

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM15-0117255 | | |
| Date Assigned: | 06/25/2015 | Date of Injury: | 02/19/2001 |
| Decision Date: | 08/20/2015 | UR Denial Date: | 06/12/2015 |
| Priority: | Standard | Application Received: | 06/17/2015 |

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 55-year-old male, who sustained an industrial injury on 2/19/2001. The injured worker was diagnosed as having other chronic pain, cervical radiculopathy, lumbar facet arthropathy, lumbar radiculopathy, status post lumbar fusion, gastroesophageal reflux disease, insomnia, and chronic diarrhea. Treatment to date has included diagnostics, lumbar spinal surgery, acupuncture, home exercise program, and medications. On 4/21/2015, the injured worker complains of neck pain with radiation down the bilateral upper extremities, accompanied by bilateral occipital headaches and occasional spasms in the posterior neck. He also reported low back pain with radiation down the bilateral lower extremities, abdominal pain, groin pain, headaches, insomnia, and gastrointestinal upset and chronic diarrhea. Pain was rated 9-10/10 on average with medication use and 10/10 without. He reported worsened pain since last visit. Ongoing difficulty with activities of daily living was noted. He reported that current acupuncture treatment and medications improved symptoms by 70%. Opiate tolerance due to long-term use was documented and unsuccessful weaning was documented. He was pending facet rhizotomy procedure. Urine toxicology (7/2014) was documented as consistent with prescribed medications. He was currently not working. The treatment plan included continued medications, noting Celebrex, Gabapentin, Hydrocodone/APAP, Opana, Pantoprazole, Tizanidine, Trazadone, Zolpidem, Capsaicin, and Lomotil. On 5/19/2015, his pain was rated 8-9/10 with medication and 10/10 without. Selective catheterization (bilateral C5-7) with myelogram and infusion of corticosteroid infusion was noted 4/28/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trazodone 50mg quantity 30: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13-15. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, under Insomnia has the following regarding Amitriptyline.

Decision rationale: The patient presents on 04/21/15 with neck pain, which radiates into the bilateral upper extremities, thoracic back pain, lower back pain that radiates into the bilateral lower extremities, groin pain, abdominal pain, and insomnia secondary to pain. The pain is rated 9-10/10 with medications, 10/10 without medications. The patient's date of injury is 02/19/01. Patient is status post corticosteroid infusion at the C5-C7 levels on 04/28/15, status post anterior lumbar disc fusion at L5-S1 levels at a date unspecified, and status post radiofrequency rhizotomy at L3-L5 levels bilaterally on 10/14/14. The request is for Trazodone 50mg qty 30. The RFA is dated 04/21/15. Physical examination dated 04/21/15 reveals tenderness to palpation of the cervical paraspinal musculature with spasms noted, pain elicitation on flexion/extension/rotation of the cervical spine, and decreased sensation in the C5-C7 dermatomal distributions bilaterally. Lumbar spine examination reveals tenderness to palpation of the paraspinal musculature at L4-S1 levels with spasms noted, and positive facet signs bilaterally. The patient is currently prescribed Opana, Trazodone, Lidoderm, Norco, Gabapentin, Pantoprazole, Tizanidine, Zolpidem, Capsaicin, Celecoxib, and Lomotil. Diagnostic imaging included MRI of the cervical spine dated 03/16/10, indicating: "2-3mm disc bulge at C5-6 and narrowed C6-7 level with slight C5-6 and mild to moderate C6-7 central canal narrowing and findings suggestive of severe bilateral C6-7 neural foraminal narrowing." MRI of the lumbar spine dated 03/16/10 was also included, indicating: "Posterior disc bulges of 3mm at L3-4 and 2-3mm at L4-5 with moderate bilateral L4-5 facet hypertrophy, mild L4-5 central canal narrowing and bilateral mild L3-4 neural foraminal narrowing." Patient is currently not working. Regarding anti-depressants, MTUS Guidelines, page 13-15, Chronic Pain Medical Treatment Guidelines: Antidepressants for chronic pain states: "Recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. 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." MTUS page 60 requires documentation of pain assessment and functional changes when medications are used for chronic pain. ODG guidelines Pain Chapter, under Insomnia have the following regarding Amitriptyline: "Sedating antidepressants, e.g., amitriptyline, trazodone, and mirtazapine have also been used to treat insomnia; however, there is less evidence to support their use for insomnia, but they may be an option in patients with coexisting depression." In regard to the continuation of Trazodone, the request is appropriate. This patient has been prescribed Trazodone since at least 01/13/15. This patient presents with chronic neck and lower back pain with associated insomnia and depression

secondary to pain and loss of function. Progress note dated 04/21/15 specifically indicates that this medication is effective in reducing the amount of opiate medications this patient requires to reduce pain/improve function, and also allows him to obtain greater sleep quality each night. Given the guideline support for this medication for complaints of this nature, and the documentation efficacy provided, continuation is substantiated. The request is medically necessary.

Norco 10/325mg quantity 90: Upheld

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.

Decision rationale: The patient presents on 04/21/15 with neck pain, which radiates into the bilateral upper extremities, thoracic back pain, lower back pain that radiates into the bilateral lower extremities, groin pain, abdominal pain, and insomnia secondary to pain. The pain is rated 9-10/10 with medications, 10/10 without medications. The patient's date of injury is 02/19/01. Patient is status post corticosteroid infusion at the C5-C7 levels on 04/28/15, status post anterior lumbar disc fusion at L5-S1 levels at a date unspecified, and status post radiofrequency rhizotomy at L3-L5 levels bilaterally on 10/14/14. The request is for Norco 10/325mg quantity 90. The RFA is dated 04/21/15. Physical examination dated 04/21/15 reveals tenderness to palpation of the cervical paraspinal musculature with spasms noted, pain elicitation on flexion/extension/rotation of the cervical spine, and decreased sensation in the C5-C7 dermatomal distributions bilaterally. Lumbar spine examination reveals tenderness to palpation of the paraspinal musculature at L4-S1 levels with spasms noted, and positive facet signs bilaterally. The patient is currently prescribed Opana, Trazodone, Lidoderm, Norco, Gabapentin, Pantoprazole, Tizanidine, Zolpidem, Capsaicin, Celecoxib, and Lomotil. Diagnostic imaging included MRI of the cervical spine dated 03/16/10, indicating: "2-3mm disc bulge at C5-6 and narrowed C6-7 level with slight C5-6 and mild to moderate C6-7 central canal narrowing and findings suggestive of severe bilateral C6-7 neural foraminal narrowing." MRI of the lumbar spine dated 03/16/10 was also included, indicating: "Posterior disc bulges of 3mm at L3-4 and 2-3mm at L4-5 with moderate bilateral L4-5 facet hypertrophy, mild L4-5 central canal narrowing and bilateral mild L3-4 neural foraminal narrowing." Patient is currently not working. 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 4A's (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. In regard to the continuation of Norco, the treater has provided conflicting/inadequate documentation of analgesia. Progress note dated 04/21/15 notes that this patient's pain is 9-10/10 with medications, 10/10 without medications - indicating a lack of efficacy. Conflicting with this assessment, an interval history section in the report has the following: "The patient reports that the use of acupuncture and current H2-blocker, muscle relaxant, opioid, sleep aid medication is helpful. The patient reports a 70% improvement due to

this therapy." UDS dated 01/13/15 was consistent with prescribed medications, and there are several activity-specific functional improvements noted, such as the ability to care for pets, climb stairs, self-care, laundry, etc. MTUS guidelines require documentation of analgesia via a validated scale, activity-specific functional improvements, a stated lack of aberrant behavior, and consistent UDS. In this case, the documentation provided satisfies the latter criteria but fails to provide clear evidence of analgesia via a validated scale. Without clearly demonstrated analgesia specifically attributed to narcotic medications, continuation cannot be substantiated. The request is not medically necessary.

Tizanidine 4mg quantity 90: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants for pain, Pain Outcomes and Endpoints Page(s): 63-66, 8-9.

Decision rationale: The patient presents on 04/21/15 with neck pain, which radiates into the bilateral upper extremities, thoracic back pain, lower back pain that radiates into the bilateral lower extremities, groin pain, abdominal pain, and insomnia secondary to pain. The pain is rated 9-10/10 with medications, 10/10 without medications. The patient's date of injury is 02/19/01. Patient is status post corticosteroid infusion at the C5-C7 levels on 04/28/15, status post anterior lumbar disc fusion at L5-S1 levels at a date unspecified, and status post radiofrequency rhizotomy at L3-L5 levels bilaterally on 10/14/14. The request is for Tizanidine 4mg quantity 90. The RFA is dated 04/21/15. Physical examination dated 04/21/15 reveals tenderness to palpation of the cervical paraspinal musculature with spasms noted, pain elicitation on flexion/extension/rotation of the cervical spine, and decreased sensation in the C5-C7 dermatomal distributions bilaterally. Lumbar spine examination reveals tenderness to palpation of the paraspinal musculature at L4-S1 levels with spasms noted, and positive facet signs bilaterally. The patient is currently prescribed Opana, Trazodone, Lidoderm, Norco, Gabapentin, Pantoprazole, Tizanidine, Zolpidem, Capsaicin, Celecoxib, and Lomotil. Diagnostic imaging included MRI of the cervical spine dated 03/16/10, indicating: "2-3mm disc bulge at C5-6 and narrowed C6-7 level with slight C5-6 and mild to moderate C6-7 central canal narrowing and findings suggestive of severe bilateral C6-7 neural foraminal narrowing." MRI of the lumbar spine dated 03/16/10 was also included, indicating: "Posterior disc bulges of 3mm at L3-4 and 2-3mm at L4-5 with moderate bilateral L4-5 facet hypertrophy, mild L4-5 central canal narrowing and bilateral mild L3-4 neural foraminal narrowing." Patient is currently not working. MTUS Chronic Pain Medical Treatment Guidelines under the topic: Muscle Relaxants for pain, on page 66 under Tizanidine states this medication has FDA approval for spasticity and unlabeled use for low back pain, and notes it has been considered as a first-line option to treat myofascial pain and beneficial for fibromyalgia. When using tizanidine, the guidelines recommend checking liver function at baseline, 1, 3, and 6 months out. MTUS Chronic Pain Medical Treatment Guidelines, pg 9 under Pain Outcomes and Endpoints states: "All therapies are focused on the goal of functional restoration rather than merely the elimination of pain and assessment of treatment efficacy is accomplished by reporting functional improvement." In regard to the continuation of Tizanidine, the request is appropriate. This patient has been prescribed Tizanidine since at least

01/13/15. Addressing efficacy, progress note dated 04/21/15 states: "The patient reports that the use of acupuncture and current H2-blocker, muscle relaxant, opioid, sleep aid medication is helpful. The patient reports a 70% improvement due to this therapy," though does not specifically address which medication relieves which symptoms. MTUS guidelines support the usage of Tizanidine long term for treatment of myofascial pain, low back pain and fibromyalgia conditions. Given the patient's continued neck and lower back pain, with documentation of pain reduction attributed to medications, continuation of Tizanidine is substantiated. The request is medically necessary.

Zolpidem 10mg quantity 30: Upheld

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

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

Decision rationale: The patient presents on 04/21/15 with neck pain, which radiates into the bilateral upper extremities, thoracic back pain, lower back pain that radiates into the bilateral lower extremities, groin pain, abdominal pain, and insomnia secondary to pain. The pain is rated 9-10/10 with medications, 10/10 without medications. The patient's date of injury is 02/19/01. Patient is status post corticosteroid infusion at the C5-C7 levels on 04/28/15, status post anterior lumbar disc fusion at L5-S1 levels at a date unspecified, and status post radiofrequency rhizotomy at L3-L5 levels bilaterally on 10/14/14. The request is for Zolpidem 10mg quantity 30. The RFA is dated 04/21/15. Physical examination dated 04/21/15 reveals tenderness to palpation of the cervical paraspinal musculature with spasms noted, pain elicitation on flexion/extension/rotation of the cervical spine, and decreased sensation in the C5-C7 dermatomal distributions bilaterally. Lumbar spine examination reveals tenderness to palpation of the paraspinal musculature at L4-S1 levels with spasms noted, and positive facet signs bilaterally. The patient is currently prescribed Opana, Trazodone, Lidoderm, Norco, Gabapentin, Pantoprazole, Tizanidine, Zolpidem, Capsaicin, Celecoxib, and Lomotil. Diagnostic imaging included MRI of the cervical spine dated 03/16/10, indicating: "2-3mm disc bulge at C5-6 and narrowed C6-7 level with slight C5-6 and mild to moderate C6-7 central canal narrowing and findings suggestive of severe bilateral C6-7 neural foraminal narrowing." MRI of the lumbar spine dated 03/16/10 was also included, indicating: "Posterior disc bulges of 3mm at L3-4 and 2-3mm at L4-5 with moderate bilateral L4-5 facet hypertrophy, mild L4-5 central canal narrowing and bilateral mild L3-4 neural foraminal narrowing." Patient is currently not working. MTUS Guidelines do not specifically address Ambien, though ODG-TWC, Pain Chapter, Zolpidem – Ambien - Section states: "Zolpidem is a prescription short-acting non-benzodiazepine hypnotic, which is recommended for short-term 7-10 days treatment of insomnia. Proper sleep hygiene is critical to the individual with chronic pain and often is hard to obtain. Various medications may provide short-term benefit. While sleeping pills, so-called minor tranquilizers, and anti-anxiety agents are commonly prescribed in chronic pain, pain specialists rarely, if ever, recommend them for long-term use. They can be habit-forming, and they may impair function and memory more

than opioid pain relievers. There is also concern that they may increase pain and depression over the long-term." In regard to the continuation of Zolpidem for this patient's insomnia secondary to pain, the requesting provider has exceeded guideline recommendations. Progress notes indicate that this patient has been prescribed Zolpidem since at least 01/13/15, with documented improvements in this patient's sleep noted. While this patient presents with significant chronic pain and associated psychiatric complaints/insomnia, ODG does not support the use of this medication for longer than 7-10 days. The requested 30 tablets in addition to previous use do not imply intent to utilize this medication short-term. Therefore, the request is not medically necessary.