

Case Number:	CM15-0027296		
Date Assigned:	03/25/2015	Date of Injury:	09/20/2000
Decision Date:	05/13/2015	UR Denial Date:	01/12/2015
Priority:	Standard	Application Received:	02/12/2015

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, Illinois Certification(s)/Specialty: Internal 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 52-year-old male who sustained an injury on 09/20/2000. The injured worker complained of persistent pain and discomfort to low back. The pain was reported to radiate down the lumbar spine to the buttocks, hips and down the legs to the feet. It is exacerbated by walking and standing, associated with stiffness of the lumbar spine and lower extremities. The injured worker was prescribed Atenolol 5 mg 1 by mouth daily, Lotensin 10 mg daily, Pravachol 40 mg 1 tablet daily, Celebrex 200 mg 1 tablet daily, Zanaflex 5 mg 1 tablet twice a day, Ambien 12.5 mg 1 tablet at bedtime, Subsys 800 Milliman Care Guidelines 1 unit 4 times a day, hydrocodone 25 mg 1 tablet every 4 hours for pain and Valium 2 mg 1 tablet daily. The injured worker was assessed for discogenic low back pain status post IDET x2, lumbar spondylosis, lumbar spine strain syndrome, L3-4 and L4-5 moderate foraminal stenosis, thoracic spine sprain/strain syndrome, obesity secondary to mobility and industrial injury, insomnia, depression and anxiety. The injured worker underwent lumbar epidural steroid injection, which reduced his pain by 60% to 70%. The pain reduction lasted for about 5 days. Previous epidural steroid injections did not help as much as the most recent. MRI of the lumbar spine from 10/07/2011 showed no evidence of fracture or spondylolisthesis and narrow infiltrative lesions were identified. However, there was mild disc desiccation at essentially all levels within the lumbar spine and mild degenerative endplate change with scattered Schmorl's nodes. The CT of the lumbar spine from 05/24/2012 showed loss of disc height from T12 to L1, 2-3 mm central protruded disc osteophyte complex indenting the thecal sac at L1-2. There was mild to moderate loss of disc height with a 2-3 mm left greater than right disc bulge in addition to slight reversal of cervical lordosis which contributed to minimal foraminal stenosis and mild spinal canal stenosis. A L3-4, it was seen that there was status post discogram, right lateral posterior annulus tear with a modified Dallas grade of 3 to 4 and a 2 to 3 mm right

lateral interforaminal disc bulge contributing to minimal foraminal stenosis at the level of L3-4. There was mild to moderate loss of vertebral body height, circumferential annulus tear with a modified Dallas grade of 4, a 4 to 5 mm disc bulge that continued to have contributed to mild bilateral foraminal stenosis. At L4-5, there was extensive anterior right sided annulus tearing, 4 to 5 mm, asymmetric, right greater than left disc bulge with overlapping ridging osteophytes and mild to moderate ligamentum flavum hypertrophy. At L5-S1, there was a 4 to 5 mm retrolisthesis with overlapping 5 to 6 mm disc bulge ridging osteophytes, which contributed to mild bilateral foraminal stenosis. No other therapies were noted. The injured worker reported left thigh numbness that was progressively worse and increased in severity. Objective findings showed marked localized tenderness to the left of the midline at L4-5, paraspinal muscle tenderness to palpation, decreased sensation to light touch of the lumbar spine, pain range of motion on returning upright from flexion of the lumbar spine, left thigh numbness that was progressively worse with leg raises bilaterally, depressive mood and affect and weight gain secondary to immobility.

IMR ISSUES, DECISIONS AND RATIONALES

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

Atenolol 5mg #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-Treatment in Workers' Compensation (ODG-TWC), Diabetes Procedure Summary.

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: Official Disability Guidelines (ODG), Treatment Index, 11th Edition (web), 2014, Diabetes, Hypertension treatment. Recommended medication step therapy for hypertension: After Lifestyle (diet & exercise) modifications. (1) First line, 1st choice - Renin-angiotensin-aldosterone system blockers: ACE inhibitors (angiotensin-converting enzyme inhibitor): Benazepril (Lotensin); Captopril (Capoten); Enalapril (Vasotec); Lisinopril (Zestril); Ramipril (Altace). Angiotensin II receptor blocker (ARBs): Losartan (Cozaar); Olmesartan (Benicar); Valsartan (Diovan). (2) First line, 2nd addition - Calcium channel blockers: Amlodipine (Norvasc); Nifedipine (Procardia); Nifedipine (Procardia). (3) First line, 3rd addition - Thiazide diuretic. Hydrochlorothiazide (HCTZ). (4) First line, 4th addition - Beta blockers (b-Adrenergic blocker): Atenolol (Tenormin); Metoprolol (Lopressor); Nadolol (Corgard); Propranolol (Inderal). (5) Second line: Aldosterone receptor blockers: Spironolactone (Aldactone). Direct renin inhibitor: Aliskiren (Tekturna). Selective a1-adrenergic blockers: Doxazosin (Cardura); Prazosin (Minipress); Terazosin (Hytrin). Central a2 agonists: Clonidine (Catapres). Direct vasodilators: Hydralazine (Apresoline); Minoxidil (Loniten) There was a request for Atenolol 5mg #30. Atenolol is an antihypertensive. There was no documentation showing that the injured worker had increased blood pressure. As such, the request for Atenolol is not medically necessary.

Lotensin 10mg #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-Treatment in Workers' Compensation (ODG-TWC), Diabetes Procedure Summary.

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: There was a request for Lotensin 10mg #30. Lotensin is an antihypertensive. There was no documentation showing that the injured worker had increased blood pressure. As such, the request for Lotensin is not medically necessary.

Pravachol 40mg #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-Treatment in Workers' Compensation (ODG-TWC), Diabetes Procedure Summary, Statins.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: www.rxlist.com.

Decision rationale: The request was for Pravachol 40mg #30. Pravachol is a lipid-lowering compound, in a class of drugs called statins, which reduce cholesterol biosynthesis. There was no note in the cased notes that the injured worker showed hypercholesterolemia or dyslipidemia. As such, the request for pravachol is not medically necessary.

Celebrex 200mg #30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Celebrex (celecoxib).

Decision rationale: Official Disability Guidelines (ODG), Treatment Index, 11th Edition (web), 2014, Pain and Celebrex. Celebrex is the brand name for celecoxib, and it is produced by Pfizer. Celecoxib is a non-steroidal anti-inflammatory drug (NSAID) that is a COX-2 selective inhibitor, a drug that directly targets COX-2, an enzyme responsible for inflammation and pain. See Anti-inflammatory medications. See NSAIDs (non-steroidal anti-inflammatory drugs) for specific patient decision-making criteria. Unlike other NSAIDs, celecoxib does not appear to interfere with the antiplatelet activity of aspirin and is bleeding neutral when patients are being considered for surgical intervention or interventional pain procedures. The injured worker was assessed with discogenic low back pain, lumbar spondylosis, lumbar spine sprain/strain, thoracic spine sprain/strain syndrome which would necessitate pain medication. Celecoxib is a non-steroidal anti-inflammatory drug that directly targets COX-2 and is responsible for pain and inflammation. Since the injured worker's condition necessitates the use of this medication, the request for Celebrex 200mg #30 is medically necessary.

Zanaflex 4mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain). Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment in Workers' Compensation (ODG-TWC), Pain Procedure Summary, Non- sedating muscle relaxants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antispasticity/Antispasmodic Drugs Page(s): 66.

Decision rationale: California Medical Treatment Utilization Schedule (MTUS), 2009, Chronic pain, Zanaflex, page #66. Tizanidine (Zanaflex, generic available) is a centrally acting alpha2-adrenergic agonist that is FDA approved for management of spasticity; unlabeled use for low back pain. (Malanga, 2008) Eight studies have demonstrated efficacy for low back pain. (Chou, 2007) One study (conducted only in females) demonstrated a significant decrease in pain associated with chronic myofascial pain syndrome and the authors recommended its use as a first line option to treat myofascial pain. (Malanga, 2002) May also provide benefit as an adjunct treatment for fibromyalgia. (ICSI, 2007) Side effects: somnolence, dizziness, dry mouth, hypotension, weakness, hepatotoxicity (LFTs should be monitored baseline, 1, 3, and 6 months). (See, 2008) Dosing: 4 mg initial dose; titrate gradually by 2 - 4 mg every 6 - 8 hours until therapeutic effect with tolerable side effects; maximum 36 mg per day. (See, 2008) Use with caution in renal impairment; should be avoided in hepatic impairment. Tizanidine use has been associated with hepatic aminotransaminase elevations that are usually asymptomatic and reversible with discontinuation. Benzodiazepines: Not recommended due to rapid development of tolerance and dependence. There appears to be little benefit for the use of this class of drugs over non-benzodiazepines for the treatment of spasm. (See, 2008) See Benzodiazepines. Zanaflex is approved for the management of spasticity; however, its use is not recommended due to rapid development of tolerance and dependence. Additionally, there appears to be little benefit for the use of this class of drugs over nonbenzodiazepines for the treatment of spasms. As such, the request for zanaflex is not medically necessary.

Fentora 600mcg #112: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Fentora Page(s): 47.

Decision rationale: California Medical Treatment Utilization Schedule (MTUS), 2009, Chronic pain, Fentanyl, page #47-Fentanyl is an opioid analgesic with a potency eighty times that of morphine. Weaker opioids are less likely to produce adverse effects than stronger opioids such as fentanyl. For more information and references, see Opioids. See also Actiq (fentanyl lollipop); Duragesic (fentanyl transdermal system); & Fentora (fentanyl buccal tablet). Fentora (fentanyl buccal tablet) not recommended for musculoskeletal pain. Fentora is an opioid painkiller currently approved for the treatment of breakthrough pain in certain cancer patients. Cephalon had applied to the FDA for approval to market the drug for patients with other pain conditions such as chronic low back pain and chronic neuropathic pain, but approval was not obtained. See Opioids. The report lacks documentation including a risk assessment profile, and evidence of objective functional improvement to support continued medication use.

Based on the prior reviews, the claimant should have already been completely weaned from this medication. Long-term use of this medication is not recommended and as such, the request is not medically necessary.

Hydrocodone 25mg #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone Page(s): 51.

Decision rationale: California Medical Treatment Utilization Schedule (MTUS), 2009, Chronic pain, Hydrocodone, page 51. Hydrocodone is a semi-synthetic opioid, which is considered the most potent oral opioid that does not require special documentation for prescribing in some states (not including California). See Opioids. The report lacks documentation including a risk assessment profile, and evidence of objective functional improvement to support continued medication use. Based on the prior reviews, the claimant should have already been completely weaned from this medication. As such, the injured worker's request for Hydrocodone is not supported; therefore, this request is not medically necessary.

Valium 2mg #10: Upheld

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

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

Decision rationale: Official Disability Guidelines (ODG), Treatment Index, 11th Edition (web), 2014, Pain, Benzodiazepines. Not recommended for long-term use (longer than two weeks), because long-term efficacy is unproven and there is a risk of psychological and physical dependence or frank addiction. Most guidelines limit use to 4 weeks. Benzodiazepines are a major cause of overdose, particularly as they act synergistically with other drugs such as opioids (mixed overdoses are often a cause of fatalities). 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 (3-14 day). Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. The medication is not recommended for long-term use. It was noted that the injured worker should have been weaned from this medication. The current request is not supported since there is no documented improvement with current medication use. As such, the request is not medically necessary.

Monthly follow-up visits: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment in Workers' Compensation (ODG-TWC), Pain Procedure Summary.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

Decision rationale: California Medical Treatment Utilization Schedule (MTUS), 2009, American College of Occupational and Environmental Medicine (ACOEM), Occupational Medical Practice Guidelines, Second Edition (2004), Chapter 11, page #303. Physician follow up can occur when a release to modified, increased, or full duty is needed, or after appreciable healing or recovery can be expected, on average. Physician follow up might be expected every four to seven days if the injured worker is off work and seven to fourteen days if the injured worker is working. The request is medically necessary.

Ambien 12.5mg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment in Workers' Compensation (ODG-TWC), Pain Procedure Summary.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Zolpidem (Ambien).

Decision rationale: Official Disability Guidelines (ODG), Treatment Index, 11th Edition (web), 2014, Pain, Zolpidem (Ambien) Zolpidem is a prescription short-acting non-benzodiazepine hypnotic, which is recommended for short-term (7-10 days) treatment of insomnia. Proper sleep hygiene is critical to the individual with chronic pain and often is hard to obtain. Various medications may provide short-term benefit. 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. There is also concern that they may increase pain and depression over the long-term. Long-term use of this medication is not recommended per Official Disability Guideline criteria. Its long term use can be habit forming, may impair function and memory, and increase pain and depression over time. Use of this medication is not supported. The request for Zolpidem 12.5mg is not medically necessary.