

Case Number:	CM14-0212278		
Date Assigned:	02/11/2015	Date of Injury:	09/05/2007
Decision Date:	03/26/2015	UR Denial Date:	11/21/2014
Priority:	Standard	Application Received:	12/18/2014

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. 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: Emergency 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 54 year old male who has reported shoulder, neck, and back pain after an injury on September 5, 2007. The diagnoses have included shoulder joint pain, cervical spondylosis, myelopathy, cervical disc degeneration and thoracic degenerative disc disease. Treatment has included medication, trigger point injections, physical therapy, shoulder and elbow surgery, a pain program, supervised detoxification, and injections. Per a psychiatric QME on 11/19/14 the injured worker denied any use of THC for many years. Periodic reports from the primary treating physician during 2014-2015 refer to unspecified functional benefit from unspecified medications, pain relief from unspecified medications, better sleep, and improvement in psychological status from unspecified medications. There are generic references to drug screens, CURES, and an opiate agreement. All reports repeat this information in a stereotyped manner. Medications listed as prescribed chronically include Ambien, Flector, Percocet, omeprazole, baclofen, lorazepam, trazodone, Lexapro, and Norco. A urine drug screen from 9/15/14 was negative at the lab for benzodiazepines, and positive for hydrocodone, THC, and oxycodone. The in-office screening test was negative for all drugs tested. The PR2 of 9/15/15 noted more depression while on Lexapro. The urine drug screen was stated to show confirmation of the treatment plan and compliance with the prescriptions. All of the same medications were listed and refilled. Per the PR2 of 10/30/15, there was ongoing pain. The same medications were listed. The last urine drug screen was reported to show compliance with the prescriptions. Medications were refilled. Per the PR2 of 12/1/15, the family of the injured worker expressed concern about the mixing of alcohol with his medications. Current medications

included Ambien, Flector, Percocet, omeprazole, baclofen, lorazepam, trazodone, Lexapro, and Norco. A detox evaluation was recommended. Medications were stated to be unchanged but the reports also states that Ambien, Flector, omeprazole, and Percocet were stopped. A detox evaluation report was dated 12/29/15. This report refers to use of alcohol, opioids, Ambien, and Ativan. There was a prior withdrawal from morphine and a chronic pain program. Further withdrawal was recommended. A report from the primary treating physician of 12/29/15 has the usual stereotyped, non-specific information found in this physician's reports. In addition, a qualitative drug screen was negative for benzodiazepines, positive for opiates, and positive for oxycodone. There was no discussion of this result and the same medications were prescribed. A report of 1/26/15 notes that Ambien and Lexapro were stopped, that he had a detox evaluation, and that he stopped drinking alcohol. There was no work status. Medications were refilled. On November 21, 2014 Utilization Review non-certified Ambien, Baclofen, Lorazepam, Norco, Percocet, Omeprazole, Lexapro and Flector. The MTUS and the Official Disability Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 10mg #30: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, Insomnia.

Decision rationale: The MTUS does not address the use of hypnotics other than benzodiazepines. The Official Disability Guidelines were used instead. The Official Disability Guidelines recommend the short term use of hypnotics like zolpidem (less than two months), discuss the significant side effects, and note the need for a careful evaluation of the sleep difficulties. This injured worker has been prescribed this hypnotic for more than two months. No physician reports describe the specific criteria for a sleep disorder. The treating physician has not addressed other major issues affecting sleep in this patient, including the use of other psychoactive agents like opioids and alcohol, which significantly impair sleep architecture. This patient has also been given a benzodiazepine, which is additive with the hypnotic, and which increases the risk of side effects and dependency. The reports do not show specific and significant benefit of zolpidem over time. Zolpidem is not medically necessary based on prolonged use contrary to guideline recommendations and lack of sufficient evaluation of the sleep disorder.

Baclofen 10mg #60: 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 muscle relaxants Page(s): 63.

Decision rationale: The MTUS for Chronic Pain does not recommend muscle relaxants for chronic pain. Non-sedating muscle relaxants are an option for short term exacerbations of chronic low back pain. The muscle relaxant prescribed in this case is sedating. This injured worker has chronic pain with no evidence of prescribing for flare-ups. Prescribing has occurred consistently for months, at minimum. The quantity prescribed implies long term use, not a short period of use for acute pain. No reports show any specific and significant improvements in pain or function as a result of prescribing muscle relaxants. Per the MTUS, baclofen is not indicated and is not medically necessary.

Lorazepam .5mg #60: 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): 24.

Decision rationale: The treating physician has not provided a sufficient account of the indications and functional benefit for this medication. None of the reports address the specific results of use. The treating physician has not addressed the multiple drug screens which have been negative for benzodiazepine, but rather continued to prescribe lorazepam. The MTUS does not recommend benzodiazepines for long term use for any condition. Lorazepam is not prescribed according the MTUS and is not medically necessary.

Trazodone 50mg #60: 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 Medications for chronic pain; Antidepressants for chronic pain Page(s): 13-16;60. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, Insomnia treatment. Other Medical Treatment Guideline or Medical Evidence: Updated ACOEM Guidelines, Chronic Pain, Page 99, Selective Serotonin Reuptake Inhibitors (SSRIs), Bupropion or Trazodone for Chronic Persistent Pain.

Decision rationale: None of the reports address the specific symptomatic and functional benefit from using trazodone. Trazodone may have been prescribed for chronic pain, depression, or insomnia. The guidelines above recommend against trazodone for chronic pain. There is no evidence of any improvement in mental status as a result of any intake of trazodone. The Official Disability Guidelines recommend the short term use of sedating antidepressants for sleep, and also recommend a careful analysis of any sleep disorders. No physician reports describe the specific criteria for a sleep disorder. Other medications known to cause sleep disorders, such as

opioids, were not discussed in the context of insomnia. The reports do not show specific and significant benefit of trazodone over time. Trazodone is not medically necessary based on prolonged use contrary to guideline recommendations, lack of benefit, and lack of sufficient evaluation of any sleep disorder.

Lexapro 10mg #30: 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 Medications for chronic pain; Antidepressants for chronic pain, SSRIs (selective serotonin reupt. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress chapter, antidepressants for depression.

Decision rationale: None of the reports show any specific and significant benefit over time from using Lexapro. Lexapro is an SSRI, and is not recommended for chronic pain per the MTUS. If used for depression only, there is no evidence of any significant benefit. Reports reflect no changes over time, and one report says the injured worker was worse while taking Lexapro. Although an SSRI is an option for depression, there should be specific and significant improvement in mental status to warrant continuation. Such improvement is not evident per the records. Lexapro is therefore not medically necessary.

Norco 10/325mg #120: 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 Opioid management; Opioids, steps to avoid misuse/addiction; indications, Chronic back pain; Mechan.

Decision rationale: There is insufficient evidence that the treating physician is prescribing opioids according to the MTUS, which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract, and there should be a prior failure of non-opioid therapy. There are generic references to an opioid contract, but multiple failed drug tests have had no impact on the treatment plan. The treating physician has not addressed any of the failed drug tests, but instead states that these drug tests demonstrate good compliance. Per the MTUS, opioids are minimally indicated, if at all, for chronic non-specific pain, osteoarthritis, "mechanical and compressive etiologies", and chronic back pain. Aberrant use of opioids is common in this population. The prescribing physician does not specifically address function with respect to prescribing opioids. The reports contain no work status. The MTUS recommends urine drug screens for patients with poor pain control and to help manage patients at risk of abuse. There is a high rate of aberrant opioid use in patients with chronic back pain. There is no record of a urine drug screen program performed according to quality criteria in the MTUS and other guidelines. Testing has not been random, as is recommended in the guidelines. Evaluators other than the primary treating physician have stated

that the injured worker has not returned to work, which means that this injured worker has failed the "return-to-work" criterion for opioids in the MTUS. As currently prescribed, Norco does not meet the criteria for long term opioids as elaborated in the MTUS and is therefore not medically necessary.

Percocet 10/325mg #60: 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 Opioid management;Opioids, steps to avoid misuse/addiction;indications, Chronic back pain;Mechan.

Decision rationale: There is insufficient evidence that the treating physician is prescribing opioids according to the MTUS, which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract, and there should be a prior failure of non-opioid therapy. There are generic references to an opioid contract, but multiple failed drug tests have had no impact on the treatment plan. The treating physician has not addressed any of the failed drug tests, but instead states that these drug tests demonstrate good compliance. Per the MTUS, opioids are minimally indicated, if at all, for chronic non-specific pain, osteoarthritis, "mechanical and compressive etiologies", and chronic back pain. Aberrant use of opioids is common in this population. The prescribing physician does not specifically address function with respect to prescribing opioids. The reports contain no work status. The MTUS recommends urine drug screens for patients with poor pain control and to help manage patients at risk of abuse. There is a high rate of aberrant opioid use in patients with chronic back pain. There is no record of a urine drug screen program performed according to quality criteria in the MTUS and other guidelines. Testing has not been random, as is recommended in the guidelines. Evaluators other than the primary treating physician have stated that the injured worker has not returned to work, which means that this injured worker has failed the "return-to-work" criterion for opioids in the MTUS. As currently prescribed, Percocet does not meet the criteria for long term opioids as elaborated in the MTUS and is therefore not medically necessary.

Omeprazole DR 20mg #60: 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 NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: There are no medical reports which adequately describe the relevant signs and symptoms of possible gastrointestinal disease. There is no examination of the abdomen on record. There are many possible etiologies for gastrointestinal symptoms; the available reports do not provide adequate consideration of these possibilities. Empiric treatment after minimal evaluation is not indicated. Cotherapy with an NSAID is not indicated in patients other than

those at high risk. No reports describe the specific risk factors present in this case. The treating physician has not discussed any other medications which warrant the concomitant use of a PPI. There are no reports which discuss the specific indications and results of use for this PPI. The MTUS, FDA, and recent medical literature have described a significantly increased risk of hip, wrist, and spine fractures; pneumonia, Clostridium-difficile-associated diarrhea, and hypomagnesemia in patients on proton pump inhibitors. Omeprazole is not medically necessary based on lack of medical necessity and risk of toxicity.

Lexapro 5mg #30: 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 Medications for chronic pain; Antidepressants for chronic pain, SSRIs (selective serotonin reup.

Decision rationale: None of the reports show any specific and significant benefit over time from using Lexapro. Lexapro is an SSRI, and is not recommended for chronic pain per the MTUS. If used for depression only, there is no evidence of any significant benefit. Reports reflect no changes over time, and one report says the injured worker was worse while taking Lexapro. Although an SSRI is an option for depression, there should be specific and significant improvement in mental status to warrant continuation. Such improvement is not evident per the records. Lexapro is therefore not medically necessary.

Flector 1.3% patch #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain; Topical Medications Page(s): 60; 111-113.

Decision rationale: No physician reports discuss the specific indications and medical evidence in support of the topical medications prescribed in this case and no reports discuss the specific results of use. Per the MTUS, topical NSAIDs for short term pain relief may be indicated for pain in the extremities caused by osteoarthritis or tendonitis. There is no good evidence supporting topical NSAIDs for shoulder or axial pain. There is no apparent indication for Flector in this case. Given the lack of apparent indications, the prolonged use contrary to guidelines, and the lack of any apparent benefit, Flector is not medically necessary.