

<b>Case Number:</b>	CM15-0170261		
<b>Date Assigned:</b>	09/10/2015	<b>Date of Injury:</b>	08/28/1998
<b>Decision Date:</b>	10/19/2015	<b>UR Denial Date:</b>	07/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/28/2015

### 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 55 year old male, who sustained an industrial injury on 8-28-1998. The current diagnoses are post cervical laminectomy syndrome, chronic pain syndrome, degeneration of lumbar or lumbosacral intervertebral disc, lumbosacral spondylosis without myelopathy, cervical spondylosis without myelopathy, post lumbar laminectomy syndrome, major depressive disorder, gastritis without mention of hemorrhage, general anxiety disorder, nausea, unspecified constipation, displacement of cervical intervertebral disc without myelopathy, and chronic depressive personality disorder. According to the progress report dated 6-2-2015, the injured worker complains of bilateral neck pain with radiation across his shoulders associated with frequent numbness, tingling, and pain down the left arm and into the hand. In addition, he reports bilateral lumbar pain. He rates his current pain 4 out of 10 on a subjective pain scale. His worst pain is rated 9 out of 10, least pain 3 out of 10, and usual pain 4 out of 10. The pain and medication usage remains the same. His sleep pattern and functionality are worse. The physical examination reveals sub-occipital-occipital tenderness bilaterally, positive cervical facet loading bilaterally, restricted and painful range of motion, decreased sensation to touch throughout the left arm, left hand, and left fingers, and diminished strength in the left upper extremity. The current medications are Norco, Omeprazole, Buspar, Naprosyn, Compazine, Sertraline, Methadone, and Senna. With Methadone, he reports 65% relief of pain. There is documentation of ongoing treatment with Buspar, Naprosyn, and Methadone since at least 2014. Treatment to date has included medication management, x-rays, physical therapy, massage therapy, psychotherapy, therapeutic injections, cervical epidural steroid injection (improved pain by 70%), left radiofrequency L4-L5 (decreased low back pain by 80% for 1-2 days), interlaminar epidural steroid injection C5-6 (reduced neck pain by 80%), and surgical intervention. Work status is not specified. A request for Buspar, Naprosyn, and Methadone has been submitted.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Buspar 15mg #30 1 tablet daily no refills:** 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) Pain (Chronic) Chapter, under Anxiety medications in chronic pain and Other Medical Treatment Guidelines FDA, Food and Drug Administration Guidelines regarding Buspar.

**Decision rationale:** Based on the 06/02/15 progress report provided by treating physician, the patient presents with bilateral neck pain with radiation across his shoulders associated with frequent numbness, tingling, and pain down the left arm and into the hand, bilateral lower back pain and bilateral knee pain. The patient is status post cervical fusion C4-C5 in 2000, 2001 and lumbar fusion L3-L4 and L4-L5 in 2001. The request is for Buspar 15MG #30 1 tablet daily no refills. RFA with the request not provided. Patient's diagnosis on 04/02/15 includes lumbar and cervical region postlaminectomy syndrome, generalized anxiety disorder, unspecified single episode major depressive disorder, depressive disorder NEC, and chronic depressive disorder. Physical examination on 06/02/15 revealed sub-occipital-occipital tenderness bilaterally, restricted and painful range of motion, positive cervical facet loading bilaterally, decreased sensation to touch and diminished strength in the left upper extremity. Spine extension was restricted and painful. Treatment to date has included surgeries, x-rays, physical therapy, massage therapy, psychotherapy, injections and medications. Patient's medications include Buspar, Methadone, Naprosyn, Compazine, Senna, Sertraline HCl, Omeprazole, and Atorvastatin. Patient's work status not provided. ODG Guidelines, Pain (Chronic) Chapter, under Anxiety medications in chronic pain Section states, "Recommend diagnosing and controlling anxiety as an important part of chronic pain treatment, including treatment with anxiety medications based on specific DSM-IV diagnosis as described below. Benzodiazepines are not recommended for longer than two weeks. Long-term use is often associated with withdrawal symptoms. Some other drug classes used to treat anxiety are antihistamines (e.g. hydroxyzine), 5HT1 agonist (e.g. buspirone), and some anti-epilepsy drugs. (Specific Treatment: FDA- approved indications are listed next to each specific drug. A note is made if a medication is used off-label.) (Hoffman, 2008). (c) 5-HT1A Agonist: Buspirone, Buspar, generic available: also approved for short-term relief of anxiety symptoms. Efficacy is decreased in patients with recent prior benzodiazepine use. (Chessick, 2006) Dosing information: 5-15 mg three times daily." FDA, Food and Drug Administration Guidelines regarding Buspar have the following regarding long- term use of this medication: "The effectiveness of BuSpar in long-term use, that is, for more than 3 to 4 weeks, has not been demonstrated in controlled trials. There is no body of evidence available that systematically addresses the appropriate duration of treatment for GAD. However, in a study of long-term use, 264 patients were treated with BuSpar for 1 year without ill effect. Therefore, the physician who elects to use BuSpar for extended periods should periodically reassess the usefulness of the drug for the individual patient." Treater has not provided reason for the request. Burpar has been included in patient's medications, per progress reports dated 06/18/14, 12/03/14, and 06/02/15. It is not known when this medication was initiated. In this case, the patient has a diagnosis of generalized anxiety disorder, unspecified single episode major depressive disorder, depressive disorder NEC, and chronic depressive disorder, for

which this medication is indicated. However, treater has not documented how this medication impacts the patient as far decrease in pain and increase in function. MTUS page 60 requires documentation of pain assessment and functional changes when medications are used for chronic pain. Given lack of documented benefit, this request is not medically necessary.

**Naprosyn 500mg 1 tablet as needed twice a day #60 no refills: 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): Anti-inflammatory medications, NSAIDs (non-steroidal anti-inflammatory drugs).

**Decision rationale:** Based on the 06/02/15 progress report provided by treating physician, the patient presents with bilateral neck pain with radiation across his shoulders associated with frequent numbness, tingling, and pain down the left arm and into the hand, bilateral lower back pain and bilateral knee pain. The patient is status post cervical fusion C4-C5 in 2000, 2001 and lumbar fusion L3-L4 and L4-L5 in 2001. The request is for Naprosyn 500MG 1 tablet as needed twice a day #60 no refills. RFA with the request not provided. Patient's diagnosis on 06/02/15 includes psychiatric issues and diminished energy. Physical examination on 06/02/15 revealed sub-occipital-occipital tenderness bilaterally, restricted and painful range of motion, positive cervical facet loading bilaterally, decreased sensation to touch and diminished strength in the left upper extremity. Spine extension was restricted and painful. Treatment to date has included surgeries, x-rays, physical therapy, massage therapy, psychotherapy, injections and medications. Patient's medications include Buspar, Methadone, Naprosyn, Compaxine, Senna, Sertraline HCl, Omeprazole, and Atorvastatin. Patient's work status not provided. MTUS, anti-inflammatory medications Section, page 22 states: "Anti-inflammatories are the traditional first line of treatment to reduce pain, so activity and functional restoration can resume, but long-term use may not be warranted. A comprehensive review of clinical trials on the efficacy and safety of drugs for the treatment of low back pain concludes that available evidence supports the effectiveness of nonselective non-steroidal anti-inflammatory drugs (NSAIDs) in chronic LBP and of antidepressants in chronic LBP." Naprosyn has been included in patient's medications, per progress reports dated 06/18/14, 12/03/14, and 06/02/15. It is not known when this medication was initiated. Treater has not provided reason for the request, nor provided discussion on medication efficacy. Per 06/02/15 report, the patient "stopped the use of Naprosyn he reports he was having some difficulties with it," and under the Allergies section, treater states "Naprosyn: he felt shaky, or like his blood sugar was low." Given lack of documented benefit and adverse effect from this medication, this request cannot be warranted. Therefore, the request is not medically necessary.

**Methadone HCL 10mg 1 capsule four times a day for pain #120, no refills: 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): Medications for chronic pain, Opioids, criteria for use, Opioids for chronic pain.

**Decision rationale:** Based on the 06/02/15 progress report provided by treating physician, the patient presents with bilateral neck pain with radiation across his shoulders associated with frequent numbness, tingling, and pain down the left arm and into the hand, bilateral lower back pain and bilateral knee pain. The patient is status post cervical fusion C4-C5 in 2000, 2001 and lumbar fusion L3-L4 and L4-L5 in 2001. The request is for Methadone HCL 10MG 1 capsule four times a day for pain #120, no refills. RFA with the request not provided. Patient's diagnosis on 06/02/15 includes psychiatric issues and diminished energy. Physical examination on 06/02/15 revealed sub-occipital-occipital tenderness bilaterally, restricted and painful range of motion, positive cervical facet loading bilaterally, decreased sensation to touch and diminished strength in the left upper extremity. Spine extension was restricted and painful. Treatment to date has included surgeries, x-rays, physical therapy, massage therapy, psychotherapy, injections and medications. Patient's medications include Buspar, Methadone, Naprosyn, Compaxine, Senna, Sertraline HCl, Omeprazole, and Atorvastatin. Patient's work status not provided. MTUS, criteria for use of opioids Section, pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS, criteria for use of opioids Section, page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS, criteria for use of opioids Section, p77, states that "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS, medications for chronic pain Section, page 60 states that "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity." Methadone has been included in patient's medications, per progress reports dated 06/18/14, 12/03/14, and 06/02/15. It is not known when this medication was initiated. Per 04/02/15 report, treater states the patient "continues with the use of Methadone to help keep him functional and active. As far as the use of opioid medication is concerned for pain management, this patient is using their medication(s) appropriately to stay active and maintain functionality. Opiate risk assessment has been carried out and a narcotic agreement is in place. Narcotic medication pill counts are done at every visit. Urine toxicology screening and Department of Justice/Drug Enforcement Agency CURES reports are done at regular intervals, and are done randomly as needed. These are done to review patient compliance. Urine Toxicology Screen: The findings were consistent." Per 06/02/15 report, treater states overall this medicine [Methadone] gives [the patient] 65% relief of pain, he denies any ill side effects. In this case, treater has discussed analgesia, adverse effects and aberrant behavior in addressing the 4A's. However, with regards to ADL's, treater has provided general statements without discussing how Methadone improves patient's activities of daily living with specific examples demonstrating significant functional improvement. MTUS states that function should include social, physical, psychological, daily and work activities. Furthermore, MTUS requires appropriate discussion of the 4A's. Given the lack of documentation as required by guidelines, the request is not medically necessary.