MAXIMUS Federal Services

Case Number:	CM15-0060963		
Date Assigned:	04/07/2015	Date of Injury:	07/02/2002
Decision Date:	05/15/2015	UR Denial Date:	03/16/2015
Priority:	Standard	Application Received:	03/31/2015

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
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 56 year old female who sustained an industrial injury on 7/2/02. The injured worker reported symptoms in the back, upper and lower extremities. The injured worker was diagnosed as having lumbar degenerative disc disease status post lumbar surgery, cervical spine disease, cervical radiculopathy, myofascitis, and situational depression. A physical exam dated 12/17/2015 revealed no motor or sensory deficits. Treatments to date have included trigger point injections, oral pain medication, muscle relaxants, and spine stimulator. Currently, the injured worker complains of back pain with radiation to the upper and lower extremities. The plan of care was for medication prescriptions and a follow up appointment at a later date. On 3/16/2015, UR modified request for Oxycontin, Roxicodone, and Norco. Additionally, UR non-certified requests for Wellbutrin. Lidoderm patch, Xanax, Effexor, Trazadone. A request for Naprosyn was approved.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 20 mg, three times daily: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-95.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiods Page(s): 80-81, 86.

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. Documentation supports ongoing use of this medication without documentation to support its efficacy or functional improvement. The included documentation fails to include the above recommended documentation. In addition, the request does not include dosing frequency or duration. The request for opiate analgesia is not medically necessary.

Roxicodone 15 mg, 4 times per day: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-95.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiods Page(s): 80-81, 86.

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. Documentation supports ongoing use of this medication without documentation to support its efficacy or functional improvement. The included documentation fails to include the above recommended documentation. In addition, the request does not include dosing frequency or duration. The request for opiate analgesia is not medically necessary.

Norco 10/325 mg, take 6 per day: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-95.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 80-81, 86.

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. Documentation supports ongoing use of this medication without documentation to support its efficacy or functional improvement. The included documentation fails to include the above recommended documentation. In addition, the request does not include dosing frequency or duration. The request for opiate analgesia is not medically necessary.

Trazodone 50 mg, 1 per day: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Insomnia.

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, insomnia.

Decision rationale: Trazadone has been prescribed for people with insomnia and often times concomitant depression. The MTUS does not address the use of hypnotics other than benzodiazepines. The Official Disability Guidelines were used. Note the ODG citation that recommends short term use of hypnotics, a careful analysis of the sleep disorder, and caution against using zolpidem in the elderly. Prescribing in this case meets none of the guideline recommendations. Reports do reference situational depression. However, no physician reports describe the specific criteria for a sleep disorder. The reports do not show specific and significant benefit of trazodone. Sleep is routinely described as "poor", and the injured worker was stated to be sleeping 2-3 hours a night while taking trazodone. The treating physician has not addressed other major issues affecting sleep in this patient, including the use of other psychoactive agents like opioids, which significantly impair sleep architecture. Trazodone is not medically necessary based on prolonged use contrary to guideline recommendations, lack of benefit, and lack of sufficient evaluation of the sleep disorder.

Flexeril 10 mg, take 3 per day: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 41-42.

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.

Effexor XR 150 mg, 2 per day: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Venlafaxine Page(s): 45, 123.

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.

Xanax 0.5 mg, take 2 times daily: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines benzodiazepine Page(s): 24.

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 Xanax 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.

Lidoderm patch 5%, 1 patch per day: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm patch Page(s): 56-57.

Decision rationale: According to CA MTUS, lidoderm patch is recommended for localized peripheral pain after there has been evidence of a trial of first line therapy such as a tricyclic, serotonin-norepinephrine reuptake inhibitor, or gabapentin. This medication is "not a first-line treatment and is only FDA approved for post-herpetic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia." There is not documentation to support the failure first line agent or intolerance to other medications. Additionally, the request does not indicate the intended application cite of this patch making the request incomplete. As such, the request for lidoderm patches is not medically necessary.

Wellbutrin XL: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Wellbutrin, Antidepressants for chronic pain Page(s): 15, 27.

Decision rationale: Wellbutrin is a second generation tricyclic antidepressant shown to be effective in relieving neuropathic pain resulting from different etiologies. However, there is no evidence of efficacy in patient with no-neuropathic chronic low back pain. It is unclear from chart material if this medication is being prescribed for pain, depression, or sleep disturbances. Documentation supports the IW has been on this medication for a minimum of 6 months. Documentation does not indicate improvement of functional status, improvement of sleep or decrease in pain with its use. Furthermore, the request does not including dosing or frequency. The request for Wellbutrin is not medically necessary.