

Case Number:	CM15-0063384		
Date Assigned:	04/09/2015	Date of Injury:	08/31/1990
Decision Date:	05/14/2015	UR Denial Date:	03/23/2015
Priority:	Standard	Application Received:	04/03/2015

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: Pennsylvania
 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 64 year old female who sustained an industrial injury on 8/31/90 due to a motor vehicle accident. The injured worker reported symptoms in the back, right shoulder, neck and bilateral ankles. The injured worker was diagnosed as having cervical, thoracic, and lumbar strain, right shoulder tendinitis, left ulnar neuritis, right rib fracture, bilateral hip trochanteric bursitis, bilateral knee pain, fracture of left ankle status post open reduction and internal fixation, and chronic pain syndrome. Recent reports document diagnoses as pain in joint shoulder region, pain in joint lower leg, lumbago, and cervicalgia. Gastric reflux, fibromyalgia, migraines, depression, and post-traumatic stress disorder were noted in evaluations from 2003. Treatments to date have included medications, physical therapy, exercise, functional restoration program, and activity modification. Work status was noted as modified work in 2013-2015. Medications in 2003 included Xanax. Methadone and protonix were listed as medications in February 2013 and in late 2014- 2015. Continuation of methadone and alprazolam were noted in November 2013. A letter from October 2014 notes that the injured worker has been on methadone for an extended period of time and that she will need a gradual weaning program. Progress note from December 2014 notes that the injured worker was taking Xanax 0.5 mg two to three tablets daily for anxiety and that she would be seeing a new psychiatrist for depression and anxiety. Medications in December 2014 and February 2015 included methadone, Cymbalta, protonix, and frova. The physician documented that the injured worker denied abuse or adverse effects of these medications. At a visit on 3/12/15, the injured worker complains of pain in the back, right shoulder, neck and bilateral ankles. Pain was rated 9/10 without medication and 5/10 with

medication. Examination showed a slightly guarded gait, decreased range of motion of the back, moderate tenderness in the shoulder girdle, low back, gluteal region, and across the ankles. The plan of care was for medication prescriptions and a follow up appointment at a later date. Methadone was noted to be prescribed for pain, protonix for gastroesophageal reflux disease (GERD) related to medication, frova for headache, cymbalta for pain, and Xanax for pain-related anxiety. A urine drug screen was requested. Work status was noted as modified work. On 3/23/15, Utilization Review (UR) non-certified requests for Xanax 0.5 mg #90, frova 2.5 mg #9, and protonix 40 mg #30, and modified a request for methadone 10 mg #120 to #60, citing the MTUS and ODG.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methadone 10mg #120 2 tabs po q12h: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 61-62.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines medications for chronic pain: methadone p. 61-62opioids p. 74-96 Page(s): 61-62.

Decision rationale: The MTUS states that methadone is recommended as a second-line drug for moderate to severe pain if the potential benefit outweighs the risk. Delayed adverse effects due to methadone accumulation during chronic administration and systemic toxicity may occur, including respiratory depression, QT prolongation and arrhythmia, and multiple potential drug interactions. This injured worker has been prescribed methadone for at least two years. Need for a weaning program was mentioned in October 2014 but no current weaning process was documented. Urine drug screen was noted as requested at a recent visit, but no reports or results of any urine drug screens during the past two years were submitted. There is insufficient evidence that the treating physician is prescribing opioids according to the MTUS, which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, and opioid contract. There should be a prior failure of non-opioid therapy. None of these aspects of prescribing are in evidence. There is no evidence of increased function from the treatment with methadone. Work status has remained as modified work, there was no documentation that the injured worker was currently working, and no functional goals were discussed. There was no documentation of improvement in activities of daily living, decrease in medication use, or decrease in frequency of office visits, which continued on a monthly basis. There was no discussion of the potential adverse effects of methadone or of the potential interaction with cymbalta and increased risk of respiratory depression in combination with xanax, a benzodiazepine. As currently prescribed, methadone does not meet the criteria for long term opioids as elaborated in the MTUS, and as there is significant potential for toxicity, the request for methadone is not medically necessary.

Protonix 40mg #30 1 tab po qd: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 88. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, Proton Pump Inhibitors.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI symptoms and cardiovascular risk Page(s): 68-69.

Decision rationale: Per the MTUS, co-therapy with a nonsteroidal anti-inflammatory medication (NSAID) and a proton pump inhibitor (PPI) is not indicated in patients other than those at intermediate or high risk for gastrointestinal events (including age > 65 years, history of peptic ulcer, gastrointestinal (GI) bleeding or perforation, concurrent use of aspirin, corticosteroids and/or an anticoagulant, or high dose/multiple NSAIDS such as NSAID plus low dose aspirin). None of these risk factors were present for this injured worker. There was no recent documentation of use of NSAIDS. Long term proton pump inhibitor (PPI) use (> 1 year) has been shown to increase the risk of hip fracture. The documentation shows that protonix has been prescribed for at least two years. Older reports note a diagnosis of gastric reflux and more recent reports state that protonix was prescribed for GERD. There was no mention of any current GI signs or symptoms. No recent abdominal examination was documented. There was no discussion of GI evaluation. Due to lack of specific indication and potential for toxicity, the request for protonix is not medically necessary.

Frova 2.5mg #9 1 tab po prn: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) head chapter: triptans and Other Medical Treatment Guidelines pdr.net drug summary: frova.

Decision rationale: The treating physician has provided only the most minimal mention of headaches in recent reports which note that frova was prescribed for headaches. A remote diagnosis of migraines was noted. There is no current account of the specific symptoms, pattern of headaches, and response to any treatment. The MTUS does not address therapy for migraines. Although triptans are an option for treatment of migraine headaches per the cited Official Disability Guidelines reference, in this case the treating physician has not provided sufficient clinical information to support the diagnosis and treatment. This injured worker has also been prescribed cymbalta; there is increased potential for serotonin syndrome with use of frova in combination with serotonin and norepinephrine reuptake inhibitors such as cymbalta. Due to insufficient indication and potential for toxicity, the request for frova is not medically necessary.

Xanax 0.5mg #90 1 tab po q8h prn: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines benzodiazepines p. 24 Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter: benzodiazepines.

Decision rationale: Per the MTUS, benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long term use may actually increase anxiety. The MTUS states that a more appropriate treatment for anxiety disorder is an antidepressant. The MTUS does not recommend benzodiazepines for long term use for any condition. The Official Disability Guidelines recommend against prescribing benzodiazepines with opioids and other sedatives. This injured worker has also been prescribed methadone; the combination of methadone and xanax increases the risk of respiratory depression. The documentation indicates that xanax has been prescribed for more than one year and possibly for many years, for the treatment of anxiety. Due to length of use in excess of the guideline recommendations and potential for toxicity, the request for xanax is not medically necessary.