

Case Number:	CM15-0117651		
Date Assigned:	06/26/2015	Date of Injury:	07/18/2001
Decision Date:	08/07/2015	UR Denial Date:	05/26/2015
Priority:	Standard	Application Received:	06/18/2015

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: Arizona, Michigan

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

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 43 year old female, who sustained an industrial injury on 7/18/01. The injured worker was diagnosed as having postural orthostatic tachycardia syndrome, pre-syncope and syncope, lumbalgia and migraines. Treatment to date has included 2 level lumbar fusion, functional restoration program, SI injections, chiropractic treatment, pacemaker, oral medications including alprazolam 2mg, Fiorinal 50/325/40mg, Gabapentin 600mg, Percocet 5/325mg, Sumatriptan 100mg, zanaflex 4mg, Zofran 8mg, Gralise 600mg and Zyprexa 20mg; Fentanyl 100mcg patch, Lidocaine 5% patch, activity restrictions and physical therapy. Currently, the injured worker complains of back stiffness and low back pain, described as aching, burning, sharp, stabbing, and throbbing and spasming, rated 6/10. She notes substantial benefits from medications with about 90% improvement in pain. Urine Drug Screen performed on 3/23/15 was consistent with medications prescribed. It is noted she has attempted to wean the medications with increased pain, suffering and decreased functional capacity. She continues to have severe pain and disability and decreased functional capacity and was unable to complete the biopsychosocial program. She is currently temporarily totally disabled. Physical exam noted pain with Valsalva, pain to palpation over the L4-5 and L5-S1 facet capsules bilaterally, pain with rotational extension indicative of facet capsular tears and secondary myofascial pain with triggering bilateral which is worse than previous evaluation. It is noted she is severely deconditioned. The treatment plan included request for alprazolam 2mg, Fiorinal 50/325/40mg, Gabapentin 600mg, Percocet 5/325mg, Sumatriptan 100mg, zanaflex 4mg, Zofran 8mg and Zyprexa 20mg; Fentanyl 100mcg patch, Lidocaine 5% patch and a DRDB consultation and

evaluation. A request for authorization was submitted on 5/15/15 for consultation regarding of DRDB of spine and alprazolam 2mg, Fiorinal 50/325/40mg, Gabapentin 600mg, Percocet 5/325mg, Sumatriptan 100mg, zanaflex 4mg, Zofran 8mg, Gralise 600mg and Zyprexa 20mg; Fentanyl 100mcg patch and Lidocaine 5% patch.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fentanyl 100mcg/hr ER #15: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiods, Fentanyl Page(s): 74-80, 47.

Decision rationale: CA MTUS Guidelines recommend Fentanyl only be used in patients who are currently on opioid therapy for which a tolerance has developed. It is also noted Fentanyl is an opioid analgesic with a potency eighty times that of morphine, weaker opioids are less likely to produce adverse effects than stronger opioids such as fentanyl. Guidance further recommends that opioids should be continued when the injured worker has returned to work and if there is improved pain and functioning. Also, " patients who receive opioid therapy may sometimes develop unexpected changes in their response to opioids, which includes development of abnormal pain, change in pain pattern, and persistence of pain at higher levels than expected. when this happens opioids can actually increase rather than decrease sensitivity to noxious stimuli. It is important to note that a decrease in opioid efficacy should not always be treated by increasing the dose or adding other opioids, but may actually require weaning." The injured worker has not returned to work and documentation did not reveal quantifiable improvements in pain and function with the use of Fentanyl. The injured worker does not appear to be having a satisfactory response to opioids, therefore the request for Fentanyl patch 100mcg/hr #15 is not medically necessary.

Percocet 5/325mg #120: 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): 60, 74-80.

Decision rationale: According to CA MTUS guidelines long-term use of opioids is discouraged unless there is ongoing review and documentation of pain relief and improvement of functional status. Pain assessment should include current pain, least reported pain over the period since last assessment, average pain, and intensity of pain after taking the opioid, how long it takes for pain relief and how long relief lasts. Documentation did not indicate intensity of pain or improvement in pain after taking the opioid or improvement in functional status as required by the guidelines,

she has not returned to work. Therefore, the request for Percocet 5/325mg is not medically necessary.

Zanaflex 4mg #90 with 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-spasticity / anti-spasmodic drugs Tizanidine Page(s): 66.

Decision rationale: Per the MTUS, Tizanidine is a centrally acting alpha2adrenergic agonist that is FDA approved for management of spasticity: unlabeled use for back pain. One study which was conducted only in females demonstrated a significant decrease in pain associated with chronic myofascial pain syndrome and it is recommended as first line option to treat myofascial pain, it may also be beneficial as an adjunct in the treatment of fibromyalgia. A review of the injured workers medical records reveal subjective complaints of muscle spasms with objective findings of myofascial pain, however there was no documentation of pain or functional improvement with the use of Zanaflex, and she appears to still be significantly symptomatic despite her regimen and does not appear to be having a satisfactory response to the use of Zanaflex. Therefore, based on the guidelines and the injured workers clinical presentation the request for Zanaflex 4mg #90 with 3 refills is not medically necessary.

Gabapentin 600mg #270 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines anti-epilepsy drugs. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs; Gabapentin Page(s): 16-22, 49.

Decision rationale: Per the MTUS, anti-epilepsy drugs are recommended for neuropathic pain. Gabapentin is considered first line treatment for neuropathic pain. The choice of specific agents reviewed below will depend on the balance between effectiveness and adverse reactions. A good response to the use of AEDs has been defined as a 50% reduction in pain and a moderate response as a 30% reduction. It has been reported that a 30% reduction in pain is clinically important to patients and a lack of response of this magnitude may be the trigger for the following: (1) a switch to a different first-line agent (TCA, SNRI or AED are considered first-line treatment); or (2) combination therapy if treatment with a single drug agent fails.(Eisenberg, 2007) (Jensen, 2006) After initiation of treatment there should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with use. The continued use of AEDs depends on improved outcomes versus tolerability of adverse effects. Unfortunately a review of the injured workers medical records did not reveal documentation of pain and functional improvement with Gabapentin as required by the guidelines and without this information it is not possible to determine if continued use is medically necessary. Therefore the request for Gabapentin 600mg is not medically necessary.

Alprazolam 2mg #90 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines benzodiazepines. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

Decision rationale: The MTUS does not recommend long term use of benzodiazepines , long term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. tolerance to all of its effects develop within weeks to months, and long term use may actually increase anxiety, a more appropriate treatment for anxiety disorder is an antidepressant. Chronic benzodiazepines are the treatment of choice in very few conditions. A review of the injured workers medical records do not reveal extenuating circumstances or that would warrant deviating from the guidelines. Therefore, the request for Alprazolam 2mg #90 is not medically necessary.

Florinal 50/325/40mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Barbiturate-containing analgesic agents (BCAs) Page(s): 23, Postsurgical Treatment Guidelines.

Decision rationale: CA MTUS does not recommend barbiturate containing analgesics for chronic pain. The potential for drug dependence is high and no evidence exists to show a clinically important enhancement of analgesic efficacy of BCA's due to the barbiturate constituents. There is also a risk of medication overuse as well as rebound headache. Therefore the request for Fiorinal is not medically necessary.

Lidocaine patch 5%: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidocaine, topical analgesics Page(s): 57, 112.

Decision rationale: CA MTUS guidelines for "Lidocaine patch may be recommended for localized peripheral pain after there has been evidence of trial of first-line therapy such as Gabapentin or Lyrica." "Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia." A review of the injured workers medical records do not reveal documentation of pain or functional improvement with the use of Lidocaine patch, therefore the request for Lidocaine patch is not medically necessary.

Zofran 8mg: 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): Ondansetron (Zofran) (updated 4/30/2015) Official Disability Guidelines, Pain (Chronic): Antilematics (for opioid nausea) (updated 04/30/15).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) / Ondansetron (Zofran).

Decision rationale: CA MTUS is silent on Zofran. ODG states it is not recommended for nausea and vomiting secondary to chronic opioid use. Ondansetron (Zofran) is FDA approved for nausea caused by chemotherapy and radiation treatment, postoperative use, and acute gastroenteritis. This injured worker does not have an FDA-approved indication, and there is no documentation of any benefit from the use of this medication, therefore the request for Zofran is not medically necessary.

Zyprexa 20mg #30 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental Illness & Stress: Olanzapine (Zyprexa) (updated 3/25/2015) Official Disability Guidelines, Mental Illness & Stress: Atypical antipsychotics (updated 3/25/2015).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental illness and stress / Olanzapine (Zyprexa).

Decision rationale: CA MTUS is silent on Zyprexa. ODG was referenced and states it is not recommended as a first line treatment. It is used to treat the symptoms of psychotic conditions such as schizophrenia and bipolar disorder. There is insufficient evidence to recommend atypical anti-psychotics for conditions covered in ODG. There is no indication of a diagnosis of schizophrenia or bipolar disorder for the injured worker nor is there any documentation of any benefit from the use of this medication, without this information it is not possible to determine if continued use is medically necessary, therefore the request for Zyprexa 20mg is not medically necessary.

Sumatriptan 100mg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Head: Triptans (updated 1/21/2014).

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 guidelines are silent on Sumatriptan; therefore, the ODG Guidelines were consulted. ODG Guidelines note triptans are recommended for patients who suffer from migraines. The injured worker has been prescribed Sumatriptan for more than a year. The recent progress notes did not include a positive response to this medication. There is no account of the specific symptoms, pattern of headaches, and response to any treatment. Although triptans are an option for treatment of migraine headaches per the cited Official Disability Guidelines reference, in this case the treating physician has not provided sufficient clinical information to support the treatment. Therefore, the request for Sumatriptan 100mg is not medically necessary.

Consultation regarding DRDB of the spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back (Lumbar & Thoracic) (Acute & Chronic): Facet joint diagnostic blocks (injections) (2015).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back: Facet joint diagnostic blocks.

Decision rationale: CA MTUS is silent regarding DRDB, therefore alternative guidelines were referenced. ODG recommends diagnostic facet blocks should not be performed in patients who have had a previous fusion procedure at the planned injection level. The injured worker is status post 2 level lumbar fusion at L4-5 and L5-S1. Therefore, the request for consult regarding DRDB of the lumbar spine is not medically necessary.

Gralise 600mg #90 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines anti-epilepsy drugs. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee & Leg (Acute & Chronic) Gralise (gabapentin enacarbil ER) (updated 05/05/15).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs; Gabapentin Page(s): 16, 18-19, 49.

Decision rationale: Per the MTUS, anti-epilepsy drugs are recommended for neuropathic pain. Gabapentin is considered first line treatment for neuropathic pain. The choice of specific agents reviewed below will depend on the balance between effectiveness and adverse reactions. A good response to the use of AEDs has been defined as a 50% reduction in pain and a moderate response as a 30% reduction. It has been reported that a 30% reduction in pain is clinically important to patients and a lack of response of this magnitude may be the trigger for the following: (1) a switch to a different first-line agent (TCA, SNRI or AED are considered first-line treatment); or (2) combination therapy if treatment with a single drug agent fails.(Eisenberg, 2007) (Jensen, 2006) After initiation of treatment there should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with use. The continued use of AEDs depends on improved outcomes versus tolerability of adverse effects.

Unfortunately a review of the injured workers medical records did not reveal documentation of pain and functional improvement with Gabapentin as required by the guidelines and without this information it is not possible to determine if continued use is medically necessary. Therefore the request for Gralise 600mg #90 is not medically necessary.