

Case Number:	CM15-0124060		
Date Assigned:	07/08/2015	Date of Injury:	11/23/2009
Decision Date:	08/24/2015	UR Denial Date:	05/28/2015
Priority:	Standard	Application Received:	06/26/2015

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: Texas, California

Certification(s)/Specialty: Family Practice

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 52 year old female, who sustained an industrial injury on 11/23/09. She reported pain to the neck and low back. The injured worker was diagnosed as having lumbar strain, multilevel lumbar disc disease, cervical sprain, and cervical disc protrusions. Treatment to date has included medication. On 4/29/15 neck and low back pain was rated as 7.5/10 with medication. On 5/27/15 neck pain was rated as 8/10 without medication and 4/10 with medication. Low back pain was rated as 9/10 without medication and 6/10 with medication. The injured worker had been taking Morphine since at least 4/29/15 and Norco since at least 11/6/14. Currently, the injured worker complains of neck pain and low back pain. Physical examination revealed patient was not in acute distress, oriented to time place and person, and normal gait. Physical examination of the cervical spine revealed positive cervical compression test, tenderness on palpation, limited range of motion. Physical examination of the lumbar spine revealed tenderness on palpation, limited range of motion, positive SLR, normal sensation and 1+ reflexes. The treating physician requested authorization for Morphine 30mg #60, Neurontin 100mg #60, Valium 2mg #30, and Norco 10/325mg #60. The medication list includes Lipitor, Norco, Pantoprazole, Neurontin, Tramadol, Topamax, trazodone, valium and Metoprolol, morphine and Xanax. The patient's surgical history includes bilateral shoulder surgery in 2004 and 2008. The patient has had MRI of the lumbar spine on 7/24/13 that revealed disc protrusions, foraminal narrowing, and degenerative changes. The patient has had MRI of the cervical spine on 10/16/13 that revealed disc protrusions, foraminal narrowing, and degenerative changes. The

patient has had urine toxicology testing. A recent urine drug screen report was not specified in the records provided. The patient sustained the injury due to cumulative trauma

IMR ISSUES, DECISIONS AND RATIONALES

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

Morphine 30 MG #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines - Opioids, criteria for use: page 76-80 Criteria For Use Of Opioids Therapeutic Trial of Opioids.

Decision rationale: Request: Morphine 30 MG #60. Morphine is an opioid analgesic. According to CA MTUS guidelines cited below, "A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals." The records provided do not specify that patient has set goals regarding the use of opioid analgesic. A treatment failure with non-opioid analgesics is not specified in the records provided. Other criteria for ongoing management of opioids are: "The lowest possible dose should be prescribed to improve pain and function. Continuing review of the overall situation with regard to non-opioid means of pain control. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs." The records provided do not provide a documentation of response in regards to pain control and functional improvement to opioid analgesic for this patient. The continued review of overall situation with regard to non-opioid means of pain control is not documented in the records provided. As recommended by MTUS a documentation of pain relief, functional status, appropriate medication use, and side effects should be maintained for ongoing management of opioid analgesic, these are not specified in the records provided. MTUS guidelines also recommend urine drug screen to assess for the use or the presence of illegal drugs in patients using opioids for long term. A recent urine drug screen report is not specified in the records provided. Whether improvement in pain translated into objective functional improvement including ability to work is not specified in the records provided. With this, it is deemed that, this patient does not meet criteria for ongoing continued use of opioids analgesic. The medical necessity of Morphine 30 MG #60 is not established for this patient, given the records submitted and the guidelines referenced. If this medication is discontinued, the medication should be tapered, according to the discretion of the treating provider, to prevent withdrawal symptoms. The request is not medically necessary.

Neurontin 100 MG #60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin, page 18.

Decision rationale: Neurontin 100 MG #60. According to the CA MTUS Chronic pain guidelines regarding Neurontin/gabapentin, "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. Spinal cord injury: Recommended as a trial for chronic neuropathic pain. Lumbar spinal stenosis: Recommended as a trial, with statistically significant improvement found in walking distance, pain with movement, and sensory deficit. This medication appears to be effective in reducing abnormal hypersensitivity (allodynia and hyperalgesia), to have anti-anxiety effects, and may be beneficial as a sleep aid." She reported pain to the neck and low back. The injured worker was diagnosed as having lumbar strain, multilevel lumbar disc disease, cervical sprain, and cervical disc protrusions. Currently, the injured worker complains of neck pain and low back pain. Physical examination of the cervical spine revealed positive cervical compression test, tenderness on palpation, limited range of motion Physical examination of the lumbar spine revealed positive SLR, 1+ reflexes. The patient's surgical history includes bilateral shoulder surgery in 2004 and 2008. The patient has had MRI of the lumbar spine on 7/24/13 that revealed disc protrusions, foraminal narrowing, and degenerative changes. The patient has had MRI of the cervical spine on 10/16/13 that revealed disc protrusions, foraminal narrowing, and degenerative changes. The patient has chronic pain with a neuropathic component. The patient has abnormal objective findings that are consistent with the patient symptoms. Anticonvulsants or anti-epileptics like gabapentin/ Neurontin are medically appropriate and necessary in this patient. The cited guidelines support the use of Neurontin 100 MG #60 in patients with this clinical situation therefore the request is medically necessary.

Valium 2 MG #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines - Benzodiazepines page 24 Official Disability Guidelines, current online version Pain chapter Pain (updated 07/15/15) Benzodiazepines.

Decision rationale: Valium 2 MG #30. Valium 2 MG #30 is a benzodiazepine. According to MTUS guidelines, 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 actions includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. 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." Per the cited guidelines, "Benzodiazepines are a major cause of overdose, particularly as they act synergistically with other drugs such as opioids (mixed overdoses are often a cause of fatalities)." Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. Tolerance to lethal effects does not occur and a maintenance dose may approach a lethal dose as the therapeutic index increases. The best

prevention for substance use disorders due to benzodiazepines is careful prescribing. (Baillargeon, 2003) (Ashton, 2005) (Dickinson, 2009) (Lader, 2009) Adults who use hypnotics, including benzodiazepines, have a greater than 3-fold increased risk for early death, according to results of a large matched cohort survival analysis. The risks associated with hypnotics outweigh any benefits of hypnotics, according to the authors. In 2010, hypnotics may have been associated with 320,000 to 507,000 excess deaths in the U.S. alone. The AGS updated Beers criteria for inappropriate medication use includes benzodiazepines. (AGS, 2012) Use of benzodiazepines to treat insomnia or anxiety may increase the risk for Alzheimer's disease (AD) The medication list includes Lipitor, Norco, Pantoprazole, Neurontin, Tramadol, Topamax, trazodone, valium and Metoprolol, morphine and Xanax. A detailed response of the prescribed Xanax (which is also a benzodiazepine) on the anxiety or insomnia is not specified in the records provided. A detailed rationale for prescribing a second benzodiazepine in addition to the Valium was not specified in the records provided. In addition, the pt has also been prescribed Trazodone and Topamax, which has a sedative effect. The effect of that medicine on the patient's insomnia symptoms were not specified in the records provided. Any trial of other measures for treatment of insomnia is not specified in the records provided. As mentioned above, prolonged use of anxiolytic may lead to dependence and does not alter stressors or the individual's coping mechanisms. The medical necessity of the request for Valium 2 MG #30 is not fully established in this patient. Therefore, the request is not medically necessary. (When discontinuing benzodiazepines, it is recommended that it should be tapered over time according to the discretion of the treating provider to prevent withdrawal symptoms.)

Norco 10/325 MG #60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines - Opioids, criteria for use: page 76-80, Criteria For Use Of Opioids, Therapeutic Trial of Opioids.

Decision rationale: Norco 10/325 MG #60. Norco contains Hydrocodone with APAP, which is an opioid analgesic in combination with acetaminophen. According to CA MTUS guidelines cited below, "A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals." Other criteria for ongoing management of opioids are: "The lowest possible dose should be prescribed to improve pain and function. Continuing review of the overall situation with regard to non-opioid means of pain control. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects." She reported pain to the neck and low back. The injured worker was diagnosed as having lumbar strain, multilevel lumbar disc disease, cervical sprain, and cervical disc protrusions. On 4/29/15 neck and low back pain was rated as 7.5/10 with medication. On 5/27/15, neck pain was rated as 8/10 without medication and 4/10 with medication. Low back pain was rated as 9/10 without medication and 6/10 with medication. Currently, the injured worker complains of neck pain and low back pain. Physical examination of the cervical spine revealed positive cervical compression test, tenderness on palpation, limited range of motion. Physical examination of the lumbar spine revealed tenderness on palpation,

limited range of motion, positive SLR, normal sensation and 1+ reflexes. The patient's surgical history includes bilateral shoulder surgery in 2004 and 2008. The patient has had MRI of the lumbar spine on 7/24/13 that revealed disc protrusions, foraminal narrowing, and degenerative changes. The patient has had MRI of the cervical spine on 10/16/13 that revealed disc protrusions, foraminal narrowing, and degenerative changes. The pt has been prescribed a low potency opioid in a small quantity (Norco 10/325 MG #60). Non-opioid measures for pain control (gabapentin) are being tried as well. This medication is deemed medically appropriate and necessary in the present dose and amount to treat any exacerbations of the pain on an as needed/prn basis. The medication Norco 10/325 MG #60 is medically necessary and appropriate in this patient.