

Case Number:	CM15-0129170		
Date Assigned:	07/22/2015	Date of Injury:	03/01/2001
Decision Date:	09/15/2015	UR Denial Date:	06/09/2015
Priority:	Standard	Application Received:	07/03/2015

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: Arizona, Michigan

Certification(s)/Specialty: Preventive Medicine, Occupational 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 54 year old male, who sustained an industrial injury on March 1, 2001. The mechanism of injury was not provided in the medical records. The injured worker has been treated for neck and low back complaints. The documentation supports the cervical spine is not accepted as part of the industrial claim. The diagnoses have included unspecified myalgia and myositis, thoracic-lumbosacral neuritis-radiculitis, post-laminectomy syndrome cervical region, post-laminectomy syndrome lumbar region, lumbago, cervicocranial syndrome, cervical pseudoarthrosis, lumbar stenosis, lumbar arthropathy, cervical radiculopathy with weakness, malpositioned interbody cases at cervical-five and cervical-six, lumbar degenerative disc disease and bilateral lumbar radiculopathy with neurogenic claudication and lower extremity weakness and sensory loss. Treatment and evaluation to date has included medications, radiological studies, MRI, computed tomography scan, pain management, cervical fusion, lumbosacral fusion and lumbar spine removal of hardware. Work status was not noted in the medical records. Current documentation dated June 8, 2015 notes that the injured worker reported neck pain, right greater than the left, extending down the right arm greater than the left. The injured worker also noted daily and constant low back pain with radiation into the buttocks and posterior thighs. The leg pain was noted to be intermittent and worse with sitting. The pain was rated a seven out of ten on the visual analogue scale with medications. Examination of the lumbar spine revealed no tenderness to palpation and sensation was intact in the bilateral lower extremities. The injured worker walked with a normal gait. A straight leg raise test was positive bilaterally. The treating physician's plan of care included requests for Aciphex 20 mg # 30, Lunesta 3 mg # 30, Atenolol 50 mg # 30, Colace 100 mg # 200, Cymbalta 30 mg # 60, Senokot-S # 100, Lorzone 750 mg #60 and Nucynta IR 75 mg # 90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aciphex 20mg QD QTY: 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-steroidal anti-inflammatory drugs, gastrointestinal symptoms and cardiovascular risk Page(s): 68,69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (chronic), proton pump inhibitors.

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines recommend the use of non-steroidal anti-inflammatory drugs (NSAIDs) be weighed against both gastrointestinal (GI) and cardiovascular risk factors. It should also be determine if the patient is at risk for gastrointestinal events. The MTUS guidelines recommend that patients at intermediate risk for gastrointestinal events and no cardiovascular disease receive a non-selective NSAID with either a proton pump inhibitor (PPI) or a Cox-2 selective agent. Long-term PPI medication use greater than one year has been shown to increase the risk of hip fracture. The Official Disability Guidelines state that decisions to use PPI medication long-term must be weighed against the risks. PPI medications are recommended for patients at risk for gastrointestinal events. The use of proton pump inhibitor medication should be used at the lowest dose for the shortest possible amount of time. In this case the injured worker was noted to have neck and low back pain. Documentation dated January 13, 2015 notes that injured workers medications included topical, psychotropic and pain medication. However, a current medication list was not provided. There is lack of documentation of gastrointestinal disease or the use of non-steroidal anti-inflammatory drugs in this injured worker. There is lack of documentation for the use of proton pump inhibitor medication. The request for Aciphex is not medically necessary.

Lunesta 3mg 1 PO QHS QTY: 30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental Illness & Stress, Eszopiclone.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental illness and stress, insomnia treatment.

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) guidelines do not address Lunesta. The Official Disability Guidelines do not recommend Lunesta for long-term use, but do recommend it for short-term use. The guidelines recommend "limiting use of hypnotics to three weeks maximum in the first two months of injury only and discourage use in the chronic phase. 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. The FDA has lowered the recommended starting dose of Lunesta from 2 mg to 1 mg for both men and women. Previously recommended doses can cause impairment to

driving skills, memory and coordination as long as 11 hours after the drug is taken." In this case, the injured worker had reported chronic neck and low back pain. There is lack of documentation in the medical records of a sleep disturbance or a diagnosis of insomnia. In addition, there is no current list of medications noted. There is lack of documentation as to how long the injured worker has been receiving Lunesta and its efficacy. Lunesta is recommended for short term use. The request for Lunesta is not medically necessary.

Atenolol 50mg QD QTY: 30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Diabetes (Type 1, 2, and Gestational) / Hypertension treatment.

Decision rationale: The MTUS did not address the use of Atenolol, therefore other guidelines were consulted. Per the ODG, Atenolol is a beta blocker used in the treatment of hypertension, however a review of the injured workers medical records did not reveal a diagnosis or rationale that would warrant the use of Atenolol. Without this information medical necessity is not established.

Colace 100mg 1 to 2 PO Daily BID QTY: 200: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 77.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (chronic), opioid-induced constipation treatment.

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines recommends prophylactic treatment of constipation when opioid therapy is implemented. The Official Disability Guidelines state that opioid-induced constipation is a common adverse effect of long-term opioid use. When prescribing an opioid and especially if it will be needed for more than a few days, there should be discussion regarding constipation and the first steps to correct this. Simple treatments include increasing physical activity, maintaining appropriate hydration by drinking enough water and advising the patient to follow a proper diet, rich in fiber. These can reduce the chance and severity of opioid-induced constipation and constipation in general. In addition, some laxatives may help to stimulate gastric motility. Other over-the-counter medications can help loosen otherwise hard stools, add bulk, and increase water content of the stool. If the first line treatments do not work, there are second-line options that include medications which work on opioid related constipation. In this case, the injured worker had reported chronic neck and low back pain. There is no current medication list noted in the medical records. The documentation supports the injured worker has been prescribed Nucynta. However, there is lack of documentation of symptoms of constipation. There is lack of documentation as to how long the injured worker had been receiving the medication and its efficacy Therefore, the request for Colace is not medically necessary.

Cymbalta 30mg 1 PO QD to BID QTY: 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 15.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13-16, 42.

Decision rationale: In regards to Cymbalta, the California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines state that Cymbalta is FDA approved for anxiety, depression, diabetic neuropathy and fibromyalgia. Cymbalta is a member of the selective-serotonin and norepinephrine reuptake inhibitor (SNRIs) class of antidepressants. It is off-label recommended for treatment of neuropathic pain and radiculopathy. Cymbalta is recommended as a first-line option for diabetic neuropathy. No high quality evidence is reported the support of its use for lumbar radiculopathy. More studies are needed to determine the efficacy of Cymbalta with other types of neuropathic pain. The injured worker had reported chronic neck and low back pain. There is lack of documentation as to what pathology the medication was prescribed for in this injured worker. There is lack of documentation as to how long the injured worker had been receiving the medication and its efficacy. Therefore, the request for Cymbalta is not medically necessary.

Senokot-S 1 to 2 BID QTY: 100: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 77.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: The Medical Treatment Utilization Schedule (MTUS) does not address Senokot-S. The Official Disability Guidelines state that opioid-induced constipation is a common adverse effect of long-term opioid use. When prescribing an opioid, and especially if it will be needed for more than a few days, there should be discussion regarding constipation and the first steps to correct this. Simple treatments include increasing physical activity, maintaining appropriate hydration by drinking enough water and advising the patient to follow a proper diet, rich in fiber. These can reduce the chance and severity of opioid-induced constipation and constipation in general. In addition, some laxatives may help to stimulate gastric motility. Other over-the-counter medications can help loosen otherwise hard stools, add bulk, and increase water content of the stool. If the first line treatments do not work, there are second-line options that include medications which work on opioid related constipation. In this case, the injured worker had reported chronic neck and low back pain. The injured worker was noted to be taking Nucynta. There is no current medication list noted in the medical records. There is lack of documentation of symptoms of constipation, how long the injured worker has been receiving the medication and the medications efficacy. Therefore, the request for Senokot-S is not medically necessary.

Lorzone 750mg BID PRN QTY: 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63, 65.

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines state that non-sedating muscle relaxants are recommended with caution as a second-line option for short term treatment of acute exacerbations in patients with chronic low back pain. "Muscle relaxants may be effective in reducing pain and muscle tension and increasing mobility. However, in most low back pain cases, they show no benefit beyond non-steroidal anti-inflammatory drugs (NSAID's) in pain relief and overall improvement. Also there is no additional benefit shown in combination with NSAID's. Efficacy appears to diminish over time and prolonged use of some medications in this class may lead to dependence." Lorzone works primarily in the spinal cord and the subcortical areas of the brain. Lorzone is an antispasmodic used to decrease muscle spasm in conditions such as low back pain although it appears that these medications are often used for the treatment of musculoskeletal conditions whether spasm is present or not. The mechanism of action for most of these agents is unknown but the effect is thought to be due to general depression of the central nervous system. Advantages over other muscle relaxants include reduced sedation and less evidence for abuse. In this case, the injured worker had reported chronic neck and low back pain. There is lack of documentation in the medical records of a muscle spasm. In addition, there is no current list of medications noted. There is lack of documentation as to how long the injured worker has been receiving Lorzone and its efficacy. Lorzone is recommended for short term use. The request for Lorzone is not medically necessary.

Nucynta IR 75mg 1 PO TID PRN QTY: 90: 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, Tapentadol.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines state that central acting analgesics may be used to treat chronic pain. Central analgesics drugs such as Nucynta are reported to be effective in managing neuropathic pain. The MTUS guidelines discourage long term usage unless there is evidence of ongoing review and documentation of pain relief, functional status and appropriate medication use and side effects. Pain assessment should include: current pain, the least reported pain over the period since last assessment, average pain, the intensity of pain after taking the opioid, how long it takes for pain relief and how long the pain relief lasts. A satisfactory response to treatment may be indicated by the injured worker's decreased pain level, increased level of function or improved quality of life. CA MTUS Guideline indicates "functional improvement" is evidenced by a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management and a reduction in the dependency on continued medical treatment. The medical records do not indicate how long the injured worker had been prescribed Nucynta. No functional improvement as a result of use of Nucynta was noted. There was no documentation of improvement in specific activities of daily living as a result of use of

Nucynta. There was no documentation of decrease in medication use or decrease in frequency of office visits as a result of use of Nucynta. Due to lack of detailed pain assessment, lack of documentation of improvement in pain and lack of documentation of functional improvement, the request for Nucynta IR is not medically necessary.