

Case Number:	CM15-0002647		
Date Assigned:	01/13/2015	Date of Injury:	04/19/2000
Decision Date:	03/16/2015	UR Denial Date:	12/18/2014
Priority:	Standard	Application Received:	01/06/2015

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 61 year old female who sustained an industrial injury on 4/19/00. The injured worker reported symptoms including headaches, back pain and neuropathic pain. The diagnoses included multilevel cervical degenerative disc disease, status post C5-C6 and C6-C7 fusion in 2009 with revision C6-C7 and instrumentation 3/20/12, cervical radiculopathy, myofascial pain with muscle spasms. Treatments to date have included home exercise program, heat/ice application, status post cervical spine fusion, physical therapy, cervical epidural steroid injections, and oral pain medications. Provider documentation dated 12/4/14 noted the injured worker presents with pain over the cervical spine and headaches, referred neuropathic pain into the left upper extremity, and intermittent muscle spasms. Gabapentin and nucynta were noted to reduce pain. Additional current medications were noted to include norco, meloxicam, dendracin lotion, cymbalta, and soma. Pain was rated at 5/10 in severity with medications and 9-10 in severity without medications. It was noted that medications have allowed her to walk for longer distances, sit for longer periods of time, perform mild household chores, and participate with selfcare needs. The documentation states that the injured worker has signed a pain medication agreement and follows the guidelines, and that she has been compliant with random urine drug screening, with urine drug screens on 8/12/14 and 11/6/14 described as consistent with prescribed medications. The physician documented that opioid risk assessment found the injured worker to be at low risk for opioid abuse. Examination showed mild paraspinous tenderness over the cervical region, dysesthesia along the ulnar nerve, and negative Tinel's sign. Work status was not discussed. Previous progress notes from August and September of 2014 note that previous

failed medications included nucynta. The treating physician is requesting Norco 10/325mg #150, Laxacin #90, Meloxicam 15mg #30, Gabapentin 300mg #120, Nucynta IR 50mg #30, Dendracin lotion #120 and urine drug screen. On 12/18/14, Utilization Review non-certified a request for Norco 10/325mg #150, Laxacin #90, Meloxicam 15mg #30, Gabapentin 300mg #120, Nucynta IR 50mg #30, Dendracin lotion #120 and urine drug screen. The MTUS and ODG were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #150: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids p. 74-96 medication therapy p. 60 Page(s): p. 74-96, 60.

Decision rationale: The MTUS specifies that opioids should be prescribed according to function, with specific functional goals, return to work, random drug testing, and opioid contract. The documentation does state that the injured worker had an opioid agreement and was participating in random urine drug screens. It was also noted that some activities of daily living had improved as a result of medication use. There should be a prior failure of non-opioid therapy. 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.' This injured worker has been prescribed multiple medications along with norco for at least 5 months. Per the MTUS page 60 cited above, medications should be trialed one at a time while other treatments are held constant, with careful assessment of function, and there should be functional improvement with each medication in order to continue it. In this case multiple medications were prescribed simultaneously, making assessment of side effects and benefit practically impossible. There was no documentation of improvement in activities of daily living as a result of any one particular medication. In addition, there was no documentation of decreased dependence on medical care, as office visits continued at the same rate of approximately monthly. For these reasons, there was no documentation of functional improvement as a result of use of norco. No functional goals were discussed, and work status was not specified. Due to the lack of functional improvement as a result of treatment with norco, and the lack of compliance with all of the MTUS guidelines for chronic opioid use, the request for norco is not medically necessary.

Laxacin #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 opioids Page(s): p. 73. Decision based on Non-MTUS Citation chronic pain chapter: opioid induced constipation treatment

Decision rationale: Laxacin contains docusate and senna, a stool softener and a laxative, used to treat constipation. The MTUS notes that when initiating therapy with opioids, prophylactic treatment of constipation should be initiated. Per the ODG, constipation occurs commonly in patients receiving opioids. If prescribing opioids has been determined to be appropriate, prophylactic treatment of constipation should be initiated. First line treatment includes increasing physical activity, maintaining appropriate hydration, and diet rich in fiber. Some laxatives may help to stimulate gastric motility, and other medications can help loosen otherwise hard stools, add bulk, and increase water content of the stool. The injured worker has been treated with opioid medication, but continued use of opioid medication has been determined to be not medically necessary. In addition, there was no documentation of current symptom of constipation. For these reasons, the request for laxacin is not medically necessary.

Meloxicam 15mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): p. 67-73.

Decision rationale: Per the MTUS, nonsteroidal anti-inflammatory drugs (NSAIDs) are recommended as a second line treatment after acetaminophen for treatment of acute exacerbations of chronic back pain. NSAIDs are noted to have adverse effects including gastrointestinal side effects and increased cardiovascular risk; besides these well-documented side effects of NSAIDs, NSAIDs have been shown to possibly delay and hamper healing in all the soft tissues including muscles, ligaments, tendons, and cartilage. NSAIDs can increase blood pressure and may cause fluid retention, edema, and congestive heart failure; all NSAIDs are relatively contraindicated in patients with renal insufficiency, congestive heart failure, or volume excess. They are recommended at the lowest dose for the shortest possible period in patients with moderate to severe pain. The MTUS does not recommend chronic NSAIDs for low back pain, NSAIDs should be used for the short term only. Meloxicam has been prescribed for at least 5 months, which is not consistent with short term use. In addition, there was no documentation of functional improvement as a result of treatment with meloxicam. Due to the long term use, lack of functional improvement, and potential for toxicity, the request for meloxicam is not medically necessary.

Gabapentin 300mg #120: Upheld

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

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

Decision rationale: Per the MTUS, antiepilepsy drugs (AEDs) are recommended for neuropathic pain due to nerve damage. Gabapentin has been shown to be effective for treatment

of diabetic neuropathy and postherpetic neuralgia and has been considered a first line treatment for neuropathic pain. Although the documentation notes that the injured worker had improvement in pain as a result of treatment with gabapentin, there was no documentation of functional improvement as a result of this medication. Although some activities of daily living were noted to be improved, this was not attributed to any one specific medication, and multiple medications had been prescribed. Work status was not documented, and there was no documentation of functional goals. Office visits continued at the same frequency of approximately monthly, and reduction in use of other medication was not documented. Due to the lack of functional improvement, the request for gabapentin is not medically necessary.

Nucynta IR 50mg #30: Upheld

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

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

Decision rationale: The MTUS specifies that opioids should be prescribed according to function, with specific functional goals, return to work, random drug testing, and opioid contract. The documentation does state that the injured worker had an opioid agreement and was participating in random urine drug screens. It was also noted that some activities of daily living had improved as a result of medication use, and that pain had decreased with the use of nucynta. However, it was also documented in earlier progress notes that the injured worker had failed treatment with nucynta. There should be a prior failure of non-opioid therapy. 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. This injured worker has been prescribed multiple medications along with nucynta. Per the MTUS page 60 cited above, medications should be trialed one at a time while other treatments are held constant, with careful assessment of function, and there should be functional improvement with each medication in order to continue it. In this case multiple medications were prescribed simultaneously, making assessment of side effects and benefit practically impossible. There was no documentation of improvement in activities of daily living as a result of any one particular medication. In addition, there was no documentation of decreased dependence on medical care, as office visits continued at the same rate of approximately monthly. For these reasons, there was no documentation of functional improvement as a result of use of nucynta. Due to the lack of functional improvement and the lack of prescribing in accordance with all of the MTUS guidelines for opioid use, the request for nucynta is not medically necessary.

Dendracin lotion #120: 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 topical analgesics p. 111-113 salicylate topicals p. 104 Page(s): p. 111-113, 104.

Decision rationale: Dendracin lotion contains methyl salicylate, menthol, and capsaicin. Per the MTUS, topical analgesics are recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. If any compounded product contains at least one drug or drug class that is not recommended, the compounded product is not recommended. Capsaicin is recommended as an option in patients who have not responded or are intolerant to other treatments. It may be used for treatment of osteoarthritis, fibromyalgia, and chronic non-specific back pain, but it should be considered experimental in high doses. The MTUS and ODG are silent with regards to menthol. It may be used for relief of dry, itchy skin. This agent carries warnings that it may cause serious burns. Topical salicylates are recommended for use for chronic pain. Prior treatment with gabapentin, an anticonvulsant, and cymbalta, and antidepressant, were documented, without notation of functional improvement, representing failure of treatment with these agents. As the use of capsaicin and methyl salicylate is recommended in this circumstance, the request for dendracin lotion is medically necessary.

Urine drug screen: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain chapter (updated 11/21/14), Criteria for Use of Urine Drug Testing

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines chronic pain chapter Page(s): p. 43, 77-78, 89, 94. Decision based on Non-MTUS Citation chronic pain chapter: urine drug testing

Decision rationale: Per MTUS chronic pain medical treatment guidelines, urine drug screens are recommended as an option to assess for the use or the presence of illegal drugs, in accordance with a treatment plan for use of opioid medication, and as a part of a pain treatment agreement for opioids. Per the ODG, urine drug testing is recommended as a tool to monitor compliance with prescribed substances, identify use of undisclosed substances, and uncover diversion of prescribed substances. Urine drug testing is recommended at the onset of treatment when chronic opioid management is considered, if the patient is considered to be at risk on addiction screening, or if aberrant behavior or misuse is suspected or detected. Ongoing monitoring is recommended if a patient has evidence of high risk of addiction and with certain clinical circumstances. Frequency of urine drug testing should be based on risk stratification. Patients with low risk of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. Patients at moderate risk for addiction/aberrant behavior should be tested 2-3 times per year. Patients at high risk of adverse outcomes may require testing as often as once a month. Random collection is recommended. Results of testing should be documented and addressed. The documentation notes that a risk stratification was performed on this injured worker and that she was determined to be at low risk for aberrant behavior, and as such yearly testing would be indicated with continued opioid use. A recent urine drug screen was completed in November 2014. In addition, the requested opioid medications have been determined to be not medically necessary. Due to the lack of indication for frequent urine drug screening, and the lack of necessity of continued opioid treatment, the request for urine drug screen is not medically necessary.

