MAXIMUS Federal Services

Case Number:	CM14-0214556		
Date Assigned:	01/07/2015	Date of Injury:	08/20/1996
Decision Date:	03/24/2015	UR Denial Date:	12/15/2014
Priority:	Standard	Application Received:	12/22/2014

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: Pennsylvania
Certification(s)/Specialty: Internal 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:

This is a 54 year-old male who has reported low back, neck, and leg pain after an injury on 8/20/96. The diagnoses include depression, knee pain, cervical radiculopathy, cervical facet syndrome, depression, spasm of muscle, and patellofemoral syndrome. Treatment has included a remote right knee arthroscopy, chiropractic, acupuncture, physical therapy, injections, radiofrequency ablation, and medications. Periodic reports from the requesting physician during 2014 reflect 6-7/10 pain which is slightly improved with medications. Sleep quality is poor. Hypertension is present. The injured worker is not working. A report from 4/23/14 mentions arthritis and the use of Plaquenil prescribed by another physician. On 5/21/14 the injured worker reports that neck pain causes migraine headache, and requests Imitrex. Duragesic was added on 7/16/14 at the request of the injured worker, as Norco qid (four times per day) was not providing good pain control. There was no discussion of function. Ambien was added for sleep. As of 8/13/14 pain control was poor and the injured worker had trouble even walking. Duragesic was increased. Imitrex was reported to help headaches, with no further details given. Subsequent reports show poor control with increasing Duragesic. A urine drug screen on 10/8/14 was negative for all drugs except "TCA." There was no discussion of this result beyond stating that it will be sent for confirmation. Flexeril and Mobic have been prescribed for many months. No reports adequately address the specific benefits of any of the prescribed medications. As of 11/6/14 a urine drug screen reportedly showed no Norco and the injured worker was warned that if urine drug testing was not consistent with prescribed medications, Norco could not be prescribed in the future. All medications were continued as of that date. Pain was ongoing and

somewhat improved with medications. The specific results and functional status resulting from any medication was not discussed. Work status was noted to be permanent and stationary (P&S). The injured worker was not working. On 12/15/14 Utilization Review (UR) non-certified Lexapro, Imitrex, Gabapentin, and Norco based on the lack of any functional improvement. Hydroxychloroquine was non-certified based on the lack of indications. Duragesic was non-certified based on the MTUS. Ambien was non-certified based on the lack of indication, results of use, or benefits. Mobic was non-certified based on the Official Disability Guidelines recommendations. Flexeril was non-certified based on the MTUS recommendations and lack of benefit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lexapro 20mg quantity 30 with 3 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 Medications for chronic painAntidepressants for chronic painSSRIs (selective serotonin reupt. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness chapter, antidepressants.

Decision rationale: The treating physician briefly mentions that the injured worker has depression for which Lexapro is prescribed. There are no reports which describe the specific benefits, symptoms or function, as result of taking this chronically. Lexapro is an selective serotonin reuptake inhibitor (SSRI), which is not indicated for treating pain (see MTUS citation). In this case, Lexapro is apparently for depression rather than pain. The Official Disability Guidelines address antidepressants per the citation above. Antidepressants are indicated for moderate to severe depression, and the effects are marginal at best. The records do not contain an adequate assessment for depression, its severity, and its treatment. An antidepressant should not be taken chronically without specific benefit. The records in this case do not demonstrate any specific benefit from Lexapro, warranting a reappraisal of ongoing prescribing. As currently documented, there is insufficient evidence of the depression itself, specific indications for Lexapro, or of specific benefit from chronic Lexapro. As such, it is not medically necessary.

Imitrex 6mg/0.5ml pen injectable, quantity 10 with 3 refills: 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) Head chapter, triptans.

Decision rationale: The MTUS does not address triptans. The Official Disability Guidelines recommend triptans for migraine headache. The available records have only minimal information regarding the indications in this case and it appears that the triptan was provided primarily at the patient request. The specific results of use are not adequately addressed. As such, there is not enough information in the records to justify ongoing use of this medication; it is therefore not medically necessary.

Gabapentin 600mg quantity 90 with 3 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 Anti-Epilepsy Drugs Medication trials Page(s): 16-21; 60.

Decision rationale: Per the MTUS, gabapentin is recommended for neuropathic pain. There is no good evidence in this case for neuropathic pain. There are no physician reports which adequately address the specific symptomatic and functional benefit from the antiepiliepsy drugs (AEDs) used to date. Note the criteria for a "good" response per the MTUS. Function is poorly addressed and the injured worker is not working. Gabapentin is not medically necessary based on the lack of any clear indication, and the lack of significant symptomatic and functional benefit from its use to date.

Hydroxychloroquine 200mg; quantity not indicated: 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 Other Medical Treatment Guideline or Medical Evidence: Medscape reference, Hydroxychloroquine.

Decision rationale: Hydroxychloroquine is listed in the medical records but there is no discussion of the indications or results of use. Hydroxychloroquine has no apparent indication for the listed orthopedic injuries. It would be speculative to state with any certainty why hydroxychloroquine might be prescribed in this case. The treating physician would need to provide the specific indications to further evaluate medical necessity. Per the Medscape citation, hydroxychloroquine may be indicated for connective tissue diseases such as rheumatoid arthritis and lupus. The evidence for such conditions in this case is lacking. Hydroxychloroquine is not medically necessary due to the lack of sufficient information regarding its prescribing in this case.

Norco 10/325mg quantity 90: 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 managementOpioids, steps to avoid misuse/addictionindications, Chronic back painMec.

Decision rationale: There is no 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. None of these aspects of prescribing are in evidence. 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. There is minimal evidence in support of long term opioids for arthritis, and treatment guidelines should be followed (see MTUS citation). Over the last year, opioids have progressively increased, with no corresponding increase in function and pain relief. The prescribing physician does not specifically address function with respect to prescribing opioids. 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. The urine drug screens to date have not been performed according to sufficiently rigorous quality criteria, and the results that are available reflect patient behavior not consistent with that which is expected for a continuation of chronic opioid therapy. The injured worker has failed at least two drug screens, with the most recent showing no opioids again. The treating physician has not adequately addressed this. The injured worker has not returned to work, which is one of primary opioid criteria 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.

Duragesic 75mcg/hour patch; quantity 10: 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 managementOpioids, steps to avoid misuse/addictionindications, Chronic back painMec.

Decision rationale: There is no 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. None of these aspects of prescribing are in evidence. 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. There is minimal evidence in support of long term opioids for arthritis, and treatment guidelines should be followed (see MTUS citation). Over the last year, fentanyl has progressively increased, with no corresponding increase in function and pain relief. The prescribing physician does not specifically address function with respect to prescribing opioids. 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. The urine drug screens to date have not been performed according to sufficiently rigorous quality criteria, and the results that are available reflect patient behavior not consistent with that which is expected for a continuation of chronic opioid therapy. The injured worker has failed at least two drug screens, with the most recent showing no opioids again. The treating physician has not adequately addressed this. The injured worker has not returned to work, which is one of primary opioid criteria in the MTUS. As currently prescribed, Duragesic does not meet the criteria for long term opioids as elaborated in the MTUS and is therefore not medically necessary.

Ambien 10mg quantity 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 treatment.

Decision rationale: The MTUS does not address the use of hypnotics other than benzodiazepines. The Official Disability Guidelines were used instead. No physician reports describe the specific criteria for a sleep disorder. The treating physician has not addressed major issues affecting sleep in this patient, including the use of other psychoactive agents like opioids, which significantly impair sleep architecture. Zolpidem, a benzodiazepine agonist, is habituating and recommended for short term use only. This injured worker has been given a hypnotic for a duration in excess (many months) of what is recommended in the guidelines cited above. Treatment of a sleep disorder, including prescribing hypnotics, should not be initiated without a careful diagnosis. There is no evidence of that in this case. Note the ODG citation which recommends short term use of zolpidem, a careful analysis of the sleep disorder, and caution against using zolpidem in the elderly. Prescribing in this case meets none of the guideline recommendations. Zolpidem is not medically necessary based on lack of a sufficient analysis of the patient's condition, the ODG citation, and overuse of habituating and psychoactive medications without clear benefit or indication.

Mobic 7.5mg quantity 30 with 3 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic painNSAIDs for Back Pain - Acute exacerbations of chronic pain Back.

Decision rationale: Per the MTUS for chronic pain, page 60, medications should be trialed one at a time, and there should be functional improvement with each medication. No reports show any specific benefit, functional or otherwise. Systemic toxicity is possible with nonsteroidal anti-inflammatory agents (NSAIDs). The FDA and MTUS recommend monitoring of blood tests and

blood pressure. There is no evidence that the prescribing physician is adequately monitoring for toxicity as recommended by the FDA and MTUS. None of the kinds of functional improvement discussed in the MTUS are evident. The injured worker is not working, indicating poor function in spite of treatment. The MTUS does not recommend chronic NSAIDs for low back pain, NSAIDs should be used for the short term only. Acetaminophen is the drug of choice for flare-ups, followed by a short course of NSAIDs. The treating physician has been dispensing large quantities of NSAIDs for months or years, which is counter to the recommendations of the MTUS for treatment of back pain. The MTUS does not specifically reference the use of NSAIDs for long term treatment of chronic pain in other specific body parts. NSAIDs are indicated for long term use only if there is specific benefit, symptomatic and functional, and an absence of serious side effects. Mobic is not medically necessary based on the MTUS recommendations against chronic use, lack of specific functional and symptomatic benefit, and prescription not in accordance with the MTUS and the FDA warnings.

Flexeril 10mg quantity 60 with 3 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Non sedating muscle relaxants

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 a year or more. 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. Cyclobenzaprine, per the MTUS, is indicated for short term use only and is not recommended in combination with other agents. This injured worker has been prescribed multiple medications along with cyclobenzaprine. Flexeril is not medically necessary based on lack of functional improvement related to its use, lack of evidence that use is short term only, and the MTUS recommendations.