MAXIMUS Federal Services

Case Number:	CM15-0141210		
Date Assigned:	08/05/2015	Date of Injury:	10/02/2008
Decision Date:	11/13/2015	UR Denial Date:	06/16/2015
Priority:	Standard	Application Received:	07/20/2015

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, California
Certification(s)/Specialty: Emergency 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 42 year old female, who sustained an industrial injury on 10-02-2008. She has reported subsequent back and right knee pain and was diagnosed with right knee degenerative joint disease status post right total knee arthroscopy surgery with poor results and limited range of motion. Treatment to date has included oral and topical pain medication, transcutaneous electrical nerve stimulator (TENS) unit, at least 20 sessions of physical therapy, lumbar medial branch blocks, continuous passive motion machine, application of heat and ice, an unsuccessful right total knee arthroplasty in 09-2014 and two manipulations of the knee which were noted to not significantly reduce pain. The most recent knee manipulation was performed on 12-18-2014. Protonix, Neurontin, Flexeril, Lunesta, and Effexor were prescribed at least since 02-11-2015 and Soma, Naproxen, Norco and Oxycodone were prescribed since at least 05-07- 2015. In an initial physician consultation note dated 06-08-2015, the injured worker reported mid-back and low back pain radiating to the bilateral lower extremities associated with numbness and tingling, neck pain radiating to the upper extremities and right knee pain that was rated as 7 at best and 8 at worst. Objective examination findings showed tenderness to palpation over the lumbar paraspinal muscles consistent with bilateral spasms, positive lumbar facet loading maneuver bilaterally, tenderness to palpation over the right lateral joint line of the right knee, motor strength of 4 out of 5 in the right knee extensor and deep tendon reflexes of 1 out of 4 in the ankle. The physician noted that the injured worker was unable to tolerate walking short distances and avoids performing household chores and participating in recreation due to pain. The injured worker was noted to be off work. A request for authorization of Norco #180, Oxycodone 30 mg #60, Lunesta 2 mg #30, Effexor XR 75 mg #60, Neurontin 600 mg #90, Naproxen 550 mg #60, Protonix 20 mg

#60, Flexeril 7.5 mg #60 and Soma #100 was submitted. As per the 06-16-2015, the requests for Norco #180, Oxycodone 30 mg #60, Lunesta 2 mg #30, Effexor XR 75 mg #60, Neurontin 600 mg #90, Naproxen 550 mg #60, Protonix 20 mg #60, Flexeril 7.5 mg #60 and Soma #100. The request for Oxycodone was modified to certification of Oxycodone 30 mg #30 with no refills, the request for Norco was modified to certification of Norco #100 with no refills, the request for Effexor was modified to certification of Effexor XR #30, the request for Naproxen was modified to certification of Naproxen 550 mg #20, a request for Neurontin was modified to certification of Neurontin 600 mg #60 and the requests for Soma, Lunesta, Protonix and Flexeril were non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids (Classification), Opioids for chronic pain, Opioids, specific drug list.

Decision rationale: CA MTUS, chronic pain guidelines, offer very specific guidelines for the ongoing use of narcotic pain medication to treat chronic pain. These recommendations state that the lowest possible dose be used as well as "ongoing review and documentation of pain relief, functional status, appropriate medication use and its side effects." It also recommends that providers of opiate medication document the injured worker's response to pain medication including the duration of symptomatic relief, functional improvements, and the level of pain relief with the medications. The included documentation fails to include the above recommended documentation. the submitted documentation supports the IW has been on several medication for analgesia with unchanged doses for several months. There is no documentation to support functional improvement or objective measure of pain mitigation with the medications. In addition, the request does not include dosing frequency or duration. There is not toxicology report included in the record, although an order for one is included. The request for opiate analgesia is not medically necessary.

Oxycodone 30mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain, Opioids, specific drug list.

Decision rationale: CA MTUS, chronic pain guidelines, offer very specific guidelines for the ongoing use of narcotic pain medication to treat chronic pain. These recommendations state that the lowest possible dose be used as well as "ongoing review and documentation of pain relief, functional status, appropriate medication use and its side effects." It also recommends that providers of opiate medication document the injured worker's response to pain medication including the duration of symptomatic relief, functional improvements, and the level of pain relief with the medications. The included documentation fails to include the above

recommended documentation. The submitted documentation supports the IW has been on several medication for analgesia with unchanged doses for several months. There is no documentation to support functional improvement or objective measure of pain mitigation with the medications. In addition, the request does not include dosing frequency or duration. There is not toxicology report included in the record, although an order for one is included. The request for opiate analgesia is not medically necessary.

Lunesta 2mg #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 and stress.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Health - Eszopicolone.

Decision rationale: CA MTUS is silent on this topic. ODG guidelines do not recommend this medication for long-term use. It is recommended these medications are limited "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." Additionally, "There is also concern that they may increase pain and depression over the long-term." As there is no documentation in the chart that discusses the IW's mental health or sleep disturbance, treatments employed to address mental health conditions, or effects of these treatments, it is unclear why this medication is being prescribed. It is also unclear how long the IW has been receiving this medication, but it has been a minimum of 3 months, which exceeds the recommended guidelines. Finally, the request does not include dosing or frequency. Without an understanding of the IW's specific needs, the request for Lunesta is not medically necessary.

Effexor XR 75mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Venlafaxine (Effexor).

Decision rationale: CA MTUS chronic pain guidelines recommend Venlafaxine as a first line option for neuropathic pain. There is no documentation submitted for review that explains a supporting rationale for the prescribing of this medication. It is unclear if it is being utilized in the capacity of an anti-depressant or for chronic pain management. There is no documentation discussing the IW's current use of or effects from this medication. The request does not include dosing and frequency. Without this information, the request cannot be supported and the request is considered not medically necessary.

Neurontin 600mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs).

Decision rationale: According to CA MTUS, gabapentin is an anti-epilepsy drug which has efficacy for diabetic neuropathy or post-herpetic neuropathy. It has also been considered a first line agent for neuropathic pain. There is not sufficient evidence to recommend the use of these mediations for the treatment of chronic non-specific, non-neuropathic axial low back pain. Ongoing use of these medications recommends "documentation of pain relief and improvement in function as well as documentation of side effects incurred with use. The continued use of AEDs depends on improved outcomes versus tolerability of adverse effects." The IW does not have diabetic neuropathy or post-herpetic conditions. The documentation reports improvement of pain with the use of medications, but specific responses to individual medications is not noted in the record. Additionally, the request does not include dosing frequency. Without this documentation, the request for gabapentin is not medically necessary in accordance with MTUS guidelines.

Naproxen 550mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs), NSAIDs, specific drug list & adverse effects.

Decision rationale: According to CA MTUS chronic pain guidelines, Naproxen is a non-steroidal anti-inflammatory drug that is used for the treatment of osteoarthritis. Further stated, non-steroidal anti-inflammatory agents are "recommended as an option for short term symptomatic relief" for the treatment of chronic low back pain. It is recommended that the lowest dose be utilized for a minimal duration of time. The documentation does not include a diagnosis of osteoarthritis. Improvement of symptoms specifically to the use of NSAIDs currently prescribed is not documented. The IW has been on this medication for a minimum of 6 months. Additionally, the request does include frequency and dosing of this medication. The request is medically not necessary.

Protonix 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: According to CA MTUS, gastrointestinal protectant agents are recommended for patients that are at increased risk for gastrointestinal events. These risks include age >65, history or gastrointestinal bleeding or peptic ulcers, concomitant use of NSAIDs and corticosteroids or aspirin, or high dose NSAID use. The chart does not document any of these risk factors. Past medical history does not include any gastrointestinal disorders, there is no history of poor tolerance to NSAIDs documented and there are not abdominal examinations noted in the chart. The NSAID requested with this review has been determined

not medically necessary. Without the support of the documentation or the guidelines, the request for Protonix is not medically necessary based on the MTUS.

Flexeril 7.5mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Cyclobenzaprine (Flexeril).

Decision rationale: According to CA MTUS, cyclobenzaprine is recommended as an option for short course of therapy. Effect is noted to be modest and is greatest in the first 4 days of treatment. The IW has been receiving this prescription for a minimum of 6 months according to submitted records. This greatly exceeds the recommended timeframe of treatment. In addition, the request does not include dosing frequency or duration. The IW's response to this medication is not discussed in the documentation. The request is not medically necessary.

Soma #100: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Carisoprodol (Soma).

Decision rationale: According to CAMTUS, Carisoprodol (Soma) is not recommended. Furthermore, it is not recommended for long-term use. Medical records support the IW has been taking this medication for a minimum of 6 months. The IW has also been prescribed Flexeril, another muscle relaxant. Additionally, the request does not include dosing or frequency. As this medication is not supported by guidelines, the request for Soma is determined not medically necessary.