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| Case Number: | CM15-0121755 | | |
| Date Assigned: | 07/02/2015 | Date of Injury: | 10/31/2006 |
| Decision Date: | 08/24/2015 | UR Denial Date: | 05/27/2015 |
| Priority: | Standard | Application Received: | 06/23/2015 |

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 37-year-old female, who sustained an industrial injury on 10/31/2006. The medical records submitted for this review did not include the details regarding the initial injury. Diagnoses include lumbosacral radiculopathy. Treatments to date include medication therapy and trigger pint injections. Currently, she complained of flair up in the low back pain with increased muscle spasms. On 5/19/15, the physical examination documented positive right side straight leg raise test, decreased strength and decreased sensation in bilateral lower extremities. The right ankle reflex was noted as absent. The plan of care included Ambien CR 12.5mg, one tablet daily before bed #30 with three refills; Gralise 600mg, three tablets with evening meal #90 with four refills; Skelaxin 800mg, one tablet three times a day as needed #90 with three refills; and a urine toxicology screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine toxicology screen: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Steps to Avoid Misuse/Addiction Page(s): 77.

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, Urine Drug Testing.

Decision rationale: This patient presents with a flare up of low back pain with increased muscle spasms. The current request is for Urine toxicology screen. The RFA is dated 05/19/15. Treatments to date include medication therapy and trigger pint injections. ODG-TWC Guidelines, online, Pain chapter for Urine Drug Testing states: Patients at "low risk" of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. There is no reason to perform confirmatory testing unless the test is inappropriate or there are unexpected results. If required, confirmatory testing should be for the questioned drugs only. According to progress report 05/19/15, the patient complains of a flare-up in his low back pain with increased muscle spasms. Physical examination documented positive right side straight leg raise test, decreased strength and sensation in bilateral lower extremities. The right ankle reflex was noted as absent. The patient's medication regimen includes Nucynta, Avinza, Ambien, Flector patches, and Gralise. The treater states that the patient failed attempt at weaning Nucynta with decreased function and increased pain. He would like to obtain UDS "to determine level of current medications." In this case, there is no indication of aberrant behavior or any indication in the progress notes that this patient is considered "high risk." The patient's last UDS was from 2011 with no inconsistencies. ODG allow for once yearly screening for low risk patients. This request is medically necessary.

Ambien CR 12.5mg #30 with 3 refills: 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), Pain Chapter.

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: This patient presents with a flare up of low back pain with increased muscle spasms. The current request is for Ambien CR 12.5mg #30 with 3 refills. The RFA is dated 05/19/15. Treatments to date include medication therapy and trigger pint injections. 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." The patient has been prescribed Ambien ER for "sleeplessness due to pain" since at least 02/26/15 and the current request is for #30 with 3 refills. The requesting provider has

exceeded guideline recommendations. ODG does not support the use of this medication for longer than 7-10 days; therefore, the request is not medically necessary.

Gralise 600mg #90 with 4 refills: 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), Knee Chapter, Gralise.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs); Gabapentin Page(s): 18-19.

Decision rationale: This patient presents with a flare up of low back pain with increased muscle spasms. The current request is for Gralise 600mg #90 with 4 refills. The RFA is dated 05/19/15. Treatments to date include medication therapy and trigger point injections. 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 postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain." According to progress report 05/19/15, the patient complains of a flare-up in his low back pain with increased muscle spasms. Physical examination documented positive right side straight leg raise test, decreased strength and sensation in bilateral lower extremities. The right ankle reflex was noted as absent. The patient's medication regimen includes Nucynta, Avinza, Ambien, Flector patches, and Gralise. The patient has been prescribed Gralise for the patient's "persistent neuropathic pain" since at least 02/26/15. MTUS p60 also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. The progress reports provided for review do not discuss the efficacy of Gralise. Given this patient has been using this medication chronically, with no documentation of specific efficacy and functional benefit, the request is not medically necessary.

Skelaxin #90 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain) Page(s): 97.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Skelaxin Page(s): 63-66, 61.

Decision rationale: This patient presents with a flare up of low back pain with increased muscle spasms. The current request is for Skelaxin #90 with 3 refills. The RFA is dated 05/19/15. Treatments to date include medication therapy and trigger point injections. MTUS pg. 63-66 states: "Muscle relaxants (for pain): Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. The most commonly prescribed antispasmodic agents are Carisoprodol, cyclobenzaprine, metaxalone, and methocarbamol, but despite their popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions." For Skelaxin, MTUS p61 states, "Recommended with caution as a second-line option for short-term pain relief in

patients with chronic LBP. Metaxalone (marketed by King Pharmaceuticals under the brand name Skelaxin) is a muscle relaxant that is reported to be relatively non-sedating." The patient has been prescribing this medication for his muscle spasms since 02/26/15. On 05/19/15, the treater reported that "skelaxin helping somewhat; however, she has noted a markedly decreased ability to walk". The treater does not document efficacy in terms of improvement in function. MTUS p60 states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. In addition, skelaxin is considered a second option for short-term relief. There is no indication of failed first line treatment and this patient has been using this medication chronically, with no documentation of functional benefit, the request is not medically necessary.