

Case Number:	CM14-0216585		
Date Assigned:	02/04/2015	Date of Injury:	06/07/2012
Decision Date:	03/27/2015	UR Denial Date:	12/09/2014
Priority:	Standard	Application Received:	12/26/2014

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: California

Certification(s)/Specialty: Family Practice

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 48 year old male who sustained an industrial injury on 6/7/12. The diagnoses have included thoracic spine pain, chronic thoracolumbar pain syndrome, thoracic compression fractures, bilateral posterior leg pain with sacral one radicular pain, right leg weakness, Achilles reflex loss, disc herniation, disc degeneration multiple levels, depression, and anxiety. Treatment to date has included medications, epidural steroid injection. Additional surgery has been recommended. Currently, the injured worker complains of chronic thoracolumbar and bilateral leg pain. He rated his pain as 7/10 on a pain scale. He also reports tingling, numbness, constipation, and sleep disturbances. He indicates he has decreased pain with medications, and water therapy. His medical history indicates a lumbar surgery completed in 1994. The records indicate he continued to have interrupted sleep patterns with the use of Trazodone. The records indicate he has been prescribed Tizanidine since at least February 2014. The Utilization Review indicates a prior certification of the medications Morphine Sulfate, and Tramadol that would allow for weaning off of the medications. On December 9, 2014, Utilization Review non-certified Trazodone 150 mg, quantity #90, and Tizanidine HCL 4 mg, quantity #60, and Morphine Sulfate Long Acting 200 mg, quantity #60, and Morphine Sulfate Immediate Release 30 mg, quantity #240, and Topamax 100 mg, quantity #60, Senna S 8.6-50 mg, quantity #210, and Tramadol HCL 50 mg, quantity #240, and Testosterone 200 mg/ml injection, quantity #3, and Nuvigil 250 mg, quantity #30, based on ODG, Chronic Pain Medical Treatment guidelines. On December 20, 2014, the injured worker submitted an application for IMR for review of Trazodone 150 mg, quantity #90, and Tizanidine HCL 4 mg, quantity #60,

and Morphine Sulfate Long Acting 200 mg, quantity #60, and Morphine Sulfate Immediate Release 30 mg, quantity #240, and Topamax 100 mg, quantity #60, Senna S 8.6-50 mg, quantity #210, and Tramadol HCL 50 mg, quantity #240, and Testosterone 200 mg/ml injection, quantity #3, and Nuvigil 250 mg, quantity #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trazodone 150mg #90: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Mental Illness & Stress Chapter

Decision rationale: According to the Official Disability Guidelines, Trazodone (Desyrel) is recommended as an option for insomnia, only for patients with potentially coexisting mild psychiatric symptoms such as depression or anxiety. In this case, the injured worker is followed for chronic pain and this medications is being prescribed for mood, sleep and pain. The request for Trazadone 150 mg #90 is medically necessary.

Tizanidine HCL 4mg #60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants, Tizanidine Page(s): 63, 66. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, Tizanidine

Decision rationale: Per the MTUS guidelines, muscle relaxants are not indicated for chronic use . The patient has been prescribed muscle relaxants for an extended period of time. However Tizanidine can also be used in setting of neuropathic pain due to it being an alpha 2 receptor agonist. The injured worker is followed for chronic neuropathic pain. The request for Tizanidine HCL 4 mg #60 is medically necessary.

MSLA 200mg #60: Overturned

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 Opioids Page(s): 74-96.

Decision rationale: According to the MTUS guidelines, long term use of opioids is not supported for chronic non-malignant pain. The guidelines also state that chronic use of opioids leads to tolerance and habituation. In this case, the injured worker is on high levels of opioid medications which increases the risk of morbidity and mortality. Per the MTUS guidelines, opioids should be weaned and not suddenly discontinued. While weaning of the opioids to a lower level below 120 morphine equivalent dosage is recommended, modification cannot be rendered in this review. The medical records also indicate that the injured worker is in severe pain and is pending possible additional lumbar spine surgery. As such, at this time the request for MSLA is supported. The request for MSLA 200 mg #60 is medically necessary.

MSIR 30mg #240: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: According to the MTUS guidelines, long term use of opioids is not supported for chronic non-malignant pain. The guidelines also state that chronic use of opioids leads to tolerance and habituation. In this case, the injured worker is on high levels of opioid medications which increases the risk of morbidity and mortality. Per the MTUS guidelines, opioids should be weaned and not suddenly discontinued. While weaning of the opioids to a lower level below 120 morphine equivalent dosage is recommended, modification can not be rendered in this review. The medical records also indicate that the injured worker is in severe pain and is pending possible additional lumbar spine surgery. As such, at this time the request for MS IR is supported. The request for MS IR 30 mg #240 is medically necessary.

Topamax 100mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) , Topiramate (Topamax) Page(s): 16, 21.

Decision rationale: According to the MTUS guidelines, Anti-epilepsy drugs (AEDs) are recommended for neuropathic pain. The MTUS guidelines state that Topiramate (Topamax, no generic available) has been shown to have variable efficacy, with failure to demonstrate efficacy in neuropathic pain of "central" etiology. It is still considered for use for neuropathic pain when other anticonvulsants fail. In this case, the medical records do not establish the the injured worker has trialed and failed fist line anti-epileptic medications to address his chronic neuropathic pain such as gabapentin or pregabalin. The request for Topamax 100 mg #60 is not medically necessary.

Naproxen 500mg #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic (Acute & Chronic)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications, Naproxen Page(s): 21, 66.

Decision rationale: According to the MTUS guidelines, anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. The patient is followed for chronic pain and is pending additional surgical intervention. The request for Naproxen is supported as a first line anti-inflammatory agent to address the inflammatory component of his chronic pain syndrome.

Senna S 8.6-50mg #210: Overturned

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: Pain Chapter: Opioid-induced constipation treatment

Decision rationale: According to the Official Disability Guidelines, opioid-induced constipation treatment is recommended. The guidelines note that opioid-induced constipation is a common adverse effect of long-term opioid use because the binding of opioids to peripheral opioid receptors in the gastrointestinal (GI) tract results in absorption of electrolytes, such as chloride, with a subsequent reduction in small intestinal fluid. The Official Disability Guidelines state that constipation occurs commonly in patients receiving opioids and can be severe enough to cause discontinuation of therapy. In this case, the injured worker is on opioid therapy and the request for laxative is supported. The request for Senna S 8.6/50 mg #210 is medically necessary.

Tramadol HCL 50mg #240: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: According to the MTUS guidelines, Tramadol is an emerging fourth class of opiate analgesic that may be used to treat chronic pain. This class of synthetic opioids such as Tramadol exhibits opioid activity and a mechanism of action that inhibits the reuptake of serotonin and norepinephrine. Central analgesics drugs such as Tramadol (Ultram) are reported to be effective in managing neuropathic pain. The injured worker is diagnosed with chronic

neuropathic pain, and the request for Tramadol is supported. The request for Tramadol HCL 50 mg #240 is medically necessary.

Testosterone 200mg/ml injection #3: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain Chapter, Testosterone replacement for hypogonadism (related to opioids)

Decision rationale: According to the Official Disability Guidelines, testosterone replacement for hypogonadism (related to opioids) is recommended in limited circumstances for patients taking high-dose long-term opioids with documented low testosterone levels. Hypogonadism has been noted in patients receiving intrathecal opioids and long-term high dose opioids. In this case, the patient has been on chronic high dose opioid therapy and long term use of opioids leads to hormonal imbalance in men. The request for testosterone replacement is supported in this case. The request for Testosterone 200mg/ml injection #3 is medically necessary.

Nuvigil 250mg #30: 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), Pain (Chronic)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain Chapter Armodafinil (Nuvigil)

Decision rationale: According to the Official Disability Guidelines, Armodafinil (Nuvigil) is not recommended solely to counteract sedation effects of narcotics. In this case, the injured worker is being prescribed high dosages of opioids which cause sedation; however, as noted per evidence based guidelines, Nuvigil would not be supported to counteract the effects of the opioids. The request for Nuvigil 250 mg #30 is not medically necessary.