

Case Number:	CM14-0086023		
Date Assigned:	07/23/2014	Date of Injury:	02/13/2006
Decision Date:	06/03/2015	UR Denial Date:	06/03/2014
Priority:	Standard	Application Received:	06/09/2014

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:

The injured worker is a 51-year-old male who sustained an industrial injury on 2/13/2006. He reported neck pain and loss of lower extremity functions. Diagnoses have included cervical myelopathy, cervical myelomalacia with spastic hemiparesis status post cervical fusion, right piriformis syndrome, status post cervical decompression, and rule out right L5 radiculopathy. Medical history also includes diabetes. Treatment to date has included surgery with C4-5 and C5-6 decompression and fusion, physical therapy, aquatic therapy, use of crutches and a walker, and medication. Medications in July 2012 included tizanidine, Cymbalta for depression and neuropathy, oxycontin, alprazolam, and gabapentin. Lunesta was prescribed in January 2013 to aid with sleep. The injured worker was noted to be employed part-time in 2012 and 2013. Increased spastic paraparesis, altered mental status, confusion, and falls were noted in February 2013. Lyrica was prescribed for neuropathy in April 2013. Medications in July 2013 included oxycontin for pain, lyrica for neuropathy, Cymbalta for pain, depression and neuropathy, alprazolam for anxiety, lunesta for sleep, and tizanidine for muscle spasms and sleep. In July 2013, the injured worker underwent removal of hardware from C4-6, and C6-7 anterior cervical decompression and fusion. According to the progress report dated 5/27/2014, the injured worker complained of neck pain, lower back pain and bilateral leg pain. The injured worker reported falling three times in April and eight times in May. He reported not having had medication since the end of April and rated his pain as 10/10 with function drastically reduced. He complained of severe neuropathic pain in legs and having to go to the emergency department twice due to pain and withdrawal. The injured worker had difficulty rising from a chair and had a slow, antalgic

gait. Cervical range of motion was limited due to fusion. He had pain and discomfort with lumbar range of motion. Lower extremity strength was 4/5 bilaterally, with sensory loss in the right lateral calf and entire foot with loss of position sense. Current medications in May 2014 included oxycontin, Cymbalta, lunesta, Lyrica, tizanidine, valium, and hydrocodone/acetaminophen. Employment status as noted as unable to work. On 6/3/14, Utilization Review (UR) modified or non-certified requests for the medications currently under Independent Medical Review, citing the MTUS and ODG.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cymbalta 60mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 401-402, Chronic Pain Treatment Guidelines Antidepressants, SNRIs Page(s): 13-16, 105. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) mental illness and stress chapter: antidepressants for treatment of major depressive disorder.

Decision rationale: The MTUS states that antidepressants are recommended as a first line option for neuropathic pain and as a possibility for non-neuropathic pain. Assessment of treatment efficacy should include not only pain outcomes, but also an evaluation of function, changes in use of other analgesic medication, sleep quality and duration, and psychological assessment. The ACOEM notes that brief courses of antidepressants may be helpful to alleviate symptoms of depression, but that given the complexity of available agents, referral for medication evaluation is advised. The ODG states that antidepressants offer significant benefit in the treatment of the severest depressive symptoms, but may have little or no therapeutic benefit over and above placebo in patients with mild to moderate depression. Duloxetine (Cymbalta) is a norepinephrine and serotonin reuptake inhibitor (SNRI) antidepressant that is FDA approved for treatment of depression, generalized anxiety disorder, and pain related to diabetic neuropathy. The MTUS states that duloxetine is recommended as a first-line option in neuropathic pain. This injured worker has been prescribed cymbalta for more than one year for pain, depression, and neuropathy. The documentation does not note significant improvement in pain or function as a result of use of cymbalta, and there was minimal discussion of evaluation for depression. The injured worker was noted to be working part time in 2012 and 2013 and current work status is noted as unable to work. There was no documentation of decrease in medication use or improvement in activities of daily living, and office visits have continued at the same frequency. Due to lack of documentation of functional improvement, the request is not medically necessary.

Lunesta 3mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Ramakrishnan, 2007 Halas 2006, Buscemi, 2007, Morin 2007 Erman, 2005 Lunesta insomnia treatment.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) chronic pain chapter: insomnia treatment.

Decision rationale: This injured worker has been prescribed Lunesta for more than one year to aid with sleep. Lunesta (eszopiclone) is a non-benzodiazepine hypnotic agent indicated for the treatment of insomnia. The MTUS does not address the use of hypnotics other than benzodiazepines. No physician reports describe the specific criteria for a sleep disorder. 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. For the treatment of insomnia, pharmacologic agents should only be used after careful evaluation of potential causes of sleep disturbance. Specific components of insomnia should be addressed. There was no documentation of evaluation of sleep disturbance in the injured worker, and components insomnia were not addressed. 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, and depression. This injured worker has also been given a benzodiazepine, which is additive with the hypnotic, and which increases the risk of side effects and dependency. The documentation notes multiple falls and episodes of confusion, without consideration of the potential for medication to be contributing to these issues. Due to insufficient evaluation for causes of sleep disturbance, concomitant use of opioids and benzodiazepines, and potential for toxicity, the request is not medically necessary.

Lyrica 150mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anticonvulsants Page(s): 16-22.

Decision rationale: Per the MTUS, anti-epilepsy drugs (AEDs) are recommended for neuropathic pain due to nerve damage. The MTUS notes the lack of evidence for treatment of radiculopathy. Lyrica (pregabalin) has been documented to be effective in treatment of diabetic neuropathy and postherpetic neuralgia, and is FDA approved for these indications as well as for fibromyalgia. Side effects include edema, central nervous system depression, weight gain, blurred vision, somnolence, and dizziness. A good response to the use of AEDs is defined as a 50% reduction in pain and a moderate response as a 30% reduction. Lack of at least a 30% response per the MTUS would warrant a switch to a different first line agent or combination therapy. After initiation of treatment, there should be documentation of pain relief with improvement in function, and documentation of any side effects, with continued use of AEDs dependent on improved outcomes versus tolerability of adverse effects. This injured worker

does have documentation of neuropathy. The injured worker has been prescribed gabapentin since July 2012 and Lyrica since April 2013, without documentation of at least a moderate improvement in pain, and no documentation of functional improvement. The injured worker was noted to be working part time in 2012 and 2013 and current work status is noted as unable to work. There was no documentation of decrease in medication use or improvement in activities of daily living, and office visits have continued at the same frequency. Due to lack of functional improvement, the request is not medically necessary.

Oxycontin 40mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use.

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

Decision rationale: This injured worker has chronic neck, back, and leg pain. Oxycontin has been prescribed since July 2012. 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, and opioid contract. 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. There is no evidence of significant pain relief or increased function from the opioids used to date. The injured worker was noted to be working part time in 2012 and 2013 and current work status is noted as unable to work. There was no documentation of decrease in medication use or improvement in activities of daily living, and office visits have continued at the same frequency. The MTUS states that a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. There is no evidence that the treating physician has utilized a treatment plan not using opioids, and that the patient has failed a trial of non-opioid analgesics. Ongoing management should reflect four domains of monitoring, including analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors. The documentation does not reflect improvement in pain. Change in activities of daily living, discussion of adverse side effects, and screening for aberrant drug-taking behaviors were not documented. The documentation notes multiple falls and episodes of confusion, without consideration of the potential for medication to be contributing to these issues. The MTUS recommends urine drug screens for patients with poor pain control and to help manage patients at risk of abuse. There is no record of a urine drug screen program performed according to quality criteria in the MTUS and other guidelines. As currently prescribed, oxycontin does not meet the criteria for long term opioids as elaborated in the MTUS and is therefore not medically necessary.