

Case Number:	CM14-0163845		
Date Assigned:	10/08/2014	Date of Injury:	05/06/1993
Decision Date:	11/04/2014	UR Denial Date:	09/18/2014
Priority:	Standard	Application Received:	10/06/2014

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 Family Practice 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:

The injured worker (IW) is a 47 year-old woman who was injured during the course of her usual and customary work on May 6, 1993. She injured her lumbar spine and cervical spine when she was involved in a car accident. She had extensive treatment including a cervical fusion and a lumbar fusion. She ended up having an intrathecal pump implanted in 2011 with intrathecal infusion of Morphine. The treating doctor has added a new medication, bupivacaine, at a small dosage in her intrathecal pump. She feels that this is benefiting her right leg; however, she has had dramatic increase in symptoms in her left leg. She has fallen twice since her first initial evaluation at this office. Her most recent fall was September 16, 2014. After this fall she had numbness in the left leg. Currently, she is having significant increase in heel pain on the left side. She has numbness, which is going all the way down her left leg, posteriorly in the S1 distribution. She has weakness in the left leg. She has heard audible pops in her back, the second one nearly made her fall when she was reaching for something. Initially, she wanted an epidural steroid injection; however, she would like to see the surgeon again. She uses Norco for breakthrough pain, Xanax for sleep and anxiety, Flexeril and Soma for muscle spasms and Cymbalta for her depression as well as nerve pain. Her current complaints are consistent with pain in the low back with radiation to both lower extremities. She also has neck pain. She has pain throughout her thoracic spine, left arm and left shoulder as well as both hands. The pain changes with activity. She has complaints of sexual dysfunction. She states she initially lost 30 pounds but now gained 60 pounds. This is the heaviest she has ever been. Prolonged sitting, standing, lifting, bending, reaching and pulling, exacerbates the pain. Her sleep is disturbed. The IW states epidurals; physical therapy, medications, massage, changing position and intrathecal pump have been helpful. She complains of depression, anxiety, and feels devastated because she has not been able to have children. Surgical history: Partial discectomy at L5-S1 in 1995; 360-

degree circumferential fusion at L4-L5 and L5-S1, 08/1999; Cervical fusion at C5-C6, 06/2002; Intrathecal drug delivery system implant, 7/2011.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #150: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Opioids Page(s): 78-96.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines, Norco 10/325 mg #150 is not medically necessary. The failure to respond to a time-limited course of opiates should lead to reassessment and reconsideration of alternative therapy. Opiates are recommended as the standard of care for moderate and severe pain. In this case, the injured worker complained of back pain, headache, neck pain and depression. The injured worker, according to the medical record, agreed to decrease the Norco dose from six tablets a day to five tablets a day. Additionally, the provider ordered and submitted a urine drug screen, which was consistent with the prescribed medications, as well as assigned pain contract. However, there was no evidence of objective functional improvement with Norco to date. The medical record should contain an ongoing review and complete documentation of pain relief, functional status, appropriate medication use, and side effects. Moreover, the pain assessment should include details as to current pain; the least reported pain since the last assessment; average pain; intensity of pain after taking the opiate; how long it takes for pain relief; and how long pain relief lasts. There was no documentation in the record as to the pain assessment. There is also the additive effect of muscle relaxants and benzodiazepine taken concurrently with opiates which in turn poses additional risk due to added side effects. Based on the clinical information in the medical record and the peer reviewed evidence based guidelines, Norco 10/325 mg #150 is not medically necessary.

Xanax XR 2mg #90: Upheld

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

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

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines, Xanax XR 2 mg #90 is not medically necessary. According to the guidelines, benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Their range of action includes sedative/hypnotic effects, anxiolytic, anticonvulsant, and muscle relaxant effects. Chronic benzodiazepine use is the treatment of choice in very few

conditions as tolerance to the hypnotic effects developed rapidly. In this case, the injured worker complains of low back pain, headaches, neck pain and depression. There is spasm in the lower back. The medical record, however does not clarify what specific problem is being addressed. Stated differently, it is unclear whether the benzodiazepine is being used for neurological, spasm or psychiatric deficits. The cited guidelines do not recommend Xanax for long-term use. The treating physician was notified about weaning this injured worker from Xanax. It is the provider's responsibility to use his or her own judgment and/or protocol, based on the individual needs of the injured worker to taper benzodiazepines accordingly. Based on the medical documentation and the peer-reviewed evidence-based guidelines, Xanax XR 2 mg #90 is not medically necessary.

Cyclobenzaprine-Flexeril 7.5mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ODG-TWC Pain Procedure Summary

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Flexeril Page(s): 41.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Online Official Disability Guidelines (ODG), Flexeril 7.5 mg is not medically necessary. The Chronic Pain Medical Treatment Guidelines and The Official Disability Guidelines recommend non-sedating muscle relaxers with caution as a second line option for short-term treatment of acute low back pain and for short-term (less than two weeks) treatment of acute exacerbations in patients with chronic low back pain. In the medical record, the documentation states the injured worker's complaint is for low back pain and spasm in the lower back, neck pain and depression. Muscle relaxants, however, are not recommended for long-term use. Additionally, the medical record does not contain evidence of objective functional gains with Flexeril use. Based on the clinical information in the medical record and the peer-reviewed evidence-based guidelines, Flexeril 7.5mg is not medically necessary.

Cymbalta 60mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Cymbalta Page(s): 42.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines, Cymbalta is not medically necessary. The Chronic Medical Treatment Guidelines indicate antidepressants for chronic pain are recommended as a first line option for neuropathic pain, and as a possibility non-neuropathic pain. In this case, the injured worker complains of back pain, headaches, neck pain and depression. The medical records lack evidence of objective functional improvement during the course of Cymbalta treatment. Additionally, according to the record, the treating physician is requesting a psychiatric referral to take over any and all psychiatric medications

including Cymbalta. A review of the record indicates the patient was to be tapered from this medication. This was brought to the treating physician's attention. It is the provider's responsibility to use his or her own judgment to titrate and/or wean the patient from this medication. Based on the clinical information in the medical record and the evidence-based peer-reviewed guidelines, Cymbalta is not medically necessary.

Soma 350mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ODG-TWC Pain Procedure Summary

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Muscle relaxants, Soma Page(s): 63, 105.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Online Official Disability Guidelines, Soma 350 mg is not medically necessary. This medication, pursuant to the guidelines, is not indicated for long-term use. Soma is a commonly prescribed, centrally acting skeletal muscle relaxant, whose primary active metabolite is Meprobamate (scheduled IV controlled substance). Soma is now scheduled in several states but not on a Federal level. The drug's main effect is due to generalized sedation and treatment of anxiety. Abuse has been noted for the sedative and relaxant effects. With regular use the main concern involves the accumulation of meprobamate. The Official Disability Guidelines recommend non-sedating muscle relaxants with caution as a second line option for short-term treatment of acute low back pain and for short-term (less than two weeks) treatment of acute exacerbations in patients with chronic back pain. The medical record lacks evidence of objective functional gains with some use. Additionally, both Flexeril and Soma taken together would have an additive sedating effect and, consequently, this is not recommended. On a prior review, the treating physician was notified in regards to weaning and/or titrating the Soma. It is the provider's responsibility to use his or her own judgment accordingly in making those decisions. Based on the medical information in the medical record and evidence-based and the peer-reviewed guidelines, Soma 350mg is not medically necessary.