

Case Number:	CM15-0015034		
Date Assigned:	02/03/2015	Date of Injury:	06/17/1995
Decision Date:	03/24/2015	UR Denial Date:	01/16/2015
Priority:	Standard	Application Received:	01/27/2015

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: Ohio, West Virginia

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Medical Toxicology

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 46 year old female sustained an industrial injury on 6/17/1995, with subsequent ongoing low back pain. The injured worker was status post microdiscectomy (3/96), lumbar discectomy with decompression (6/97), lumbar fusion (3/99) and lumbar fusion (2/03). In a progress noted dated 12/1/14, the injured worker complained of lumbar spine, mid back and let leg pain, 6-9/10 on the visual analog scale with left lower extremity numbness and tingling. Physical exam was remarkable for a flat lumbar spine with flexion at the hip, deep tendon reflexes absent at the left knee and weakness to the left extensor hallucis longus muscle. The treatment plan included continuing medications (Avinza, Dilaudid, Vistaril, Baclofen, Dexilant, Synthroid, Ativan, Lunesta and Provigil) as well as adding Voltarin. The physician noted that he could not reduce the injured worker's opioids for three months because epidural steroid injections had been denied. The physician stated that the injured worker was in severe pain, much greater than her usual severe levels. On 1/16/15, Utilization Review noncertified a request for complex chronic care coordination services (x12, one per month x 1 year), Lorazepam 1mg #30 and Dexilant 60mg #30 and modified a request for Avinza 120mg #20 to Avinza 120mg #10 citing CA MTUS Chronic Pain Medical Treatment Guidelines. As a result of the UR denial, an IMR was filed with the [REDACTED]

IMR ISSUES, DECISIONS AND RATIONALES

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

Complex chronic care coordination services (x12, one per month x 1 year): 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 Chronic pain program; Functional Restoration Programs Page(s): 30, 34, 49. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain, Chronic Pain Programs

Decision rationale: MTUS states, "Criteria for the general use of multidisciplinary pain management programs: Outpatient pain rehabilitation programs may be considered medically necessary when all of the following criteria are met: (1) An adequate and thorough evaluation has been made, including baseline functional testing so follow-up with the same test can note functional improvement; (2) Previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement; (3) The patient has a significant loss of ability to function independently resulting from the chronic pain; (4) The patient is not a candidate where surgery or other treatments would clearly be warranted (if a goal of treatment is to prevent or avoid controversial or optional surgery, a trial of 10 visits may be implemented to assess whether surgery may be avoided); (5) The patient exhibits motivation to change, and is willing to forgo secondary gains, including disability payments to effect this change; & (6) Negative predictors of success above have been addressed." Official Disability Guidelines states concerning chronic pain programs "(e) Development of psychosocial sequelae that limits function or recovery after the initial incident, including anxiety, fear-avoidance, depression, sleep disorders, or nonorganic illness behaviors (with a reasonable probability to respond to treatment intervention); (f) The diagnosis is not primarily a personality disorder or psychological condition without a physical component; (g) There is evidence of continued use of prescription pain medications (particularly those that may result in tolerance, dependence or abuse) without evidence of improvement in pain or function." While the treating physician does document the use of opioids and anti-depressants, the treating physician has not provided detailed documentation of chronic pain treatment trials and failures to meet MTUS criteria for a chronic pain management program. Therefore, this request is not medically necessary.

Avinza 60mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back - Lumbar & Thoracic (Acute & Chronic), Opioids

Decision rationale: Morphine is a pure opioid agonist. Official Disability Guidelines does not recommend the use of opioids for low back pain "except for short use for severe cases, not to exceed 2 weeks." The patient has exceeded the 2 week recommended treatment length for

opioid usage. MTUS does not discourage use of opioids past 2 weeks, but does state that "ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." The treating physician does not fully document the least reported pain over the period since last assessment, intensity of pain after taking opioid, pain relief, increased level of function, or improved quality of life. Further, the prior level of opioid usage was unsupportable by any evidence based criteria. The prior review recommended weaning which is very appropriate. As such, the request for Avinza 60mg #30 is deemed not medically necessary.

Lorazepam 1mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Benzodiazepines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: Lorazepam is a benzodiazepine. MTUS states it is, "Not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks."Records indicate that the patient has been on Lorazepam greater than the 4 week limit. The treating physician does not indicate any extenuating circumstances for way this patient should continue on this medication. As such, the request for Lorazepam 1mg x30 is not medically necessary.

Dexilant 60mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic), NSAIDs, GI symptoms & cardiovascular risk

Decision rationale: MTUS and Official Disability Guidelines state regarding GI prophylaxis, "Determine if the patient is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA)." And "Patients

at intermediate risk for gastrointestinal events and no cardiovascular disease:(1) A non-selective NSAID with either a PPI (Proton Pump Inhibitor, for example, 20 mg omeprazole daily) or misoprostol (200g four times daily) or(2) a Cox-2 selective agent. Long-term PPI use (> 1 year) has been shown to increase the risk of hip fracture (adjusted odds ratio 1.44)." The medical documents provided do not establish the patient as having documented GI bleeding/perforation/peptic ulcer or other GI risk factors as outlined in MTUS. As such, the request for Dexilant is deemed not medically necessary.

Hydroxyzine 25mg #60: 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, Anxiety medications in chronic pain; Weaning, opioids (specific guidelines) adjunct medications

Decision rationale: Official Disability Guidelines recommends; "Adjunct medications for specific withdrawal symptoms include the following. Insomnia and restlessness: diphenhydramine 50 to 100 mg; trazodone 75 to 200 mg; hydroxyzine 25 to 50 mg." As the UR recommends weaning of multiple medications including high dose opioids it would be reasonable to utilize Hydroxyzine as an adjunct to the process. As such, the request for Hydroxyzine 25mg is medically necessary.