MAXIMUS Federal Services

Case Number:	CM15-0124456		
Date Assigned:	07/09/2015	Date of Injury:	08/05/2011
Decision Date:	09/23/2015	UR Denial Date:	06/04/2015
Priority:	Standard	Application Received:	06/29/2015

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:

This is a 49 year old male patient who sustained an industrial injury on 08/05/2011. Current diagnoses include lumbar spine herniated nucleus pulposus, diabetes mellitus, and hypertension. Per the doctor's note dated 05/13/2015, he had complaints of low back pain with radiation to the both legs with stiffness and weakness. The physical examination revealed lumbar spine tenderness and spasm with decreased range of motion. The medications list includes HCTZ, Cozaar, Metformin, hydrocodone, vitamin D, and Xanax. Pain level was not included. He is permanent and stationary. He has had multiple diagnostic studies including MRIs of left ankle and foot and MRIs of lumbar spine, EMG/NCS of the lower extremities and CT scan of the lumbar spine. He has undergone lumbar fusion on 7/3/2013 and left ankle surgery on 3/1/2012. Previous treatments included medications and physical therapy. The treatment plan included continue with HCTZ and Cozaar as hypertension is under control, continue Metformin as diabetes is under control, blood sugar level is monitored and recorded, urine dug screen performed, awaiting CPAP machine, he does not take his antidepressant medication, request for an interim summary, and follow up in 4 weeks. A request for authorization dated 05/20/2015 was included for the disputed treatments. Disputed treatments include retrospective alprazolam 2mg #60 DOS: 05/20/15, retrospective hydrocodone APAP 10/325mg #150 DOS: 05/20/15, and retrospective Cialis 20mg #20 DOS: 05/20/15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro: Alprazolam 2mg #60 DOS: 05/20/15: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines benzodiazepines Page(s): 24.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines page 24 Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Mental Illness & Stress (updated 08/31/15) Benzodiazepine.

Decision rationale: Alprazolam is a benzodiazepine, an anti-anxiety drug. 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 action 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." In addition per the cited guidelines "Recent research: Use of benzodiazepines to treat insomnia or anxiety may increase the risk for Alzheimer's disease (AD). A case-control study of nearly 9000 older individuals showed that risk for AD was increased by 43% to 51% in those who had ever used benzodiazepines in the previous 5 years. The association was even stronger in participants who had been prescribed benzodiazepines for 6 months or longer and in those who used long-acting versions of the medications. (Billioti, 2014) Despite inherent risks and questionable efficacy, long-term use of benzodiazepines increases with age, and almost all benzodiazepine prescriptions were from non-psychiatrist prescribers. Physicians should be cognizant of the legal liability risk associated with inappropriate benzodiazepine prescription. Benzodiazepines are little better than placebo when used for the treatment of chronic insomnia and anxiety, the main indications for their use. After an initial improvement, the effect wears off and tends to disappear. When patients try to discontinue use, they experience withdrawal insomnia and anxiety, so that after only a few weeks of treatment, patients are actually worse off than before they started, and these drugs are far from safe. (Olfson, 2015)" Prolonged use of anxiolytic may lead to dependence and does not alter stressors or the individual's coping mechanisms and is therefore not recommended. Detailed history of insomnia and anxiety since the date of injury is not specified in the records provided. Response to other measures for insomnia/anxiety is not specified in the records provided. The medical necessity of Retro: Alprazolam 2mg #60 DOS: 05/20/15 is not fully established for this patient. Therefore, the request is not medically necessary.

Retro: Hydrocodone APAP 10/325mg #150 DOS: 05/20/15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria For Use Of Opioids Page 75-81 Page(s): 1, 74-96.

Decision rationale: Hydrocodone is an opioid analgesic. According to the cited guidelines, "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 that patient has set goals regarding the use of opioid analgesic. The 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 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 objective functional improvement to opioid analgesic for this patient. The continued review of the overall situation with regard to non-opioid means of pain control is not documented in the records provided. As recommended by the cited guidelines 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. Response to an antidepressant, anticonvulsant or lower potency opioid for chronic pain is not specified in the records provided. A recent urine drug screen report is not specified in the records provided. Per the cited guidelines, "Measures of pain assessment that allow for evaluation of the efficacy of opioids and whether their use should be maintained include the following: 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. (Nicholas, 2006) (Ballantyne, 2006). A recent epidemiologic study found that opioid treatment for chronic non-malignant pain did not seem to fulfill any of key outcome goals including pain relief, improved quality of life, and/or improved functional capacity. (Eriksen,2006)" This patient does not meet criteria for ongoing continued use of opioids analgesic. The medical necessity of Retro: Hydrocodone APAP 10/325mg #150 DOS: 05/20/15 is not established for this patient, based on the clinical information submitted for this review and the peer reviewed guidelines referenced. If this medication is discontinued, the medication should be tapered, according to the discretion of the treating provider, to prevent withdrawal symptoms. Therefore, the request is not medically necessary.

Retro: Cialis 20mg #20 DOS: 05/20/15: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation FDA Approved Labeling information for Cialis.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Thomson Micromedex-FDA labeled indication of cialis-Tadalafil Cialis contains tadalafil.

Decision rationale: Per the Thompson Micromedex guidelines cited below, FDA labeled indication for Tadalafil includes "Benign prostatic hyperplasia, Benign prostatic hyperplasia-Erectile dysfunction, Erectile dysfunction, Pulmonary hypertension." A recent detailed clinical evaluation with a urogenital examination is not specified in the records provided. A detailed

evaluation related to erectile dysfunction was not specified in the records provided. Evidence of benign prostatic hyperplasia or pulmonary hypertension is not specified in the records provided. Response to the previous use of Tadalafil is not specified in the records provided. An ultrasonography report or physical examination documenting BPH is not specified in the records provided. The medical necessity of Retro: Cialis 20mg #20 DOS: 05/20/15 is not fully established for this patient. Therefore, the request is not medically necessary.