

Case Number:	CM15-0015885		
Date Assigned:	02/03/2015	Date of Injury:	11/28/1995
Decision Date:	03/30/2015	UR Denial Date:	01/22/2015
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: New York
 Certification(s)/Specialty: Anesthesiology

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 71 year old male, who sustained an industrial injury on November 28, 1995. The diagnoses have included carpal tunnel syndrome, chronic pain syndrome, degeneration of lumbar intervertebral disc, lumbosacral radiculitis, lumbar post-laminectomy syndrome, opioid dependence, spasm, fibromyositis, adolescent kyphosis, cervical post-laminectomy syndrome, and degeneration of thoracic intervertebral disc. He has a history of polio syndrome, status post cervical fusion at cervical 4-cervical 5 and cervical 6-cervical 7, right carpal tunnel release, and ulnar tunnel transposition. Treatment to date has included acupuncture, aquatic therapy, biofeedback therapy and pain management counseling, walks with 2 walking sticks, and oral and topical pain, anti-epilepsy, muscle relaxant, antidepressant, laxative, and non-steroidal anti-inflammatory medications. On January 7, 2015, the treating physician noted chronic pain of multiple body parts including chronic spine disease, thoracolumbar spine disease, and history of polio syndrome. There was no physical exam recorded. Currently, he is treated with oral and topical pain, anti-epilepsy, muscle relaxant, antidepressant, laxative, and non-steroidal anti-inflammatory medications. The treatment plan included continuing the current medications, and the injured worker and his wife discussing with his neuropsychiatrist possible ways to treat his possible PTSD (post-traumatic stress disorder) symptoms. On January 27, 2015, the injured worker submitted an application for IMR for review of prescriptions for Subaxone 8mg-2mg SI film 8-2 Qty: 360, Cymbalta 30mg Qty: 270, Lyrica 100mg Qty: 360, Tizanidine 4 mg Qty: 270, Nexium 40mg Qty: 180, and Enulose 10gm/15ml, 450ml Qty: #. The Subaxone was modified based on the lack of overall reduction of medical treatment or any other significant

functional improvement. The Cymbalta was modified based on the injured worker complains of neck pain 19 years after injury. The Enulose was modified based on he uses an opioid currently, and the medication was modified to assist with the opioid-induced constipation. The Lyrica was non-certified based on he complains of neck pain 19 years after injury, but there is lack of documentation of suspected neuropathic pain. The Tizanidine was non-certified based on the guidelines do not support the long-term use of muscle relaxants. The Nexium was non-certified based on lack of documentation of current non-steroidal anti-inflammatory use and chronic proton pump inhibitor use carries risks. The California Medical Treatment Utilization Schedule (MTUS), Chronic Pain Medical Treatment Guideline were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Suboxone 8mg-2mg SI film 8-2 Qty: 360.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 80.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Buprenorphine for chronic pain

Decision rationale: Suboxone (Buprenorphine) is recommended as an option for treatment of chronic pain. According to the ODG, it is used in the following conditions: (1) Patients with a hyperalgesic component to pain; (2) Patients with centrally mediated pain; (3) Patients with neuropathic pain; (4) Patients at high-risk of non-adherence with standard opioid maintenance; (5) For analgesia in patients who have previously been detoxified from other high-dose opioids. It blocks effects of subsequently administered opioid agonists and also suppresses opioid withdrawal. In this case, the patient has had chronic neck pain for 19 years post injury, and is status post 2-level cervical fusion. There is no documentation that Suboxone use has resulted in significant functional improvement. Medical necessity of the requested medication has not been established. Of note, discontinuation of Suboxone should include a taper, to avoid withdrawal symptoms. The certification of the requested medication is not medically necessary.

Cymbalta 30mg Qty: 270: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CA MTUS (2009), Antidepressants Page(s): 13, 15-16.

Decision rationale: According to the California MTUS Guidelines, antidepressants, such as Cymbalta, are indicated for the treatment of chronic pain. They are recommended as a first-line option for neuropathic pain, and as a possibility for non-neuropathic pain. Per the documentation, the use of Cymbalta in this patient's medical regimen has proven beneficial. Medical necessity

for the requested medication has been established. The requested medication is medically necessary.

Lyrica 100mg Qty: 360: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs) Page(s): 16, 99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CA MTUS (2009), Lyrica Page(s): 58.

Decision rationale: According to California MTUS Guidelines, anti-epilepsy medications are a first-line treatment for neuropathic pain. Lyrica is FDA approved for diabetic neuropathy and post-herpetic neuralgia and has been used effectively for the treatment of other neuropathic pain. In this case, the patient has had chronic neck pain for 19 years post injury, s/p cervical spine fusion C4-C5 and C6-C7. However, there is no documentation of neuropathic pain. Medical necessity for the requested medication has not been established. The requested item is not medically necessary.

Tizanidine 4mg Qty: 270: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CA MTUS (2009), Muscle relaxants Page(s): 63, 66.

Decision rationale: Zanaflex (Tizanidine) is a centrally acting alpha2-adrenergic agonist that is FDA approved for management of spasticity; unlabeled use for low back pain. It is indicated for the treatment of chronic myofascial pain and considered an adjunct treatment for fibromyalgia. According to CA MTUS Guidelines (2009), muscle relaxants have not been considered any more effective than non-steroidal antiinflammatory drugs (NSAIDs) for pain or overall improvement. There is also no additional benefit shown in combination with NSAIDs. In addition, sedation is the most commonly reported adverse effect of muscle relaxant medications. There is no documentation of a physical exam in the medical records. Medical necessity for the requested muscle relaxant has not been established. The requested medication is not medically necessary.

Enulose 10gm/15ml, 450ml Qty: 3: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 77.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CA MTUS (2009), Opioids Page(s): 77.

Decision rationale: Enulose (Lactulose) is a type of sugar that is broken down in the large intestine into mild acids that draw water into the colon which helps to soften the stools. It is a laxative used to treat chronic constipation. Opioid-induced constipation is a common adverse effect of long-term opioid use because of the binding of opioids to peripheral opioid receptors in the gastrointestinal tract, resulting in absorption of electrolytes and reduction in small intestine fluid. According to ODG, if opioids are determined to be appropriate for the treatment of pain then prophylactic treatment of constipation should be initiated. In this case, with non-approval of opioid use, the medical necessity of Enulose is not established. The requested medication is not medically necessary.