

Case Number:	CM15-0172453		
Date Assigned:	09/21/2015	Date of Injury:	11/30/2004
Decision Date:	12/29/2015	UR Denial Date:	08/21/2015
Priority:	Standard	Application Received:	09/01/2015

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 61 year old male who sustained an industrial injury November 30, 2004. Past history included status post L4-5 and L5-S1 interbody fusion, 1995, status post interbody fusion L1-2, L2-3, L3-4 October 2006, spinal cord stimulator placement July 2008 and removal February 2010, and lumbar epidural injection July 2, 2015, providing some relief and documented 30% less pain medication. The previous injection dated November 20, 2014 provided 70% pain relief for approximately 3 and ½ months. He would like to have injections four times a year to be weaned from his medications. He has had (2) corticosteroid injections to the right knee with temporary relief and (2) Synvisc-One injections September 5, 2014 and July 6, 2015, with improved range of motion and decreased pain and swelling. Diagnoses are hypogonadism, organic impotency; right knee medial meniscal tear; right lower extremity radiculopathy; reactionary depression and anxiety. According to a physician's status report dated August 17, 2015, the injured worker presented for his testosterone injections for the treatment of hypogonadism. He reports doing well with increased energy levels and accepting his condition. He still complains of right knee pain and reports Cialis is helping with his erections. There is slight bilateral testicular atrophy. According to a psychological progress report dated August 6, 2015, the injured worker presented with complaints of ongoing chronic pain. The pain in his low back and legs rated overall 6 out of 10. A primary treating physician's report dated August 6, 2015, revealed the injured worker suffers from post laminectomy syndrome and is not interested in any further intervention to the lumbar spine. Objective findings include; cervical spine- trigger points, tenderness and muscle guarding; lumbar spine- numerous trigger points with tenderness

and taut bands and muscle guarding; sensory decreased along the posterolateral thigh and posterolateral calf bilaterally in the approximately L5-S1 distribution; straight leg raise in a modified seated position is positive at 65 degrees with radicular symptoms in both lower extremities; knee's- tenderness right knee medial lateral joint line with soft tissue swelling, crepitus with range of motion, positive McMurray's on the right. At issue, is the request for authorization for Anaprox DS, Doral, Fexmid (since at least April 6, 2015), Imitrex, Lidopro, Norco (since at least April 6, 2015), Prilosec, Prozac, Remeron, and Zofran ODT. Toxicology reports dated March 5, 2015, May 5, 2015 are present in the medical record. According to utilization review dated August 21, 2015, the request for Neurontin 300mg-600mg is certified. The requests for Anaprox DS, Prilosec, Fexmid, Remeron, Doral, Imitrex, Zofran, Prozac, and LidoPro were non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anaprox DS 550mg twice daily as needed: 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 nonsteroidal 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 document a diagnosis of osteoarthritis. Improvement of symptoms specifically to the use of NSAIDs currently prescribed is not documented. Additionally, the request is for use on a PRN occurrence, but there is no direction to the indications for use. The Anaprox DS 550mg twice daily as needed is not medically necessary.

Prilosec 20mg twice daily as needed: 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. Additionally, the request is for use on a PRN occurrence, but there is no direction to the indications for use. Prilosec is not medically necessary based on the MTUS.

Fexmid 7.5mg: 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.

Remeron 15mg 1-2 by mouth at bedtime: 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), Integrated Treatment/Disability Duration Guidelines: Mental Illness & Stress.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antidepressants for chronic pain. Decision based on Non-MTUS Citation ODG Mental Illness & Stress.

Decision rationale: According to Ca MTUS, antidepressants are recommended as first line agent for neuropathic pain and non-neuropathic pain in specific cases. The documentation submitted does not discuss the indication this medication is being prescribed for this IW. This medication is prescribed at nighttime suggesting it may be utilized for sleep. ODG recommends anti-depressant use to treat depression in physically ill patients. Neither of the reference supports the use of antidepressants, specifically Remeron, for sleep. Additionally, the request does not include dosing or frequency. Without the support of recommendations, the request for Remeron is not medically necessary.

Doral 15mg T by mouth at bedtime: 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): Benzodiazepines.

Decision rationale: Ca MTUS guidelines state that benzodiazepines are "not recommended for long term use because long term efficacy is unproven and there is a risk of dependence." Furthermore, guidelines limited treatment duration to 4 weeks. Records support the IW has been taking Doral for a minimum of 4 months. This clearly exceeds the recommended term of use and is not within CA MTUS guideline. The request is not medically necessary.

Imitrex 100mg 1 per day for severe headache: 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).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.ncbi.nlm.nih.gov/pubmedhealth/PMHT0012260/?report=details>.

Decision rationale: Ca MTUS and ODG are silent on this topic. Imitrex is a medication used in the treatment of migraine headaches. The provided records do not support the diagnosis of migraine headaches. There is no documentation of headache patterns, frequency, intensity, location or frequency of medication use. There is no discussion of improvement of any headaches after any previous use of Imitrex. There is no neurologic examination included in the records. Without the support of the documentation, the request for Imitrex is not medically necessary.

Zofran ODT 8mg: 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 chapter, antiemetics.

Decision rationale: The MTUS does not provide direction for the use of antiemetics. The Official Disability Guidelines recommends against their use for nausea presumed to be caused by chronic opioid intake. Per the FDA, ondansetron is indicated for nausea caused by chemotherapy, radiation treatment, postoperative use, and acute gastroenteritis. This injured worker does not have an FDA-approved indication. The treating physician has not provided an adequate evaluation of any condition causing nausea. Additionally, the request does not include frequency or dosing. The necessary indications are not present per the available guidelines and evidence and the ondansetron is not medically necessary.

Prozac 20mg 1-2 twice daily as needed: 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), Integrated Treatment/Disability Duration Guidelines: Mental Illness & Stress.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): SSRIs (selective serotonin reuptake inhibitors).

Decision rationale: According to Ca MTUS guidelines, SSRIS are not recommended for the treatment of chronic pain. They do have a role treating secondary depression. The included records do not include the diagnosis for which this medication is being prescribed. The diagnosis outlined in provider visits does not include depression. This medication is prescribed as "as needed." SSRI medications are not immediate release and immediate therapeutic. As such, they are a maintenance medication and should not be prescribed on demand. The record does not support this medication is being prescribed in accordance with Ca MTUS guidelines. Without this, the request for prozac is not medically necessary.

Lido Pro topical analgesic ointment: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Lidoderm (lidocaine patch), Topical Analgesics.

Decision rationale: Lidopro is a topical ointment consisting of the ingredients capsaicin, lidocaine, menthol and methyl salicylate ointment. According to CA MTUS chronic pain guidelines, lidocaine is recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). Topical lidocaine, in the formulation of a dermal patch Lidoderm patch the only commercially approved topical formulations of lidocaine for indicated neuropathic pain. For non-neuropathic pain, lidocaine is not recommended. The requested formulation is an ointment and not the approved patch. In addition, the request does not include the intended location or frequency of application. Without this information, the request is not medically necessary.

Norco 10/325mg: 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 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 IW has been prescribed this medication for a minimum of 6 months. There is no discussion in the record to support functional improvement related to the use of this medication. The chart materials include results from toxicology screen which are inconsistent with the prescribed medications. There is no discussion in the records of these results. Without the support of the documentation or adherence of the guidelines, the request for Norco is not medically necessary.