

Case Number:	CM15-0118505		
Date Assigned:	06/26/2015	Date of Injury:	05/08/2000
Decision Date:	07/31/2015	UR Denial Date:	06/05/2015
Priority:	Standard	Application Received:	06/19/2015

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: Pennsylvania

Certification(s)/Specialty: Internal 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 72 year old female who sustained an industrial injury on May 8, 2000. The injured worker was diagnosed as having chronic low back pain, chronic left hip pain due to possible osteoarthritis, possible left lumbar radiculopathy with spinal stenosis, and rule out peripheral neuropathy in lower extremity. Treatment and evaluation to date has included MRI, physical therapy, cortisone injection, x-rays, and medication. Currently, the injured worker complains of low back pain, left hip pain with shooting pain down to the left thigh and knee, and pain in both feet and both hands. Work status was noted as permanent and stationary. The Primary Treating Physician's report dated May 22, 2015, noted the injured worker reported her pain at its worse at 10/10, and at its least 6/10, with an average pain of 8/10, with current pain an 8/10 on a pain scale of 0-10. The injured worker's current medications were listed as Butrans transdermal patch, Celebrex, and Cymbalta. Physical examination was noted to show palpation of the lumbar facet with pain in both sides of the L5-S1 region, pain on palpation over the lumbar intervertebral spaces, and pain with lumbar flexion and extension. Crepitus was noted over the right wrist joint, with tenderness to palpation. The left wrist was noted to have crepitus and tenderness to palpation. Phalen's sign test was noted to show mild to severe signs of tingling, numbness, loss of feeling or strength, or pain in the hand was noted, with a positive Tinel's sign test. The treatment plan was noted to include prescriptions for Butrans transdermal patch, Celebrex, Cymbalta, Lidoderm patch, and Quazepam, an order for a hip x-ray, more imaging studies including a MRI of the lumbar spine, and a possible nerve conduction study (NCS)/electromyography (EMG) to rule out peripheral neuropathy in both legs.

IMR ISSUES, DECISIONS AND RATIONALES

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

Butrans 5mcg/hour #4: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 26-27, 111.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Buprenorphine, opioids Page(s): 26-27, 74-96.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines notes all chronic pain 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. The guidelines note Butrans (Buprenorphine) is recommended for treatment of opiate addiction, and also recommended as an option for chronic pain, especially after detoxification in patients who have a history of opiate addiction. The injured worker was noted to have low back pain for more than 10 years, with no documentation of a history of opiate addiction. The documentation provided did not include documentation of the injured worker's response to use of the Butrans transdermal patch, nor was there any objective, measurable improvement in the injured worker's pain, functionality, or quality of life documented. There was no documentation of change in work status or improvement in specific activities of daily living. The records show that this injured worker is receiving opioids and other habituating medications from more than one physician. The treating orthopedist has prescribed norco, and the pain management physician has prescribed butrans. The MTUS recommends that patients receive their medication from one physician and one pharmacy. Buprenorphine has agonist and antagonist actions. It will block the effect of other agonist opioids. It is not clear why it has been prescribed along with a pure agonist opioid. The urine drug screen from 4/24/15 was positive for alprazolam and zolpidem, which were not prescribed medications, and negative for buprenorphine; these findings were not addressed by the physician. The records clearly indicate inconsistent urine drug test and the inconsistent results are not explained by treating provider, which would be necessary for continued usage of opioids. Therefore, based on the MTUS guidelines, the documentation did not support the request for Butrans 5mcg/hour #4 and is not medically necessary.

Quazepam 15mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-68 and 70.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24. Decision based on Non-MTUS Citation <http://www.drugs.com/mtm/quazepam.html>.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines note benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. The specific indication for quazepam was not discussed by the physician. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. Quazepam is a benzodiazepine drug, used to treat insomnia symptoms. The Physician report noted the injured worker denied sleeping difficulty, and there was no documentation of a history of insomnia. Therefore, based on the MTUS guidelines, the documentation provided did not support the request for Quazepam 15mg #30 and is not medically necessary.

Cymbalta 60mg #30 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13-16.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants, Duloxetine (Cymbalta) Page(s): 13-16, 42-44. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter: anti-depressants for chronic pain.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines notes all chronic pain 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. The guidelines recommend Duloxetine (Cymbalta) as an option in first-line treatment option in neuropathic pain. Cymbalta is a norepinephrine and serotonin reuptake inhibitor antidepressant (SNRIs). It has FDA approval for treatment of depression, generalized anxiety disorder, and for the treatment of pain related to diabetic neuropathy. SNRIs have not been evaluated for low back pain. No high quality evidence is reported to support the use of Cymbalta for lumbar radiculopathy. In this case, the injured worker had chronic back pain with no definite evidence for neuropathy. Assessment of antidepressant 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. The injured worker was noted to have low back pain and possible lumbar radiculopathy. Cymbalta was prescribed for at least one month. There was no documentation of change in work status and no documentation of improvement in specific activities of daily living as a result of use of Cymbalta. The documentation provided failed to include documentation of objective, measurable improvement in pain or function with use of the Cymbalta. Therefore, based on MTUS guidelines, the documentation provided did not support the request for Cymbalta 60mg #30 with 1 refill and is not medically necessary.

Lidoderm 5% (700mgpatch) #30 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines note topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Topical lidocaine is recommended for localized peripheral pain after there has been evidence of a trial of first line therapy with tricyclic or serotonin/norepinephrine reuptake inhibitor antidepressants or an antiepileptic drug such as gabapentin or Lyrica. Topical lidocaine in dermal patch form (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain, and further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. The MTUS recommends against Lidoderm for low back pain or osteoarthritis. There is no evidence in any of the medical records that this injured worker has peripheral neuropathic pain, or that the injured worker has failed the recommended oral medications. As such, the request for Lidoderm is not medically necessary.

Celebrex 200mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain) Page(s): 24, 63, and 66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines anti-inflammatory medications, NSAIDs (non-steroid anti-inflammatory drugs) Page(s): 22, 67-73.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines notes all chronic pain 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. The guidelines recommend non-steroid anti-inflammatory drugs (NSAIDs) for chronic low back pain as an option for short term symptomatic relief, and for osteoarthritic pain recommended at the lowest dose for the shortest period in patients with moderate to severe pain. It is generally recommended that the lowest effective dose be used for all NSAIDs for the shortest duration of time consistent with the individual patient treatment goals. Celecoxib (Celebrex) is used for relief of the signs and symptoms of osteoarthritis, rheumatoid arthritis, and ankylosing spondylitis. The MTUS states that COX-2 inhibitors (e.g. Celebrex) may be considered for patients with risk of gastrointestinal (GI) complications, and not for the majority of other patients. The physician noted that the injured worker was unable to take NSAIDs due to history of gastric bypass surgery; as such, celebrex would be contraindicated. The documentation provided failed to include documentation of the injured worker's response to Celebrex therapy, including documentation of objective, measurable improvement in pain or function. There was no documentation of change in work status or of improvement in specific activities of daily living as a result of use of celebrex. As such, the request for celebrex is not medically necessary.