

Case Number:	CM14-0097195		
Date Assigned:	09/16/2014	Date of Injury:	01/21/1998
Decision Date:	08/10/2015	UR Denial Date:	06/13/2014
Priority:	Standard	Application Received:	06/25/2014

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: Physical Medicine & Rehabilitation

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 41-year-old female, who sustained an industrial injury on 1/21/98. The injured worker has complaints of low back pain. The diagnoses have included degenerative lumbar intervertebral disc with myelopathy; chronic pain syndrome and headaches. Treatment to date has included physical therapy; oxycontin; norco; topamax 100mg; abilify and xanax. The request was for oxycontin 40mg; norco 10/300mg; topamax 100mg; abilify 2mg; xanax 0.25mg and oxycontin 30mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 40mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain CRITERIA FOR USE OF OPIOIDS Page(s): 60, 61, 78, 80, 81, 88, 89.

Decision rationale: Based on the 01/06/15 progress report provided by treating physician, the patient presents with pain to bilateral shoulders, upper and lower back, bilateral inner thigh, and groin, rated 4-5/10. The patient is status post L5-S1 fusion on unspecified date, and L4-5 fusion on 09/08/12, per operative report. The request is for OXYCONTIN 40MG. RFA's dated 07/02/14, 09/04/14, and 04/06/15 were provided. Patient's diagnosis on 01/06/15 included disc disorder lumbar, low back pain, post lumbar laminectomy syndrome, and chronic pain syndrome. Physical examination to the bilateral shoulders on 01/06/15 revealed restricted movement with abduction and adduction. Examination to the lumbar spine on 01/06/15 revealed tenderness to palpation to the bilateral paravertebral muscles. The patient has an awkward gait. Treatment to date has included surgery, diagnostics, psychiatric treatment, home exercise program and medications. Patient's medications include Hydrocodone, Oxycontin, Abilify, Lisinopril, Prozac, Seroquel, Topamax, and Xanax. The patient is not working, per 01/06/15 report. Treatment reports were provided from 11/10/10 - 04/06/15. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS Guidelines, pages 80-81, Opioids for chronic pain states "Tolerance and addiction: Opioid tolerance develops with the repeated use of opioids and brings about the need to increase the dose and may lead to sensitization. It is now clear that analgesia may not occur with open-ended escalation of opioids. It has also become apparent that analgesia is not always sustained over time, and that pain may be improved with weaning of opioids. (Ballantyne, 2006)Oxycontin was included in patient's prescriptions, per progress reports dated 01/10/13, 07/21/13, 06/03/14, and 02/26/15. Per 06/23/13 report, "the patient is on chronic Oxycontin for over 10 years for chronic back pain." ER report dated 07/29/13 states "Patient has presented to ER for withdrawal many time, two times in last week. Continue patient detox Oxycontin 40mg qid, 30mg qhs, Norco 10mg 56/day." Per latest RFA dated 04/06/15, the request was for Oxycontin 10mg, and treater noted "TID, 90 per 30 days with plan to wean to twice a day until weaned off in several weeks to a month. Per 01/06/15 report, treater states the patient's "activity level" and "ADL" has increased, and "The patient is taking her medications as prescribed. She states that medications are working well. No side effects reported. Patient shows no evidence of developing medication dependency. No medication abuse is suspected. She reports continued functional benefit with her pain medication. Pain score without pain med: 5/10, patient performs ADL with some difficulty and she has trouble doing things throughout the day due to pain. Pain score with pain med: 3/10, patient performs ADL with less difficulty, she is able to function and do more throughout the day due less pain." Per 08/29/14 ER report, treater states "CURES report which showed exclusive prescribing from both [the patient's] psychiatrist and regular PMD." MTUS page 80-81 states "pain may be improved with weaning of opioids." It would appear the treater is weaning the patient down and would like a few more months to allow for the patient's adjustment, and MTUS does support slow weaning process. In this case, treater has addressed analgesia with pain scales, discussed no adverse effects and provided general statements of continued functional improvement. However, this patient is not working and there are no specific examples of ADL's, demonstrating how Oxycodone increases function and significantly improves the patient's activities of daily living. MTUS p77 states, "function should include social, physical, psychological, daily and work activities." Furthermore, though treater mentioned no aberrant behavior and compliant CURES, urine drug screen report dated 02/05/15 demonstrated results were inconsistent with patient's prescriptions on 09/22/14 and 02/05/15. MTUS requires appropriate discussion of the 4As. Given the lack of documentation as required by guidelines and inconsistent UDS's, continuation of opioid cannot be warranted. Moreover, MTUS also does not support greater than 120 mg equivalent Morphine dosing without pain

management specialty consult and very special circumstances. Treater is currently requesting 2 different dosages of Oxycontin and 1 Norco. Therefore, the request IS NOT medically necessary.

Norco 10/300mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain CRITERIA FOR USE OF OPIOIDS Page(s): 60, 61, 88, 89, 76, 78.

Decision rationale: Based on the 08/14/14 ER report provided by treating physician, the patient presents with neck and back pain. The patient is status post L5-S1 fusion on unspecified date, and L4-5 fusion on 09/08/12, per operative report. The request is for NORCO 10/300MG. RFA's dated 07/02/14, and 09/04/14 were provided. Patient's diagnosis on 08/14/14 included degenerative lumbar disc, intervertebral disc disease without myelopathy and chronic pain syndrome. Physical examination to the lumbar spine on 01/06/15 revealed tenderness to palpation to the bilateral paravertebral muscles. Treatment to date has included surgery, diagnostics, psychiatric treatment, home exercise program and medications. Patient's medications include Hydrocodone, Oxycontin, Abilify, Linisopril, Prozac, Seroquel, Topamax, and Xanax. The patient is not working, per 01/06/15 report. Treatment reports were provided from 11/10/10 - 04/06/15. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS Guidelines, pages 80-81, Opioids for chronic pain states "Tolerance and addiction: Opioid tolerance develops with the repeated use of opioids and brings about the need to increase the dose and may lead to sensitization. It is now clear that analgesia may not occur with open-ended escalation of opioids. It has also become apparent that analgesia is not always sustained over time, and that pain may be improved with weaning of opioids. (Ballantyne, 2006) MTUS p90 states, "Hydrocodone has a recommended maximum dose of 60mg/24hrs." Pages 80, 81 of MTUS also states "There are virtually no studies of opioids for treatment of chronic lumbar root pain with resultant radiculopathy," and for chronic back pain, it "Appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited." Hydrocodone (Norco) was included in patient's prescriptions, per progress reports dated 06/09/13, 08/14/14, 06/03/14, and 02/26/15. ER report dated 07/29/13 states "Patient has presented to ER for withdrawal many time, two times in last week. Continue patient detox Oxycontin 40mg qid, 30mg qhs, Norco 10mg 56/day." Per 01/06/15 report, treater states the patient's "activity level" and "ADL" has increased, and "The patient is taking her medications as prescribed. She states that medications are working well. No side effects reported. Patient shows no evidence of developing medication dependency. No medication abuse is suspected. She reports continued functional benefit with her pain medication. Pain score without pain med: 5/10, patient performs ADL with some difficulty and she has trouble doing things throughout the day due to pain. Pain score with pain med: 3/10, patient performs ADL with less difficulty, she is able to function and do more throughout the day due less pain." Per 08/29/14 ER report, treater states "CURES report which showed exclusive prescribing from both [the patient's] psychiatrist and regular PMD." MTUS page 80-81 states "pain may be improved with weaning

of opioids." It would appear the treater is weaning the patient down and would like a few more months to allow for the patient's adjustment, and MTUS does support slow weaning process. In this case, treater has addressed analgesia with pain scales, discussed no adverse effects and provided general statements of continued functional improvement. However, this patient is not working and there are no specific examples of ADL's, demonstrating how Norco increases function and significantly improves the patient's activities of daily living. MTUS p77 states, "function should include social, physical, psychological, daily and work activities." Furthermore, though treater mentioned no aberrant behavior and compliant CURES; but urine drug screen report dated 02/05/15 demonstrated results were inconsistent with patient's prescriptions on 09/22/14 and 02/05/15. MTUS requires appropriate discussion of the 4As. Given the lack of documentation as required by guidelines and inconsistent UDS's, continuation of opioid cannot be warranted. Moreover, MTUS also does not support greater than 120 mg equivalent Morphine dosing without pain management specialty consult and very special circumstances. Treater is currently requesting 1 Norco and 2 different dosages of Oxycontin. In addition, MTUS does not clearly support chronic opiate use for chronic low back pain. Therefore, the request IS NOT medically necessary.

Topamax 100mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topiramate (Topamax).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topiramate (Topamax) antiepileptic drugs for chronic pain Page(s): 21, 16, 17.

Decision rationale: Based on the 08/14/14 ER report provided by treating physician, the patient presents with neck and back pain. The patient is status post L5-S1 fusion on unspecified date, and L4-5 fusion on 09/08/12, per operative report. The request is for TOPAMAX 100MG. RFA dated 07/02/14 was provided. Patient's diagnosis on 08/14/14 included degenerative lumbar disc, intervertebral disc disease without myelopathy and chronic pain syndrome. Physical examination to the lumbar spine on 01/06/15 revealed tenderness to palpation to the bilateral paravertebral muscles. Treatment to date has included surgery, diagnostics, psychiatric treatment, home exercise program and medications. Patient's medications include Hydrocodone, Oxycontin, Abilify, Linisopril, Prozac, Seroquel, Topamax, and Xanax. The patient is not working, per 01/06/15 report. Treatment reports were provided from 11/10/10 - 04/06/15. MTUS Guidelines page 21, "Topiramate (Topamax) 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 have failed." MTUS Guidelines page 16 and 17 regarding antiepileptic drugs for chronic pain also states "that there is a lack of expert consensus on the treatment of neuropathic pain in general due to heterogeneous etiologies, symptoms, physical signs, and mechanisms. Most randomized controlled trials for the use of this class of medication for neuropathic pain had been directed at postherpetic neuralgia and painful polyneuropathy." Topamax was included in patient's prescriptions, per progress reports dated 06/09/13, 08/14/14, 06/03/14, and 02/26/15. Progress report 09/07/14 states Topiramate (Topamax) prescription was recorded on 10/03/11. Per 01/06/15 report, treater states the patient's "activity level" and "ADL" has increased, and "The patient is taking her medications as prescribed. She states that medications are working well. No side effects reported. Patient shows no evidence of developing medication dependency. No medication abuse is suspected. She reports continued functional benefit with her pain medication. Pain score without pain med: 5/10, patient performs ADL with some difficulty and she has trouble doing things throughout the day due to pain. Pain score with pain med: 3/10, patient performs ADL with less difficulty,

she is able to function and do more throughout the day due less pain." In this case, treater has documented medication efficacy, and the request would appear reasonable. However, treater has not indicated quantity nor duration. MTUS does not support open-ended requests. Therefore, the request IS NOT medically necessary.

Abilify 2mg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Work Loss Data Institute. Mental Illness & Stress. Encinitas (CA): Work Loss Data Institute; 2013 Nov 18. Various p.

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

Decision rationale: Based on the 08/14/14 ER report provided by treating physician, the patient presents with neck and back pain. The patient is status post L5-S1 fusion on unspecified date, and L4-5 fusion on 09/08/12, per operative report. The request is for ABILIFY 2MG. Patient's diagnosis per RFA dated 05/29/14 included major depression. Patient's diagnosis on 08/14/14 included degenerative lumbar disc, intervertebral disc disease without myelopathy and chronic pain syndrome. Physical examination to the lumbar spine on 01/06/15 revealed tenderness to palpation to the bilateral paravertebral muscles. Treatment to date has included surgery, diagnostics, psychiatric treatment, home exercise program and medications. Patient's medications include Hydrocodone, Oxycontin, Abilify, Linisopril, Prozac, Seroquel, Topamax, and Xanax. The patient is not working, per 01/06/15 report. Treatment reports were provided from 11/10/10 - 04/06/15. ODG-TWC, Mental Illness & Stress Chapter, Aripiprazole (Abilify) Section states: "Not recommended as a first-line treatment. Abilify (aripiprazole) is an antipsychotic medication. Antipsychotics are the first-line psychiatric treatment for schizophrenia. There is insufficient evidence to recommend atypical antipsychotics for conditions covered in ODG." Abilify was included in patient's prescriptions, per progress reports dated 01/10/13, 07/21/13, 06/03/14, and 02/26/15. Per 01/06/15 report, treater states the patient's "activity level" and "ADL" has increased, and "The patient is taking her medications as prescribed. She states that medications are working well. No side effects reported. Patient shows no evidence of developing medication dependency. No medication abuse is suspected. She reports continued functional benefit with her pain medication. Pain score without pain med: 5/10, patient performs ADL with some difficulty and she has trouble doing things throughout the day due to pain. Pain score with pain med: 3/10, patient performs ADL with less difficulty, she is able to function and do more throughout the day due less pain." In this case, the patient has a diagnosis of major depression and treater has documented medication efficacy. However, treater has not provided reason for the request. Nonetheless, guidelines do not recommend Abilify as first-line treatment, since "there is insufficient evidence to recommend atypical antipsychotics for conditions covered in ODG." Furthermore, the request does not indicate quantity nor duration. MTUS does not support open-ended requests Therefore the request IS NOT medically necessary.

Xanax 0.25mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) Chapter, under Xanax (Alprazolam).

Decision rationale: Based on the 08/14/14 ER report provided by treating physician, the patient presents with neck and back pain. The patient is status post L5-S1 fusion on unspecified date, and L4-5 fusion on 09/08/12, per operative report. The request is for XANAX 0.25MG. RFA with the request not provided. Patient's diagnosis on 08/14/14 included degenerative lumbar disc, intervertebral disc disease without myelopathy and chronic pain syndrome. Physical examination to the lumbar spine on 01/06/15 revealed tenderness to palpation to the bilateral paravertebral muscles. Treatment to date has included surgery, diagnostics, psychiatric treatment, home exercise program and medications. Patient's medications include Hydrocodone, Oxycontin, Abilify, Lisinopril, Prozac, Seroquel, Topamax, and Xanax. The patient is not working, per 01/06/15 report. Treatment reports were provided from 11/10/10 - 04/06/15. The MTUS Guidelines page 24 states, "benzodiazepines are not recommended for long-term use because long-term efficacies are unproven and there is a risk of dependence." ODG-TWC, Pain (Chronic) Chapter, under Xanax (Alprazolam) states: "Not recommended for long-term use. See Alprazolam; & Benzodiazepines. Alprazolam, also known under the trade name Xanax and available generically, is a short-acting drug of the benzodiazepine class used to treat moderate to severe anxiety disorders, panic attacks, and as an adjunctive treatment for anxiety associated with major depression." Xanax was included in patient's prescriptions, per progress reports dated 01/10/13, 07/21/13, 06/03/14, and 02/26/15. Per 01/06/15 report, treater states the patient's "activity level" and "ADL" has increased, and "The patient is taking her medications as prescribed. She states that medications are working well. No side effects reported. Patient shows no evidence of developing medication dependency. No medication abuse is suspected. She reports continued functional benefit with her pain medication. Pain score without pain med: 5/10, patient performs ADL with some difficulty and she has trouble doing things throughout the day due to pain. Pain score with pain med: 3/10, patient performs ADL with less difficulty, she is able to function and do more throughout the day due less pain." In this case, treater has documented medication efficacy, but has not provided reason for the request. Nonetheless, guidelines do not recommend long-term use of benzodiazepines. Progress report 09/07/14 states Alprazolam (Xanax) prescription was recorded on 11/26/11. In addition, the request does not indicate quantity nor duration. MTUS does not support open-ended requests. Therefore the request IS NOT medically necessary.

Oxycontin 30mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain CRITERIA FOR USE OF OPIOIDS Page(s): 60, 61 88, 89, 76, 78, 80, 81.

Decision rationale: Based on the 01/06/15 progress report provided by treating physician, the patient presents with pain to bilateral shoulders, upper and lower back, bilateral inner thigh, and groin, rated 4-5/10. The patient is status post L5-S1 fusion on unspecified date, and L4-5 fusion on 09/08/12, per operative report. The request is for OXYCONTIN 30MG. RFA's dated 07/02/14, 09/04/14, and 04/06/15 were provided. Patient's diagnosis on 01/06/15 included disc disorder lumbar, low back pain, post lumbar laminectomy syndrome, and chronic pain syndrome. Physical examination to the bilateral shoulders on 01/06/15 revealed restricted

movement with abduction and adduction. Examination to the lumbar spine on 01/06/15 revealed tenderness to palpation to the bilateral paravertebral muscles. The patient has an awkward gait. Treatment to date has included surgery, diagnostics, psychiatric treatment, home exercise program and medications. Patient's medications include Hydrocodone, Oxycontin, Abilify, Lisinopril, Prozac, Seroquel, Topamax, and Xanax. The patient is not working, per 01/06/15 report. Treatment reports were provided from 11/10/10 - 04/06/15. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS Guidelines, pages 80-81, Opioids for chronic pain states "Tolerance and addiction: Opioid tolerance develops with the repeated use of opioids and brings about the need to increase the dose and may lead to sensitization. It is now clear that analgesia may not occur with open-ended escalation of opioids. It has also become apparent that analgesia is not always sustained over time, and that pain may be improved with weaning of opioids. (Ballantyne, 2006) Oxycontin was included in patient's prescriptions, per progress reports dated 01/10/13, 07/21/13, 06/03/14, and 09/07/14. Per 02/26/15 report, "the patient is on chronic Oxycontin for over 10 years for chronic back pain." ER report dated 07/29/13 states "Patient has presented to ER for withdrawal many time, two times in last week. Continue patient detox Oxycontin 40mg qid, 30mg qhs, Norco 10mg 56/day." Per latest RFA dated 04/06/15, the request was for Oxycontin 10mg, and treater noted "TID, 90 per 30 days with plan to wean to twice a day until weaned off in several weeks to a month. Per 01/06/15 report, treater states the patient's "activity level" and "ADL" has increased, and "The patient is taking her medications as prescribed. She states that medications are working well. No side effects reported. Patient shows no evidence of developing medication dependency. No medication abuse is suspected. She reports continued functional benefit with her pain medication. Pain score without pain med: 5/10, patient performs ADL with some difficulty and she has trouble doing things throughout the day due to pain. Pain score with pain med: 3/10, patient performs ADL with less difficulty, she is able to function and do more throughout the day due less pain." Per 08/29/14 ER report, treater states "CURES report which showed exclusive prescribing from both [the patient's] psychiatrist and regular PMD." MTUS page 80-81 states "pain may be improved with weaning of opioids." It would appear the treater is weaning the patient down and would like a few more months to allow for the patient's adjustment, and MTUS does support slow weaning process. In this case, treater has addressed analgesia with pain scales, discussed no adverse effects and provided general statements of continued functional improvement. However, this patient is not working and there are no specific examples of ADL's, demonstrating how Oxycodone increases function and significantly improves the patient's activities of daily living. MTUS p77 states, "function should include social, physical, psychological, daily and work activities." Furthermore, though treater mentioned no aberrant behavior and compliant CURES, urine drug screen report dated 02/05/15 demonstrated results were inconsistent with patient's prescriptions on 09/22/14 and 02/05/15. MTUS requires appropriate discussion of the 4As. Given the lack of documentation as required by guidelines and inconsistent UDS's, continuation of this opioid cannot be warranted. Therefore, the request IS NOT medically necessary.