

Case Number:	CM15-0237453		
Date Assigned:	12/15/2015	Date of Injury:	05/24/2013
Decision Date:	01/29/2016	UR Denial Date:	11/17/2015
Priority:	Standard	Application Received:	12/04/2015

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 05-24-2013. A review of the medical records indicated that the injured worker is undergoing treatment for lumbar disc herniation with bilateral lower extremity radiculopathy, cervical disc herniation, and bilateral myoligamentous injury with medial and lateral meniscus tears, bilateral shoulder rotator cuff tears and bilateral carpal tunnel syndrome. According to the treating physician's progress report on 09-18-2015, the injured worker continues to experience severe, debilitating left knee pain, (recommended for surgery and scheduled for 09-24-2015), low back pain with radicular symptoms bilaterally, and cervical spine pain radiating into the trapezius muscle to the base of the skull with cervicogenic headaches. The injured worker denied bilateral upper extremity symptoms. The injured worker also reported bilateral carpal tunnel symptoms. Examination of the cervical spine demonstrated tenderness to palpation in the cervical spine musculature, trapezius, medial scapular and sub-occipital region with multiple trigger point and taut bands throughout. Range of motion was decreased in all planes with normal upper extremity motor strength and deep tendon reflexes bilaterally. Sensory examination was decreased along the palms of both hands bilaterally with sensory loss in the ulnar nerve distribution from the elbow to the 5th digit and ulnar side of the 4th digit. Tinel's was positive in the volar aspect of the right wrist. The bilateral shoulder examination noted tenderness to palpation along the subacromial bursa area and proximal biceps tendon anteriorly. Range of motion was decreased bilaterally. The lumbar spine had full range of motion with normal knee jerks bilaterally and ankle jerks noted at 1 out of 4 bilaterally. Bilateral motor strength was decreased to 4 out of 5 corresponding

with the L5 level. Sensation was decreased along the posterolateral thigh and lateral calf. Multiple diagnostic studies were interpreted in the progress notes dated 09-18-2015. Prior treatments have included diagnostic testing, physical therapy left knee (12 sessions completed as of 11-10-2015), trigger point injections, pain management and medications. Current medications were listed as Ultracet (since at least 07-2015), Anaprox (since at least 07-2015), Neurontin, Doral (since at least 07-2015) and Prilosec. Treatment plan consists of the current retrospective request for Anaprox DS 550mg #60 (DOS: 10-20-2015), Ultracet 37.5-325mg #60 (DOS: 10-20-2015) and Doral 15mg #30 (DOS: 10-20-2015). On 11-17-2015 the Utilization Review modified the retrospective request for Doral 15mg #30 (DOS: 10-20-2015) to Doral 15mg #15 and determined the retrospective requests for Anaprox DS 550mg #60 (DOS: 10-20-2015) and Ultracet 37.5-325mg #60 (DOS: 10-20-2015) were not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultracet 37.5/325mg #60 (Retro, DOS 10/20/2015): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Medications for chronic pain, Opioids, criteria for use, Opioids for chronic pain.

Decision rationale: The patient presents on 11/24/15 with pain in the cervical spine which radiates into the trapezius muscle (unspecified), lower back pain which radiates into the bilateral lower extremities, bilateral carpal tunnel symptoms, and left knee pain. The patient's date of injury is 05/24/13. The request is for ULTRACET 37.5/325MG #60 (RETRO, DOS 10/20/2015). The RFA was not provided. Physical examination dated 11/24/15 reveals tenderness to palpation of the posterior cervical paraspinal musculature, trapezius muscles, medial scapular region and sub-occipital region with trigger points noted throughout and decreased cervical ROM in all planes. The provider notes decreased sensation in the bilateral palms, ulnar nerve distribution on the left, and positive Tinel's sign in the volar aspect of the right wrist. The provider also notes tenderness to palpation of the anterior subacromial bursa and proximal biceps tendon (side unspecified), decreased deep tendon ankle jerks in the bilateral lower extremities, decreased sensation along the posterolateral thigh/lateral calf, and decreased strength in the bilateral ankles and great toes. The patient is currently prescribed Ultracet, Anaprox, Prilosec, Neurontin, and Remeron. Patient is currently classified as permanent and stationary. MTUS, CRITERIA FOR USE OF OPIOIDS Section, 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, CRITERIA FOR USE OF OPIOIDS Section, 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, CRITERIA FOR USE OF OPIOIDS Section, p77, states that "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS, MEDICATIONS FOR CHRONIC

PAIN Section, page 60 states that "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity." MTUS, OPIOIDS FOR CHRONIC PAIN Section, pages 80 and 81 states "There are virtually no studies of opioids for treatment of chronic lumbar root pain with resultant radiculopathy," and for chronic back pain, it "Appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited." MTUS Guidelines, page 113 regarding Tramadol (Ultram) states: Tramadol (Ultram) is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. For more information and references, see Opioids. See also Opioids for neuropathic pain. In regard to the continuation of Ultracet for the management of this patient's chronic pain, the treater has not provided adequate documentation of efficacy to continue its use. MTUS guidelines require documentation of analgesia via a validated scale (with before and after ratings), activity-specific functional improvements, consistent urine drug screening, and a stated lack of aberrant behavior. Progress note dated 10/20/15 (which is the retrospective request under consideration) was not included for review, therefore the subsequent note dated 11/24/15 was consulted, as the 09/18/15 progress note indicated an upcoming knee surgery. Per progress note 11/24/15, the provider states the following regarding this patient's medications: "These medications provide four to six hours of 30% to 40% benefit... All these medications aid his functional status throughout the day." Such vague functional improvements do not satisfy MTUS guidelines for continued opioid utilization, which require more activity-specific improvements - rather than generalized statements of increased functionality. In the progress note dated 11/24/15, there also follows a somewhat generic 'Pharmacological Assessment and Management Section' with several statements regarding analgesia, functional improvements, family attestations to improvement through medications, etc. However, this section is repeated and identical in earlier reports, and does not appear to be an actively updated or regularly performed assessment of medication efficacy. Addressing the remaining 4A's criteria, this patient does not appear to be inconsistent with his prescribed medications and does not display aberrant behaviors. However, the vague statements regarding functional improvement and generic repeated sections addressing MTUS 4A's criteria do not satisfy guideline requirements for the continuation of narcotic medications. Without complete 4A's documentation as required by MTUS, the continuation of narcotic medications is not appropriate and the patient should be weaned. The request IS NOT medically necessary.

Anaprox DS 550mg #60 (Retro, DOS 10/20/2015): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Anti-inflammatory medications.

Decision rationale: The patient presents on 11/24/15 with pain in the cervical spine which radiates into the trapezius muscle (unspecified), lower back pain which radiates into the bilateral lower extremities, bilateral carpal tunnel symptoms, and left knee pain. The patient's date of injury is 05/24/13. The request is for ANAPROX DS 550MG #60 (RETRO, DOS 10/20/2015). The RFA was not provided. Physical examination dated 11/24/15 reveals tenderness to palpation

of the posterior cervical paraspinal musculature, trapezius muscles, medial scapular region and sub-occipital region with trigger points noted throughout and decreased cervical ROM in all planes. The provider notes decreased sensation in the bilateral palms, ulnar nerve distribution on the left, and positive Tinel's sign in the volar aspect of the right wrist. The provider also notes tenderness to palpation of the anterior subacromial bursa and proximal biceps tendon (side unspecified), decreased deep tendon ankle jerks in the bilateral lower extremities, decreased sensation along the posterolateral thigh/lateral calf, and decreased strength in the bilateral ankles and great toes. The patient is currently prescribed Ultracet, Anaprox, Prilosec, Neurontin, and Remeron. Patient is currently classified as permanent and stationary. MTUS Guidelines, Anti-inflammatory medications section, page 22 states: Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. A comprehensive review of clinical trials on the efficacy and safety of drugs for the treatment of low back pain concludes that available evidence supports the effectiveness of non-selective non-steroidal anti-inflammatory drugs (NSAIDs) in chronic LBP and of antidepressants in chronic LBP MTUS Guidelines, Pain Outcomes and Endpoints section, page 8 states: "When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." In regard to the continuation of Anaprox for this patient's chronic pain, the request is appropriate. Progress note dated 10/20/15 (which is the retrospective request under consideration) was not included for review, therefore the subsequent note dated 11/24/15 was consulted, as the 09/18/15 progress note indicated an upcoming knee surgery. Per progress note 11/24/15, the provider states the following regarding this patient's medications (including Anaprox): "These medications provide four to six hours of 30 to 40% benefit... All these medications aid his functional status throughout the day." Given the conservative nature of NSAID medications, and the provided documentation of pain reduction, continuation of this medication is substantiated. The request IS medically necessary.

Doral 15mg #30 (Retro, DOS 10/20/2015): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Insomnia.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress chapter, under Benzodiazepines.

Decision rationale: The patient presents on 11/24/15 with pain in the cervical spine which radiates into the trapezius muscle (unspecified), lower back pain which radiates into the bilateral lower extremities, bilateral carpal tunnel symptoms, and left knee pain. The patient's date of injury is 05/24/13. The request is for DORAL 15MG #30 (RETRO, DOS 10/20/2015). The RFA was not provided. Physical examination dated 11/24/15 reveals tenderness to palpation of the posterior cervical paraspinal musculature, trapezius muscles, medial scapular region and sub-occipital region with trigger points noted throughout and decreased cervical ROM in all planes. The provider notes decreased sensation in the bilateral palms, ulnar nerve distribution on the left, and positive Tinel's sign in the volar aspect of the right wrist. The provider also notes tenderness

to palpation of the anterior subacromial bursa and proximal biceps tendon (side unspecified), decreased deep tendon ankle jerks in the bilateral lower extremities, decreased sensation along the posterolateral thigh/lateral calf, and decreased strength in the bilateral ankles and great toes. The patient is currently prescribed Ultracet, Anaprox, Prilosec, Neurontin, and Remeron. Patient is currently classified as permanent and stationary. MTUS Chronic Pain Medical Treatment Guidelines 2009, Benzodiazepines section, page 24 states "Not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks." Official Disability Guidelines, Mental Illness and Stress chapter, under Benzodiazepines has the following: Not recommended for long-term use because long-term efficacy is unproven and there is a risk of psychological and physical dependence or frank addiction. Most guidelines limit use to 4 weeks. Benzodiazepines are a major cause of overdose, particularly as they act synergistically with other drugs such as opioids (mixed overdoses are often a cause of fatalities). Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly (3-14 day). Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. Tolerance to lethal effects does not occur and a maintenance dose may approach a lethal dose as the therapeutic index increases. The best prevention for substance use disorders due to benzodiazepines is careful prescribing. In regard to the continuation of Doral for this patient's anxiety, the requesting provider has exceeded guideline recommendations. This patient has been prescribed Doral since at least 09/18/15. While this patient presents with significant chronic pain and associated anxiety secondary to loss of function, the requested 30 tablets in addition to prior use does not imply the intent to limit this medication to a 4 week duration. Such a long course of treatment with Benzodiazepines carries a risk of dependence and loss of efficacy, and is not supported by guidelines. Therefore, the request IS NOT medically necessary.