MAXIMUS Federal Services

Case Number:	CM14-0161909		
Date Assigned:	10/07/2014	Date of Injury:	10/18/1989
Decision Date:	11/07/2014	UR Denial Date:	09/23/2014
Priority:	Standard	Application Received:	10/02/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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:

The injured worker is a 57-year-old male who reported an injury on 10/18/1989, reportedly while the injured worker was drilling overhead, using a 15 pound drill, which led to increased low back pain. The injured worker's treatment history included depressive medications, MRI studies, and surgery. The injured worker was evaluated on 09/09/2014, and it was documented the injured worker complained of low back pain, bilateral lower extremity radicular pain, depression, and disruption of sleep secondary to pain. The pain was rated at 7/10 with medications and 10/10 without medications. The sleep quality was rated at 6/10 with medications and 10/10 without medications. On physical examination, the injured worker had an antalgic gait. There was pain and difficult with transfers from sitting to standing. There was minimal lumbar range of motion for flexion and extension. There was paraspinous muscle tenderness with significant spasm. The injured worker had a signed opiate agreement. The treating provider recommended continuing the current medication dispensed for 90 days. The injured worker was prescribed with the following medication: clonazepam 1 mg tablets to be taken 2 tablets by mouth every night, with a quantity of 60 and 2 refills, methadone 10 mg tablets to be taken 2 tabs by mouth 3 times a day as needed for pain, with a quantity of 180, mirtazapine 30 mg tablets to be taken 1 tablet by mouth every night with a quantity of 30 and 2 refills, and trazodone 50 mg tablets to be taken 4 tablets by mouth at bedtime for insomnia. The injured worker's diagnosis included myalgia and myositis not otherwise specified, post laminectomy syndrome of the lumbar spine, spasm of the muscle, and lumbosacral plexus lesions. The Request for Authorization dated 09/09/2014 was for a refill for medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Clonazepam 1mg #60, with 2 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines, . Page(s): page(s) 24.

Decision rationale: The requested is not medically necessary. Per California Medical Treatment Utilization Schedule (MTUS) Guidelines do not recommend Benzodiazepines for long-term use because 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. The guidelines do not recommend Clonazepam for long-term use. Duration of medication could not be determined with submitted documents. The request lacked frequency and duration of medication. As such, the request for clonazepam 1 mg #60, with 2 refills, is not medically necessary.

Methadone 10mg #180: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Methadone, Page(s): page(s) 61..

Decision rationale: The requested Methadone 10 mg, # 180 is not medically necessary. According to the Chronic Pain Medical Treatment Guidelines recommends Methadone as a second-line drug for moderate to severe pain if the potential benefit outweighs the risk. The FDA reports that they have received reports of severe morbidity and mortality with this medication. This appears, in part, secondary to the long half-life of the drug (8-59 hours). Pain relief on the other hand only lasts from 4-8 hours. Methadone should only be prescribed by providers experienced in using it. Pharmacokinetics: Genetic differences appear to influence how an individual will respond to this medication. Following oral administration, significantly different blood concentrations may be obtained. Vigilance is suggested in treatment initiation, conversion from another opioid to methadone, and when titrating the methadone dose. Adverse effects: Delayed adverse effects may occur due to methadone accumulation during chronic administration. Systemic toxicity is more likely to occur in patients previously exposed to high doses of opioids. This may be related to tolerance that develops related to the N-methyl- D-aspartate (NMDA) receptor antagonist. Patients may respond to lower doses of methadone than would be expected based on this antagonism. One severe side effect is respiratory depression

(which persists longer than the analgesic effect). The provider failed to provide documentation of current urine drug test, attempts at weaning/tapering, and updated and signed pain contract between the provider and the injured worker, as mandated by CA MTUS guidelines for chronic opiate use. Additionally, the request for methadone failed to indicate duration and frequency for medication use. As such, the request for methadone 10 mg #180 is not medically necessary.

Mirtazepine 30mg #30, with 2 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for Chronic Pain, Page(s): page(s) 14 & 15..

Decision rationale: The requested is not medically necessary. California (MTUS) Chronic Pain Medical Guidelines recommends Trazodone as a selective serotonin and norepinephrine reuptake inhibitors (SNRIs) and FDA-approved for anxiety, depression, diabetic neuropathy, and Fibromyalgia. Used off-label for neuropathic pain and radiculopathy. Duloxetine is recommended as a first-line option for diabetic neuropathy. No high quality evidence is reported to support the use of duloxetine for lumbar radiculopathy. A systematic review indicated that tricyclic antidepressants have demonstrated a small to moderate effect on chronic low back pain (short-term pain relief), but the effect on function is unclear. This effect appeared to be based on inhibition of norepinephrine reuptake. SSRIs have not been shown to be effective for low back pain (there was not a significant difference between SSRIs and placebo) and SNRIs have not been evaluated for this condition. Reviews that have studied the treatment of low back pain with tricyclic antidepressants found them to be slightly more effective than placebo for the relief of pain. A non-statistically significant improvement was also noted in improvement of functioning. SSRIs do not appear to be beneficial. It is recommended that these outcome measurements should be initiated at one week of treatment with a recommended trial of at least 4 weeks. The provider documented the injured worker complained of low and mid back pain. Furthermore, the documents submitted failed to indicate the outcome measurements of home exercise regimen, and pain medication management. In addition, the request lacked frequency, dosage and duration. As such, the request for mirtazapine 30 mg #30 with 2 refills is not medically necessary.

Trazadone 50mg #120, with 2 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for Chronic Pain, Page(s): page(s) 14 & 15..

Decision rationale: The requested is non-certified. California (MTUS) Chronic Pain Medical Guidelines recommends Trazodone as a selective serotonin and norepinephrine reuptake inhibitors (SNRIs) and FDA-approved for anxiety, depression, diabetic neuropathy, and

Fibromyalgia. Used off-label for neuropathic pain and radiculopathy. Duloxetine is recommended as a first-line option for diabetic neuropathy. No high quality evidence is reported to support the use of duloxetine for lumbar radiculopathy. A systematic review indicated that tricyclic antidepressants have demonstrated a small to moderate effect on chronic low back pain (short-term pain relief), but the effect on function is unclear. This effect appeared to be based on inhibition of norepinephrine reuptake. SSRIs have not been shown to be effective for low back pain (there was not a significant difference between SSRIs and placebo) and SNRIs have not been evaluated for this condition. Reviews that have studied the treatment of low back pain with tricyclic antidepressants found them to be slightly more effective than placebo for the relief of pain. A non-statistically significant improvement was also noted in improvement of functioning. SSRIs do not appear to be beneficial. It is recommended that these outcome measurements should be initiated at one week of treatment with a recommended trial of at least 4 weeks. The provider documented the injured worker complained of low and mid back pain. Furthermore, the documents submitted failed to indicate the outcome measurements of home exercise regimen, and pain medication management. In addition, the request lacked frequency, dosage and duration. As such, the request for trazodone 50 mg #120, with 2 refills, is not medically necessary.