

Case Number:	CM15-0064977		
Date Assigned:	04/10/2015	Date of Injury:	04/03/2000
Decision Date:	06/15/2015	UR Denial Date:	03/25/2015
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: 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 51 year old female who has reported low back pain after an injury on 4/3/2000. The initial injury mechanism was not in the physician reports. The injured worker was diagnosed as having chronic low back pain; degenerative lumbar spondylosis; pain disorder with psychological/general medical condition; and insomnia, persistent due to chronic pain. Treatment to date has included psychotherapy and medications. The treating physician reports during 2014-2015 reflect chronic low back pain, partial pain relief with "analgesic medications," and unspecified improvement in function and quality of life. Chronic medications include MS Contin, Percocet, Ambien, Paxil, ibuprofen, and Skelaxin. The reports contain generic information about the prescribed medications. The reports have considerable stereotyped information that is present in each report. None of the reports discuss the patient-specific results of using each medication and the patient-specific indications. Reports list a work status of "off work" and "permanent disability." None of the reports have a specific physical examination. Per the PR-2 of 2/27/15, there was ongoing low back pain. A urine drug screen on 10/22/13 was reportedly normal. "Annual laboratory testing" due to use of medicines and a urine drug screen were requested [actual tests not listed]. The usual chronic medications were continued without any new information provided regarding each medication. On 3/25/15 Utilization Review non-certified the medications referred for this Independent Medical Review, listing medical reports from 2010 to 2015. A urine drug screen in 2011 was reported to be inconsistent for hydrocodone. The reports did not provide adequate evidence of functional improvement or prescribing according to guidelines. The MTUS, the Official Disability Guidelines, and a textbook were

cited. Note was made of prior Utilization Review partial certifications of medications and recommendations for weaning.

IMR ISSUES, DECISIONS AND RATIONALES

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

MS Contin 60 mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid management, Opioids, steps to avoid misuse/addiction, indications, Chronic back pain, Mechanical and compressive etiologies, Medication trials Page(s): 77-81, 94, 80, 81, 60.

Decision rationale: 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, opioid contract, and there should be a prior failure of non-opioid therapy. None of the reports address the specific opioid intake patterns and specific results of use. The prescribing physician does not address specific functions with respect to prescribing opioids. There is no evidence of significant pain relief or increased function from the opioids used to date, given that the reports do not provide any specific information about the results of the prescribed opioids. The MTUS recommends urine drug screens for patients with poor pain control and to help manage patients at risk of abuse. There is a high rate of aberrant opioid use in patients with chronic back pain. There is no record of a urine drug screen program performed according to quality criteria in the MTUS and other guidelines. Apparently the last urine drug screen was in 2013, although no actual results were presented. The recent request for a urine drug screen was apparently in response to a prior Independent Medical Review, and there is no information provided regarding the specific nature of the test. The prescribing physician describes this patient as of "off work" and on "permanent disability," which fails the "return-to-work" criterion for opioids in the MTUS, and represents an inadequate focus on functional improvement. This status generally represents a profound failure of treatment, as this implies confinement to bed for most or all of the day. As currently prescribed, this opioid does not meet the criteria for long term opioids as elaborated in the MTUS and is therefore not medically necessary. This is not meant to imply that some form of analgesia is contraindicated; only that the opioids as prescribed have not been prescribed according to the MTUS and that the results of use do not meet the requirements of the MTUS.

Percocet 10/325 mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 91-94.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid management, Opioids, steps to avoid misuse/addiction, indications, Chronic back pain, Mechanical and compressive etiologies, Medication trials Page(s): 77-81, 94, 80, 81, 60.

Decision rationale: 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, opioid contract, and there should be a prior failure of non-opioid therapy. None of the reports address the specific opioid intake patterns and specific results of use. The prescribing physician does not address specific functions with respect to prescribing opioids. There is no evidence of significant pain relief or increased function from the opioids used to date, given that the reports do not provide any specific information about the results of the prescribed opioids. The MTUS recommends urine drug screens for patients with poor pain control and to help manage patients at risk of abuse. There is a high rate of aberrant opioid use in patients with chronic back pain. There is no record of a urine drug screen program performed according to quality criteria in the MTUS and other guidelines. Apparently the last urine drug screen was in 2013, although no actual results were presented. The recent request for a urine drug screen was apparently in response to a prior Independent Medical Review, and there is no information provided regarding the specific nature of the test. The prescribing physician describes this patient as of "off work" and on "permanent disability," which fails the "return-to-work" criterion for opioids in the MTUS, and represents an inadequate focus on functional improvement. This status generally represents a profound failure of treatment, as this implies confinement to bed for most or all of the day. As currently prescribed, this opioid does not meet the criteria for long term opioids as elaborated in the MTUS and is therefore not medically necessary. This is not meant to imply that some form of analgesia is contraindicated; only that the opioids as prescribed have not been prescribed according to the MTUS and that the results of use do not meet the requirements of the MTUS.

Ambien 10 mg #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 (ODG)-TWC pain procedure summary, Mosby's drug consult.

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 treatment.

Decision rationale: The MTUS does not address the use of hypnotics other than benzodiazepines. The Official Disability Guidelines were used instead. The Official Disability Guidelines recommend the short term use of hypnotics like zolpidem (less than two months), discuss the significant side effects, and note the need for a careful evaluation of the sleep difficulties. No physician reports describe the specific criteria for a sleep disorder. The treating physician has not addressed major issues affecting sleep in this patient, including the use of other psychoactive agents like opioids, which significantly impair sleep architecture. This injured worker has been prescribed this hypnotic for more than two months. Zolpidem, a benzodiazepine agonist, is habituating and recommended for short term use only. This injured worker has been given a hypnotic for a duration in excess of what is recommended in the guidelines cited above. Treatment of a sleep disorder, including prescribing hypnotics, should not be initiated without a careful diagnosis. There is no evidence of that in this case. Prescribing in this case meets none of

the guideline recommendations. The reports do not show specific and significant benefit of zolpidem over time. Zolpidem is not medically necessary based on prolonged use contrary to guideline recommendations and lack of sufficient evaluation of the sleep disorder.

Skelaxin 800 mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants, antispasticity drugs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants Page(s): 63.

Decision rationale: The MTUS for Chronic Pain does not recommend muscle relaxants for chronic pain. Non-sedating muscle relaxants are an option for short term exacerbations of chronic low back pain. The muscle relaxant prescribed in this case is sedating. This injured worker has chronic pain with no evidence of prescribing for flare-ups. The request to Independent Medical Review is for an unspecified quantity and duration of this medication. Prescriptions for muscle relaxants, per the MTUS, should be for short term use only. An unspecified quantity and duration can imply a potentially unlimited duration and quantity, which is not medically necessary or indicated. Spasm is not documented. No reports show any specific and significant improvements in pain or function as a result of prescribing muscle relaxants, given that no reports address the specific use patterns or results of prescribing Skelaxin. Per the MTUS, this muscle relaxant is not indicated and is not medically necessary.

Paxil 30 mg #6: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain, Antidepressants for chronic pain, SSRIs (selective serotonin reuptake inhibitors) Page(s): 60, 13-16, 107.

Decision rationale: None of the physician reports list a specific psychiatric diagnosis for which Paxil might be indicated. Presumably Paxil is prescribed for chronic pain, although this is not clear from the records since none of the reports address this medication specifically. If there were to be an indication for an antidepressant for chronic pain in this case, a TCA would be the first choice (see the MTUS citations). Paxil is an SSRI, which is not indicated for treating pain (see MTUS citation). When prescribed, the MTUS gives clear direction for outcome measurements, including functional improvement (see pages 13 and 60 of the citations above). No medical reports show specific symptomatic and functional benefit. Continued use of Paxil is not medically necessary based on the MTUS recommendations. There is no good evidence of efficacy in the medical records, and no clear indication.

Ibuprofen 600 mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain, NSAIDs for Back Pain - Acute exacerbations of chronic pain, Back Pain - Chronic low back pain, NSAIDs, specific drug list & adverse effects Page(s): 60, 68, 68, 70.

Decision rationale: Per the MTUS for chronic pain, page 60, medications should be trialed one at a time, and there should be functional improvement with each medication. No reports show any specific benefit, functional or otherwise, and no reports address the results of using ibuprofen. Systemic toxicity is possible with NSAIDs. The FDA and MTUS recommend monitoring of blood tests and blood pressure. There is no evidence that the prescribing physician is adequately monitoring for toxicity as recommended by the FDA and MTUS. The injured worker remains off work and "disabled," indicating profound disability, inability to perform even basic ADLs, and a failure of all treatment to date. The MTUS does not recommend chronic NSAIDs for low back pain. NSAIDs should be used for the short term only. Acetaminophen is the drug of choice for flare-ups, followed by a short course of NSAIDs. The treating physician has been prescribing large quantities of NSAIDs for years, which is counter to the recommendations of the MTUS for treatment of back pain. This NSAID is not medically necessary based on the MTUS recommendations against chronic use, lack of specific functional and symptomatic benefit, and prescription not in accordance with the MTUS and the FDA warnings.