

Case Number:	CM15-0116693		
Date Assigned:	06/24/2015	Date of Injury:	06/13/2004
Decision Date:	08/24/2015	UR Denial Date:	05/29/2015
Priority:	Standard	Application Received:	06/16/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 60-year-old male, who sustained an industrial injury on June 13, 2004, incurring low back and bilateral shoulder injuries. He was diagnosed with lumbar sprain, shoulder and upper arm sprain. Treatment included physical therapy, acupuncture, pain medications, sleep aides, medication management, cognitive behavior therapy, and work restrictions. Currently, the injured worker complained of ongoing lower back pain radiating down both legs with numbness and tingling. He was diagnosed with chronic pain syndrome. The pain was noted as being worse when sitting and with physical activity. He complained of joint pain, stiffness and muscle weakness. The injured worker had depression, anxiety and stress features. The treatment plan that was requested for authorization included prescriptions for Norco, Doxepin, Galise and Miralax.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg quantity 120 with one refill: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89, 80-81.

Decision rationale: The patient complains of lower back pain radiating to both legs with numbness and tingling, as per progress report dated 05/13/15. The request is for NORCO 10/325mg QUANTITY 120 WITH 1 REFILL. The RFA for the case is dated 05/19/15, and the patient's date of injury is 06/13/04. The pain is rated at 3-8/10, as per progress report dated 05/13/15. Current medications include Norco, Ambien, Gralise, and Miralax. Diagnoses included lumbar sprain/strain, upper arm and shoulder sprain, chronic pain syndrome, and long-term use of opiates. The patient is not working, as per progress report dated 04/17/15. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief." Pages 80, 81 of MTUS also states, "There are virtually no studies of opioids for treatment of chronic lumbar root pain with resultant radiculopathy," and for chronic back pain, it "Appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited." In this case, Norco is first noted in progress report dated 10/30/14, and the patient has been taking the medication consistently at least since then. The Utilization Review denial letter, dated 05/29/15, does not provide a clear rationale but it appears that Norco #210 was approved on 04/28/15. In progress report dated 04/17/15, the treater states that the patient's methadone has been discontinued and his Norco dose has been increased slightly. In progress report dated 05/13/15, the treater states that Norco decreases pain and increase function as documented by Oswestry Disability Index, which was 68% without medications and 62% with medications. The pain is rated at 3-8/10 and is at 5/10 with opioids. There were no side effects, and UDS and CURES reports were consistent. In the same report, the treater also states, "it is reasonable to gradually wean this medication. It is recommended that the patient have treatment with pain counseling to help him develop pain coping skills and help with medication management." Although the treater does not provide specific examples that indicate improvement in function, it is evident that Norco is having an impact the patient's pain and ADLs. In addition, given the treater's attempt to wean the patient off, the current request appears reasonable and IS medically necessary.

Doxepin 10mg quantity 90 with one refill: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tricyclic antidepressant medications Page(s): 13-15, 122.

Decision rationale: The patient complains of lower back pain radiating to both legs with numbness and tingling, as per progress report dated 05/13/15. The request is for DOXEPIN 10mg QUANTITY 90 WITH ONE REFILL. The RFA for the case is dated 05/19/15, and the patient's date of injury is 06/13/04. The pain is rated at 3-8/10, as per progress report dated

05/13/15. Current medications include Norco, Ambien, Gralise, and Miralax. Diagnoses included lumbar sprain/strain, upper arm and shoulder sprain, chronic pain syndrome, and long-term use of opiates. The patient is not working, as per progress report dated 04/17/15. Doxepin is a tricyclic antidepressant drug used to treat sleep problems (insomnia). The MTUS guidelines on page 15 states, "Tricyclic antidepressants are recommended over selective serotonin reuptake inhibitors (SSRIs), unless adverse reactions are a problem." MTUS on page 122 states, "Recommended. Tricyclics are generally considered a first-line agent unless they are ineffective, poorly tolerated, or contraindicated. Analgesia generally occurs within a few days to a week, whereas antidepressant effect takes longer to occur." In this case, this is the first prescription of Doxepin. As per progress report dated 05/13/15, the treater is recommending "a trial of Doxepin for pain and insomnia." MTUS also supports the use of this medication for sleep issues. Hence, the request for trial is reasonable and IS medically necessary.

Gralise 600mg quantity 60 with one refill: 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 Anti-epilepsy drugs (AEDs) Page(s): 18-19.

Decision rationale: The patient complains of lower back pain radiating to both legs with numbness and tingling, as per progress report dated 05/13/15. The request is for GRALISE 600mg QUANTITY 60 WITH ONE REFILL. The RFA for the case is dated 05/19/15, and the patient's date of injury is 06/13/04. The pain is rated at 3-8/10, as per progress report dated 05/13/15. Current medications include Norco, Ambien, Gralise, and Miralax. Diagnoses included lumbar sprain/strain, upper arm and shoulder sprain, chronic pain syndrome, and long-term use of opiates. The patient is not working, as per progress report dated 04/17/15. MTUS has the following regarding Gabapentin on pg 18, 19: "Gabapentin (Neurontin, Gabarone, generic available) has been shown to be effective for treatment of diabetic painful neuropathy and post herpetic neuralgia and has been considered as a first-line treatment for neuropathic pain." MTUS p60 also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. In this case, the use of Gralise is first noted in progress report dated 10/30/14, and the patient has been using the medication consistently at least since then. As per progress report dated 04/17/15, the patient has tried and failed Neurontin, Lyrica and TCA's in the past but Gralise "helps decrease some of the neuropathic pain." The treater, however, does not document an improvement in function, as required by MTUS page 60 for all pain medications. Hence, the request IS NOT medically necessary.

Miralax powder #2 with one refill: 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 Constipation Page(s): 77.

Decision rationale: The patient complains of lower back pain radiating to both legs with numbness and tingling, as per progress report dated 05/13/15. The request is for MIRALAX POWDER # 2 WITH ONE REFILL. The RFA for the case is dated 05/19/15, and the patient's date of injury is 06/13/04. The pain is rated at 3-8/10, as per progress report dated 05/13/15. Current medications include Norco, Ambien, Gralise, and Miralax. Diagnoses included lumbar sprain/strain, upper arm and shoulder sprain, chronic pain syndrome, and long-term use of opiates. The patient is not working, as per progress report dated 04/17/15. Regarding constipation, MTUS Chronic Pain Medical Treatment Guidelines, page 77, states that prophylactic treatment of constipation should be initiated with therapeutic trial of opioids. It also states, "Opioid induced constipation is a common adverse side effect of long-term opioid use." In this case, the patient has been taking Miralax along with Norco (an opioid) at least since 10/30/14. In progress report dated 04/17/15, the treater states "Miralax helps decrease his constipation from the medication." Given the symptoms of constipation and efficacy of Miralax, the request is reasonable and IS medically necessary.