

Case Number:	CM15-0122580		
Date Assigned:	07/06/2015	Date of Injury:	01/20/2012
Decision Date:	08/11/2015	UR Denial Date:	06/18/2015
Priority:	Standard	Application Received:	06/24/2015

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: New York

Certification(s)/Specialty: Pediatrics, 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 51 year old female, who sustained an industrial injury on 1/20/2012. She reported injury to her neck, left knee and back after slipping and falling. The injured worker was diagnosed as having left knee sprain/strain, lumbar spine sprain/strain, and cervical spine sprain/strain. Treatment to date has included medications, QME, x-rays, physical therapy, chiropractic treatment, and modified duty. On 1/19/2015, the IW complained of unchanged symptoms of the left knee, low back, and neck. The physical findings revealed tenderness in the low back and left knee, and negative Spurling's and L'hermitte's testing in the cervical spine. She is placed on modified duties. The treatment plan included: Gabapentin, Ibuprofen, Omeprazole, Tylenol #3, and Amitriptyline. On 2/2/2015, her symptoms are noted to be unchanged. The treatment plan included a QME that was scheduled for 2/19/2015. On 2/17/2015, her symptoms are noted as unchanged. Medications are noted to be used as needed. The treatment plan included the above medications and modified duty work status. On 2/26/2015, an AME report indicated she had had a previous neck injury for which she was receiving treatment and had a "lifetime medical" on her neck prior to the 1/20/2012 date of injury. The AME recommended possible lumbar spine surgery, and magnetic resonance imaging of the left knee. On 3/2/2015, she is seen in follow up and reported her symptoms to be about the same. On 3/16/2015, her symptoms are reported to be the same. On 4/27/2015, she continued to complain of pain. She is noted to have tenderness in the low back, and knee, and a negative Spurling's test.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tylenol #3 Qty 60 with 2 refills, twice daily as needed for severe pain: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78, 80, 92.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-95.

Decision rationale: Per the CA MTUS, Tylenol #3 is Acetaminophen (Tylenol) with Codeine. Codeine is an analgesic, opioid. Codeine is not recommended as a first line therapy for osteoarthritis. It is recommended on a trial basis for short term use after there has been evidence of failure of first line non-pharmacologic and medication options (such as acetaminophen or non-steroidal anti-inflammatory drugs) and when there is evidence of moderate to severe pain. It is also recommended for a trial if there is evidence of contraindications for the use of first line medications. Codeine should be used with caution in those patients with a history of drug abuse. Tolerance, as well as psychological and physical dependence may occur. Abrupt discontinuation after prolonged use may result in withdrawal. The MTUS Chronic Pain Medical Treatment Guidelines indicates that management of opioid therapy should include ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. In this case, the records do not indicate her current pain level; her least reported pain over the period since her last assessment, her average pain, her intensity of pain after taking Tylenol #3, how long it takes for pain relief with Tylenol #3, and any known side effects with the use of Tylenol #3. She is noted to be on modified duty work status; however the records do not indicate how the use of Tylenol #3 affects her activities of daily living. The documentation does not support appropriate medication use, or indicate any aberrant behaviors. There is no urine drug screening report provided for this review. It appears that she has been utilizing Tylenol #3 since at least January 2015, possibly longer. The records also, do not indicate a trial and/or failure of first line non-pharmacologic and medication options prior to Tylenol #3. The prescription for Tylenol #3 does not meet the criteria set forth by the CA MTUS guidelines. Therefore, the request for Tylenol #3, two times per daily, as needed for severe pain, Qty #60 with 2 refills is not medically necessary.

Gabapentin 600 mg Qty 30 with 2 refills, daily: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti epilepsy drugs (AEDs) Page(s): 16.

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

Decision rationale: The CA MTUS chronic pain guidelines note Gabapentin is an anti-epilepsy drug (AEDs-also referred to as anti-convulsants), which 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. The CA MTUS guidelines recommend Gabapentin for patients with spinal cord injury as a trial for chronic neuropathic pain that is associated with this condition. The CA MTUS guidelines also recommend a trial of Gabapentin for patients with fibromyalgia and patients with lumbar spinal stenosis. According to the CA MTUS all therapies must be focused on the goal of functional restoration rather than just the elimination of pain and assessment of treatment efficacy is accomplished by reporting functional improvement. "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: a switch to a different first line agent, combination therapy if treatment with a single drug agent fails". Ongoing treatment should reflect documentation of pain relief and functional improvement, as well as, side effects of the anti-epilepsy drug. After initiation of treatment there should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with the use of AEDs. The continued use of AEDs depends on improved outcomes versus tolerability of adverse effects. AEDs are associated with teratogenicity, so they must be used with caution in women of childbearing age. In this case, her pain relief and functional improvement with the use of Gabapentin were not documented. In addition, the documentation does not indicate any known side effects with Gabapentin. Therefore, the request of Gabapentin 600mg, every day, Qty #30 with 2 refills is not medically necessary.

Omeprazole 20 mg Qty 60 with 2 refills, twice daily: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk Page(s): 68.

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

Decision rationale: Regarding Omeprazole, the ODG guidelines state Prilosec (Omeprazole) is a proton-pump inhibitor. The MTUS recommends co-therapy of non-steroidal anti-inflammatory agents (NSAIDs) with a proton pump inhibitor (PPI) in patients who are determined to be at intermediate or high risk of a gastrointestinal (GI) event. There is no recommendation for H2 receptor antagonists for gastric protection from NSAID use. A H2-receptor antagonist may be considered for treatment of dyspepsia secondary to NSAID therapy. The gastrointestinal event risk factors include: age over 65 years, history of peptic ulcer, GI (gastrointestinal) bleeding or perforation, concurrent use of ASA (aspirin), corticosteroids, and/or an anticoagulant, or high dose or multiple oral NSAID (non-steroidal anti-inflammatory drug) use. In this case the injured worker is 51 years old. The records do not indicate a history of peptic ulcer, GI bleeding or perforation, concurrent use of aspirin, corticosteroids, and/or an anticoagulant. Therefore, the request for Omeprazole 20mg, two times per day daily, Qty #60 with 2 refills is not medically necessary.

Amitriptyline 50 mg Qty 30 with 2 refills, every night: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tricyclic anti-depressants Page(s): 15.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-depressants for chronic pain Page(s): 13-16.

Decision rationale: Per the CA MTUS, Amitriptyline is a tricyclic antidepressant. Tricyclics are generally considered a first line agent unless they are ineffective, poorly tolerated, or contraindicated. Antidepressants are recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. Analgesia generally occurs within a few days to a week, whereas antidepressant effect takes longer to occur. Assessment of 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. Any known side effects to the antidepressant, including excessive sedation (especially that which would affect work performance) should be assessed. It is recommended that these outcome measurements should be initiated at one week of treatment with a recommended trial of at least 4 weeks. The optimal duration of treatment is not known because most double blind trials have been of short duration (6-12) weeks. It has been suggested that if pain is in remission for 3-6 months, a gradual tapering of antidepressants may be undertaken. Long term effectiveness of antidepressants has not been established. In this case, the documentation does not indicate the outcomes of the use of Amitriptyline. The records do not indicate pain outcomes, evaluation of function, changes in the use of other analgesic medications, sleep quality and duration, or psychological assessment. In addition, there is no documentation of side effects. Therefore, the request for Amitriptyline 50mg, at bedtime, Qty #30 with 2 refills is not medically necessary.

Ibuprofen 800 mg Qty 60 with 2 refills, twice daily as needed for mild pain: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ibuprofen; anti inflammatory medications Page(s): 72; 22.

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

Decision rationale: Per the CA MTUS, Ibuprofen is a non-steroidal anti-inflammatory drug (NSAID). Per the MTUS, non-steroidal anti-inflammatory drugs (NSAIDs) are recommended as a second line treatment after acetaminophen for treatment of acute exacerbations of chronic back pain. NSAIDs are noted to have adverse effects including gastrointestinal side effects and increased cardiovascular risk; besides these well-documented side effects of NSAIDs, NSAIDs have been shown to possibly delay and hamper healing in all the soft tissues including muscles, ligaments, tendons, and cartilage. They are recommended at the lowest dose for the shortest possible period in patients with moderate to severe pain. The MTUS does not recommend chronic NSAIDs for low back pain; NSAIDs should be used for the short term only. Systemic toxicity is possible with NSAIDs. The FDA and MTUS recommend monitoring of blood tests and blood pressure. Package inserts for NSAIDs recommend periodic monitoring of a complete blood count (CBC) and chemistry profile (including liver and renal function tests). In this case,

she has been utilizing Ibuprofen since at least January 2015, possibly longer. The records do not indicate a trial or failure of Acetaminophen. The records also do not indicate monitoring of the recommended blood tests or blood pressure. Therefore, the request for Ibuprofen 800mg, two times per day as needed for mild pain, Qty #60 with 2 refills is not medically necessary.