure of trial of non-opioid analgesics, baseline pain and

functional assessment, setting of goals before the initiation of therapy, a pain related assessment and assessment of likelihood of weaning from opioids, at least one physical and psychological assessment, discussion of risks and benefits of use of controlled substances, consideration of a written consent or pain agreement for chronic use, and consideration of the use of a urine drug screen to assess for the use of illegal drugs. The physician did not document a treatment plan in accordance with these guideline criteria. There was no discussion of functional goals or psychological assessment, and no discussion of an opioid contract or baseline urine drug screen. The treating physician has requested both ultram and ultracet, which is duplicative. Due to lack of functional improvement with prior use of tramadol, lack of a treatment plan for use of opioids in accordance with the MTUS, and potential for toxicity, the request for ultracet is not medically necessary.