

Case Number:	CM14-0133934		
Date Assigned:	09/18/2014	Date of Injury:	03/31/1989
Decision Date:	10/21/2014	UR Denial Date:	08/11/2014
Priority:	Standard	Application Received:	08/18/2014

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. The expert reviewer is Board Certified in Internal Medicine, has a subspecialty in Nephrology and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Patient is a 50-year-old female who has submitted a claim for myalgia, myositis, depressive disorder, opioid-type dependence, polyneuropathy, constipation, lumbosacral spondylosis without myelopathy, arthroplasty, hypertension, and obesity associated with an industrial injury date of 3/31/1989. Medical records from 2014 were reviewed. Patient complained of low back pain radiating to bilateral lower extremities, rated 7/10 in severity. The pain was described as constant, aching, cramping, sharp, pressure-like, tingling, numbness, and pins and needle sensation. Her level of function was at 6/10. Patient likewise experienced muscle spasm, anxiety, depression, and insomnia. She was overweight. Physical examination showed a painful and restricted range of motion of both the cervical spine and lumbar spine. Tenderness was noted at the neck, thoracic, and low back regions. Straight leg raise test was negative. Treatment to date has included physical therapy, chiropractic care, use of a knee brace, and medications such as methadone, Trazodone, Lactulose, Lorazepam, Amitriptyline, Soma, Glycopyrrolate, Zoloft, Gabapentin, and Vicodin (since February 2014). Utilization review from 8/11/2014 denied the request for Methadone Hydrochloride 10 mg #60 because of no documentation of failure of first line therapy; denied Vicodin ES 300 mg-7.5mg #120 (+2 refills) because of no objective evidence of functional benefits; denied Trazodone Hydrochloride 50 mg #90 (+2 refills), Zoloft 50 mg #90 (+2 refills), and Amitriptyline Hydrochloride 25mg (+2 refills) because of no evidence of objective functional improvement with medication use; denied Lactulose 10g/15ml 5 #120 (+2 refills) because of no documentation of constipation and the request for opioid was not certified; denied Lorazepam 0.5 mg #120 (+2 refills) because long-term use was not recommended; denied Soma 350 mg #90 (+2 refills) because long-term use was not recommended; denied Glycopyrrolate 2 mg #90 (+2 refills) because of no documented

gastrointestinal complaints; and denied Gralise 600 mg because of no evidence of objective functional benefits with prior use.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methadone Hydrochloride 10 mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Methadone, Opioids Page(s): 61-62, 78.

Decision rationale: Page 78 of the CA MTUS Chronic Pain Medical Treatment Guidelines state that ongoing opioid treatment should include monitoring of analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors; these outcomes over time should affect the therapeutic decisions for continuation. The California MTUS on pages 61-62 also indicate that methadone is recommended as a second line drug for moderate to severe pain if the potential benefit outweighs the risk. In this case, February 2014 is the earliest progress report available citing the prescription for Methadone. However, there is no documentation concerning pain relief and functional improvement derived from its use. There is likewise no sign of illicit drug abuse or diversion from its use as stated. No urine drug screen is also submitted for review. The medical necessity cannot be established due to insufficient information. Therefore, the request for Methadone Hydrochloride 10 mg #60 is not medically necessary.

Trazadone Hydrochloride 50 mg #90 (+2 refills): 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) Mental Illness and Stress Section, Trazodone

Decision rationale: The CA MTUS does not specifically address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, the Official Disability Guidelines, (ODG) Mental Illness and Stress Section was used instead. It states that Trazodone is recommended as an option for insomnia, only for patients with potentially coexisting mild psychiatric symptoms such as depression, or anxiety. There is limited evidence to support its use for insomnia, but it may be an option in patients with coexisting depression. In this case, patient is a diagnosed case of insomnia; and she has been prescribed Trazodone since February 2014. However, medical records submitted and reviewed do not provide discussion regarding sleep hygiene. There have been no reports of functional improvement derived from its use. Therefore, the request for Trazadone Hydrochloride 50 mg #90 (+2 refills) is not medically necessary.

Lactulose 10g/15ml 5 #120 (+2 refills): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Initiating Therapy Page(s): 77. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: US Food and Drug Administration (Lactulose).

Decision rationale: As stated on page 77 of the CA MTUS Chronic Pain Medical Treatment Guidelines, prophylactic treatment of constipation should be initiated with opioid treatment. According to US Food and Drug Administration, Lactulose solution is indicated for the treatment of constipation. In this case, patient has been on this medication since February 2014. Continued use of this medication is indicated while the patient is still on opioid therapy. However, simultaneous requests for methadone and Vicodin have been deemed not medically necessary. Patient has no symptom of constipation to warrant medication use. Therefore, the request for Lactulose 10g/15ml 5 #120 (+2 refills) is not medically necessary.

Lorazepam 0.5 mg #120 (+2 refills): 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: As stated on page 24 of CA MTUS Chronic Pain Medical Treatment Guidelines, benzodiazepines are 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. In this case, patient has been on Lorazepam since February 2014. However, there is no documentation concerning pain relief and functional improvement derived from its use. Furthermore, Lorazepam is not recommended for long-term use as stated by the guidelines. Therefore, the request for Lorazepam 0.5 mg #120 (+2 refills) is not medically necessary.

Amitriptyline Hydrochloride 25mg (+2 refills): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for Chronic Pain Page(s): 13-14.

Decision rationale: As stated on page 14 of CA MTUS Chronic Pain Medical Treatment Guidelines, tricyclic antidepressants, such as Amitriptyline and Nortriptyline, are recommended as a first-line option for neuropathic pain, especially if pain is accompanied by insomnia, anxiety, or depression. In this case, patient has been on Amitriptyline since February 2014. However, there is no documentation concerning pain relief and functional improvement derived from its use. The medical necessity cannot be established due to insufficient information. Therefore, the request for Amitriptyline Hydrochloride 25mg (+2 refills) is not medically necessary.

Soma 350 mg #90 (+2 refills): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma) Page(s): 29.

Decision rationale: As stated on page 29 of CA MTUS Chronic Pain Medical Treatment Guidelines, Carisoprodol (Soma) is a centrally acting skeletal muscle relaxant that is not indicated for long-term use. Carisoprodol abuse has been noted in order to augment or alter effects of other drugs such as Hydrocodone, Tramadol, Benzodiazepine and Codeine. In this case, patient has been on Carisoprodol since February 2014. However, there is no documentation concerning pain relief and functional improvement derived from its use. Furthermore, this medication is being requested together with opioids, which is not recommended by the guidelines due to high potential of abuse. Long-term use is likewise not recommended. Therefore, the request for Soma 350 mg #90 (+2 refills) is not medically necessary.

Glycopyrrolate 2 mg #90 (+2 refills): Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence US Food and Drug Administration, Glycopyrrolate

Decision rationale: The CA MTUS does not specifically address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, the US Food and Drug Administration was used instead. Glycopyrrolate is used to reduce secretions in the mouth, throat, airway, and stomach before surgery. It is used before and during surgery to block certain reflexes and to protect against certain side effects of some medicines. It is also used along with other medicines to treat peptic ulcers. In this case, patient has been on Glycopyrrolate since February 2014. However, there is no clear indication for medication use. There is no subjective complaint or objective finding pertaining to the gastrointestinal system to warrant medication use. The medical necessity cannot be established

due to insufficient information. Therefore, the request for Glycopyrrolate 2 mg #90 (+2 refills) is not medically necessary.

Zoloft 50 mg #90 (+2 refills): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain, Selective serotonin reuptake inhibitors (SSRIs) Page(s): 16. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress chapter, Antidepressants for treatment of MDD (major depressive disorder)

Decision rationale: As noted on page 16 of the CA MTUS Chronic Pain Medical Treatment Guidelines, selective serotonin reuptake inhibitors (SSRIs) are a class of antidepressants that inhibit serotonin reuptake without action on noradrenaline that are controversial based on controlled trials. It has been suggested that the main role of SSRIs may be in addressing psychological symptoms associated with chronic pain. According to ODG, antidepressants are recommended for initial treatment of presentations of Major Depressive Disorder (MDD) that are moderate, severe, or psychotic, unless electroconvulsive therapy is part of the treatment plan. In this case, patient has been on Zoloft. However, there is no documentation concerning pain relief and functional improvement derived from its use. The medical necessity cannot be established due to insufficient information. Therefore, the request for Zoloft 50 mg #90 (+2 refills) is not medically necessary.

Gralise 600 mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy Drugs Page(s): 16-17.

Decision rationale: As stated on pages 16 - 17 of CA MTUS Chronic Pain Medical Treatment Guidelines, antidepressants, such as Pregabalin and Gabapentin, are recommended as a first line option for neuropathic pain, i.e., painful polyneuropathy. In this case, the patient has been on Gabapentin as early as February 2014. However, there is no documentation concerning pain relief and functional improvement derived from its use. The medical necessity cannot be established due to insufficient information. The request likewise failed to specify quantity to be dispensed. Therefore, the request for Gralise 600 mg is not medically necessary.

Vicodin ES 300 mg-7.5mg #120 (+2 refills): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 78.

Decision rationale: As stated on page 78 of CA MTUS Chronic Pain Medical Treatment Guidelines, there are 4 A's for ongoing monitoring of opioid use: pain relief, side effects, physical and psychosocial functioning and the occurrence of any potentially aberrant drug-related behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. In this case, February 2014 is the earliest progress report available citing the prescription for Vicodin. However, there is no documentation concerning pain relief and functional improvement derived from its use. No urine drug screen is also submitted for review. The medical necessity cannot be established due to insufficient information. Therefore, the request for Vicodin ES 300 mg-7.5mg #120 (+2 refills) is not medically necessary.