

Case Number:	CM15-0081949		
Date Assigned:	05/04/2015	Date of Injury:	10/18/2010
Decision Date:	09/09/2015	UR Denial Date:	04/21/2015
Priority:	Standard	Application Received:	04/29/2015

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: 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 female, who sustained an industrial injury on October 18, 2010. She was diagnosed with cervicgia, cervical radiculopathy, cervical disc protrusion and insomnia. Treatment included pain medications, home exercise program, sleep aides and a Cognitive Behavioral Therapy evaluation. Currently, the injured worker complained of ongoing daily headaches, cervical pain, anxiety, depression and insomnia. The treatment plan that was requested for authorization included intrathecal prialt trial, a urinalysis and prescriptions for Zanaflex, Lunesta, Colace and a Butrans patch.

IMR ISSUES, DECISIONS AND RATIONALES

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

Intrathecal prialt trial: 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 Chronic Pain Treatment Guidelines Not addressed. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Ziconotide (Prialt).

Decision rationale: ODG recommends intrathecal Prialt (Ziconotide) in the management of severe chronic pain in patients for whom intrathecal therapy is warranted, after there is evidence of failure of a trial of intrathecal morphine or hydromorphone (Dilaudid). It is further indicated in patients who are noted to be intolerant of or are refractory to other treatment, such as systemic analgesics or adjunctive therapies, and only in individuals for whom the potential benefits outweigh the risks of serious neuropsychiatric adverse effects. Documentation provided for review fails to show evidence of previous treatment with intrathecal morphine or hydromorphone and there is no report of intolerance to other treatment. The request for Intrathecal Prialt trial is not medically necessary per guidelines.

Zanaflex 4mg one tab po tid #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

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

Decision rationale: MTUS states muscle relaxants should be used with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. Furthermore, in most cases of low back pain, they show no benefit beyond NSAIDs in pain and overall improvement. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. The injured worker complains of chronic neck pain. Documentation fails to show acute exacerbation or evidence of significant functional improvement with prolonged use of this medication. The request for Zanaflex 4mg one tab po tid #90 is not medically necessary.

Lunesta 2mg one tab qhs #30: 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, Mental Illness & Stress.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Not addressed. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Insomnia treatment Lunesta (Eszopicolone).

Decision rationale: Per guidelines, hypnotics are not recommended for long-term use and should be limited to three weeks maximum in the first two months of injury only. Use in the chronic phase is discouraged. While sleeping pills are commonly prescribed in chronic pain, pain specialists rarely, if ever, recommend them for long-term use. They can be habit-forming, and they may impair function and memory more than opioid pain relievers may. There is also

concern that they may increase pain and depression over the long-term. The injured worker is diagnosed with Insomnia. Documentation fails to show significant improvement if symptoms with chronic use of this medication. The medical necessity for continued use of Lunesta has not been established. The request for Lunesta 2mg one tab qhs #30 is not medically necessary based on ODG.

Colace 100mg one tab bid #60: 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, Opioid-induced constipation treatment.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Not addressed. Decision based on Non-MTUS Citation <http://www.nlm.nih.gov/medlineplus>.

Decision rationale: Stool softeners are used on a short-term basis to treat constipation. Being that the continued use of Opioids has not been recommended for this injured worker, the use of Colace to treat opioid-induced constipation is no longer indicated. The request for Colace 100mg one tab bid #60 is not medically necessary.

Butrans patch 20mcg; apply one weekly #4: 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 regarding Buprenorphine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Buprenorphine Page(s): 26. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Buprenorphine.

Decision rationale: Per guidelines, Butran's patch (Buprenorphine) is recommended as an option for treatment of chronic pain in selected patients, including those with a hyperalgesic component to pain, centrally mediated pain, neuropathic pain or at high-risk of non-adherence with standard opioid maintenance. It is also recommended for analgesia in patients who have previously been detoxified from other high-dose opioids. Documentation revealed that the injured worker complains of radicular neck pain and headache. Physician reports fail to show significant improvement in pain or level of function to justify the continued use of Butran's patch. The request for Butrans patch 20mcg; apply one weekly #4 is not medically necessary.

Urinalysis: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing, Urine drug testing (UDT) Page(s): 43.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, differentiation: dependence & addiction Page(s): 85. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Opioids, Urine drug tests.

Decision rationale: MTUS recommends screening patients to differentiate between dependence and addiction to opioids. Frequency of urine drug testing should be based on documented evidence of risk stratification. Patients at "low risk" of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. Random collection is recommended. Quantitative urine drug testing is not recommended for verifying compliance without evidence of necessity. Documentation fails to support that the injured worker is at high risk of addiction or aberrant behavior and there is evidence of recent urine drug screening. Per guidelines, the injured worker should be tested yearly thereafter. The medical necessity for more frequent urine drug testing has not been established. With guidelines not being met, the request for Urinalysis is not medically necessary.