

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM15-0010103 | | |
| Date Assigned: | 01/27/2015 | Date of Injury: | 07/28/2005 |
| Decision Date: | 03/20/2015 | UR Denial Date: | 01/07/2015 |
| Priority: | Standard | Application Received: | 01/16/2015 |

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: New York
 Certification(s)/Specialty: Emergency 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 38 year-old male who reported low back pain and mental illness after a lifting injury on July 28, 2005. The diagnoses have included depression, neuritis, radiculitis, and spinal stenosis. Treatment has included chiropractic, physical therapy, lumbar fusion, hardware removal, a failed functional restoration program in 2010, a trial of spinal cord stimulation, and medications. He has been treated with opioids, including fentanyl and Norco, for many years. He has reported poor function for many years, and has not returned to work. While prescribed Norco, a urine drug screen in 2011 was negative for opioids. Norco was continued regardless. A psychiatric AME in 2013 noted severe depressive symptoms even while the injured worker was taking Cymbalta. The orthopedic AME, who has seen the injured worker multiple times over the years since injury, has described profound disability and no significant benefit from any treatment. The current primary treating physician has been treating this injured worker since at least 2010. Per the primary treating physician reports during 2014, there was ongoing back and leg pain which is 40-50% better with pain medication. Prilosec helps with GI side effects. He is able to walk briefly and uses a cane. He can do light ADLs. He is dispensed Norco, Neurontin, Cymbalta, Prilosec, tizanidine, and Colace. A non-random urine drug screen at the office visit of 4/4/14 was screened positive for opiates but there was no confirmation reported. A urine drug screen at the 9/19/14 office visit was positive for hydrocodone and Cymbalta. On 10/16/14 Ambien was added. As of 12/15/14 and 1/12/15, the injured worker was reportedly doing very well, was ambulating slowly with a cane, and was dispensed 7 different medications. Refills were dispensed and there were no changes in the treatment plan. The specific results for the

individual medications were not discussed. On January 7, 2015 Utilization Review partially certified the prescriptions for medications dispensed on 12/15/14, noting the lack of compliance with the MTUS recommendations. Colace, Cymbalta, Neurontin and Norco were certified without refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Colace 100mg #120 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Initiating therapy Page(s): 77. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 12th Edition (Web), 2014, Pain, Opioid-induced constipation treatment

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Initiating Therapy [with opioids] (d) Prophylactic treatment of constipation should be initiated.

Decision rationale: CAMTUS chronic pain guidelines recommend prophylactic treatment of constipation when prescribing opiates for analgesia. The IW has been on opiate medications for a minimum of 6months and has been taking stool softeners during this time. There is no documentation in the record relating the IW bowel habits. Ongoing prescribing of Colace in the setting of narcotics is appropriate. However, opiate prescriptions should be closely monitored with ongoing assessments of functional improvements related to prescribed medications. As such, the ongoing use of a Colace is dependent upon the ongoing use of opiates. Additionally, the request does not include dosing frequency or duration. Without this documentation, the request for Colace with refills is not medically necessary.

Cymbalta 30mg #60 dispensed on 12/15/2014: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-depressants for chronic pain Page(s): 13.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cymbalta; Medications for chronic pain; Antidepressants for chronic pain; SNRIs (serotonin nora).

Decision rationale: Per the MTUS, antidepressants like Cymbalta may be indicated for some kinds of chronic pain. When prescribed, the MTUS gives clear direction for outcome measurements, including functional improvement (see pages 13 and 60 of the citations above). The MTUS recommends that when antidepressants are used for chronic pain, that the treating physician provide a careful assessment of pain outcomes, function, changes in other medications, sleep quality, and psychological status. The AME noted a very poor psychiatric status even while taking Cymbalta. Sleep quality has been poor and Ambien was dispensed. No medical reports show specific functional benefit. The lack of functional improvement is noted in the discussion regarding Norco below. Cymbalta is not medically necessary based on the MTUS, and lack of benefit.

Neurontin 400mg #90 dispensed on 12/15/2014: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs) Page(s): 16-18.

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 AEDs used to date. Note the criteria for a good response per the MTUS. The lack of functional improvement is discussed in the Norco section below. Gabapentin is not medically necessary based on the lack of any clear indication, and the lack of significant functional benefit from its use to date.

Neurontin 800mg #90 dispensed on 12/15/2014: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs) Page(s): 16-18.

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 AEDs used to date. Note the criteria for a good response per the MTUS. The lack of functional improvement is discussed in the Norco section below. Gabapentin is not medically necessary based on the lack of any clear indication, and the lack of significant functional benefit from its use to date.

Norco 10/325mg #180 dispensed on 12/15/2014: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-going management Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid management; Opioids, steps to avoid misuse/addiction; indications, Chronic back pain; Mec.

Decision rationale: 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, opioid contract, and there should be a prior failure of non-opioid therapy. There is no evidence in the records that the injured worker was given a thorough trial of non-opioid medications prior to starting opioids. Drug testing has not been random, as it has occurred only at office visits. 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 no evidence of significantly increased function from the opioids used to date. There are voluminous records in this case showing poor function, including no return to work for many years, a failed functional restoration program due to low motivation, and an orthopedic AME who has recommended that the injured worker not return to any form of work and be considered totally disabled permanently. This is not an account of good function while taking opioids. Rather, it is the opposite. The treating physician describes the injured worker as able to perform only the lightest of activities. As currently prescribed, Norco does not meet the criteria for long term opioids as elaborated in the MTUS and is therefore not medically necessary.