

Case Number:	CM15-0115799		
Date Assigned:	06/23/2015	Date of Injury:	02/07/1995
Decision Date:	09/17/2015	UR Denial Date:	06/08/2015
Priority:	Standard	Application Received:	06/15/2015

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: Maryland, Texas, Virginia

Certification(s)/Specialty: Internal Medicine, Allergy and Immunology, Rheumatology

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 62 year old female, who sustained an industrial injury on 2/7/95. The diagnoses have included lumbar degenerative disc disease (DDD), low back pain, degenerative spondylolisthesis, and knee pain. Treatment to date has included medications, activity modifications, diagnostics, orthopedic consult, bracing and other modalities. Currently, as per the physician progress note dated 5/7/15, the injured worker is seen for follow up visit. The pain has remained unchanged since last visit. The pain is rated 6/20 on pain scale. Activity level is unchanged and quality of sleep is fair. The objective findings reveal antalgic slow gait and uses a walker to ambulate. The right knee range of motion is restricted with flexion limited to 100 degrees limited by pain and extension limited by pain. There is also tenderness to palpation. The left knee range of motion is restricted with flexion limited to 90 degrees limited by pain. The left ankle reveals tenderness over the talo-fibular ligament. The left foot has a large cyst noted in the medial arch. The motor testing is limited by pain. The work status is permanent and stationary. She is currently not working. The urine drug screen dated 5/7/14 was consistent with medications prescribed. The physician requested treatments included Zomig 5mg daily as needed #30 with 5 refills quantity of 180, Verapamil 120mg twice daily #60 with 5 refills quantity of 360, Roxicodone 15mg every 4-6 hours as needed to maximum 6/day quantity of 180, Methadone 10mg, 4 times daily quantity of 120.00 and Imipramine 50mg at bedtime #30 with 5 refills quantity of 180.00.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zomig 5mg daily as needed #30 with 5 refills Qty: 180: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Triptans.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head, Triptans.

Decision rationale: MTUS is silent specifically with regards to Zomig and triptans for migraine treatment. Other guidelines were utilized. Recommended for migraine sufferers. At marketed doses, all oral triptans (e.g., zolmitriptan, brand name Zomig) are effective and well tolerated. Differences among them are in general relatively small, but clinically relevant for individual patients. A poor response to one triptan does not predict a poor response to other agents in that class. Medical records fail to indicate that this member suffers from migraines. Medical records do not indicate that her medical regimen is improving symptoms or functional status. Improvement is important for continuation of any medication of this type. As such, the request for Zomig 5mg daily as needed #30 with 5 refills Qty: 180 is not medically necessary.

Verapamil 120mg twice daily #60 with 5 refills Qty: 360: Upheld

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 (ODG) Diabetes (Type 1, 2, and Gestational), Hypertension treatment.

Decision rationale: The following decision is made without commenting on the work-relatedness or causation of an industrial injury. MTUS is silent specifically with regards to verapamil. Therefore, other guidelines were utilized. ODG states regarding the treatment of hypertension: After Lifestyle (diet & exercise) modifications; (1) First line, 1st choice, Renin, angiotensin-aldosterone system blockers: ACE inhibitors (angiotensin-converting enzyme inhibitor): Benazepril (Lotensin); Captopril (Capoten); Enalapril (Vasotec); Lisinopril (Zestril); Ramipril (Altace), Angiotensin II receptor blocker (ARBs): Losartan (Cozaar); Olmesartan (Benicar); Valsartan (Diovan); (2) First line, 2nd addition, Calcium channel blockers: Amlodipine (Norvasc); Nifedipine (Procardia); (3) First line, 3rd addition, Thiazide diuretic, Hydrochlorothiazide (HCTZ); (4) First line, 4th addition, Beta blockers (b- Adrenergic blocker): Atenolol (Tenormin); Metoprolol (Lopressor); Nadolol (Corgard); Propranolol (Inderal); (5) Second line: Aldosterone receptor blockers: Spironolactone (Aldactone), Direct renin inhibitor: Aliskiren (Tekturna), Selective a1-adrenergic blockers: Doxazosin (Cardura); Prazosin (Minipress); Terazosin (Hytrin), Central a2 agonists: Clonidine (Catapres); Direct vasodilators: Hydralazine (Apresoline); Minoxidil (Loniten). While verapamil is a calcium channel blocker and an appropriate first line, second addition medication for hypertension, medical documents do not substantiate the diagnosis of

hypertension. The medical notes provided do have blood pressure readings all within normal limits. As such, the request for Verapamil 120mg twice daily #60 with 5 refills Qty: 360 is not medically necessary.

Roxicodone 15mg every 4-6 hrs as needed to maximum 6/day Qty: 180: 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): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back-Lumbar & Thoracic (Acute & Chronic) and Pain, Opioids.

Decision rationale: Oxycodone is the generic version of Roxicodone, which is a pure opioid agonist. ODG 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. There is no evidence of significant reduction in pain while taking this medication. The member is currently on 4 different opioids. As such the question for Roxicodone 15mg every 4-6 hours as needed to maximum 6/day Qty: 180 is not medically necessary.

Methadone 10mg, 4 times daily Qty: 120.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, dosing Page(s): 86.

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

Decision rationale: 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 the following: 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, or increased level of function. MTUS further recommends opioid dosing not to exceed 120mg oral morphine equivalent per day cumulatively for all different opioids used. The morphine

equivalent per day based on the progress notes appears to be exceeds MTUS recommendations. There is no evidence of significant reduction in pain while taking this medication. As such, the request for Methadone 10mg, 4 times daily Qty: 120 is not medically necessary.

Imipramine 50mg at bedtime #30 with 5 refills Qty: 180.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Triptans.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain Page(s): 13. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic pain, TCA's.

Decision rationale: MTUS states that "Amitriptyline is a tricyclic antidepressant. Tricyclics are generally considered a first-line agent unless they are ineffective, poorly tolerated, or contraindicated." ODG states "Assessment of treatment efficacy should include not only pain outcomes, but also an evaluation of function, changes in use of other analgesic medication, sleep quality and duration, and psychological assessment. Side effects, including excessive sedation (especially that which would affect work performance) should be assessed. (Additional side effects are listed below for each specific drug.) It is recommended that these outcome measurements should be initiated at one week of treatment with a recommended trial of at least 4 weeks. The optimal duration of treatment is not known because most double-blind trials have been of short duration (6-12 weeks). It has been suggested that if pain is in remission for 3-6 months, a gradual tapering of anti-depressants may be undertaken." The treating physician has not provided evidence of improved pain control, improved function and sleep quality from imipramine. Also, there is not documentation of a diagnosis of neuropathic pain or depression. As such, the request for Imipramine 50mg at bedtime #30 with 5 refills Qty: 180 is not medically necessary.