MAXIMUS Federal Services

Case Number:	CM15-0075442		
Date Assigned:	06/10/2015	Date of Injury:	02/25/1991
Decision Date:	07/17/2015	UR Denial Date:	04/08/2015
Priority:	Standard	Application Received:	04/20/2015

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 55 year old male who sustained an industrial injury on February 25, 1991. Diagnoses include cervicalgia, degenerative disc disease of the lumbar spine, chronic pain, lumbar radiculopathy and sacroiliac ligament sprain/strain. Treatment to date has included nerve blocks, lumbar epidural injections, chiropractic care, transcutaneous electrical nerve stimulation (TENS) unit, home exercise program, medications, and psychological treatment. Currently, the injured worker complains of continued low back pain with radiating pain to the lower extremities with associated tingling and numbness described as pins and needles with the sensation of electrical shooting, cramping and weakness. Reports in 2014 and 2015 from the primary treating physician and the psychiatrist were submitted. Tramadol, hydrocodone/acetaminophen, Adderall, Zofran, viibryd, amitriptyline, voltaren gel, and hydroxyzine were prescribed since at least October 2014. A psychiatric visit on 1/2/15 notes diagnoses of major depression, generalized anxiety disorder, and pain disorder. Work status was noted as temporarily totally disabled. Evaluation on February 4, 2015, revealed continued pain. Allergy to steroids was note. It was noted he used pain medications sparingly secondary to gastrointestinal issues associated with their use. Zofran was noted to be required to treat nausea associated with pain in the lumbar spine. Medications were listed as tramadol, hydrocodone/acetaminophen, Adderall, Zofran, viibryd, amitriptyline, voltaren gel, and hydroxyzine. Medications were adjusted and renewed and he was encouraged to continue a home exercise plan. Work status was noted as permanent and stationary. A urine drug screen was performed on 2/4/15. At a visit on 3/11/15, the injured worker reported continued low back pain. Good pain control from current opioid pain medications with increased physical activity, improvement in activities of daily living, mood, and sleep were noted. There were no side

effects noted from current medications and the physician documented that the injured worker did not report any aberrant behavior. Opioid contract was reviewed. Examination showed moderate diffuse lumbar tenderness and spasms, with decreased range of motion, positive straight leg raise, normal strength in the lower extremities, and decreased sensation in the left lower extremity. Lumbar facet joint injections and medications were requested. On 4/8/15, Utilization Review (UR) non-certified or modified requests for the items currently under Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 74-96.

Decision rationale: This injured worker has chronic back pain. Tramadol has been prescribed for at least six months. Tramadol is a centrally acting synthetic opioid analgesic which is not recommended as a first line oral analgesic. Multiple side effects have been reported including increased risk of seizure especially in patients taking selective serotonin reuptake inhibitors (SSRIs), tricyclic antidepressants (TCAs) and other opioids. It may also produce life-threatening serotonin syndrome. This injured worker has also been prescribed Viibryd, a SSRI, which increases the risk of seizures and serotonin syndrome; this consideration was not addressed by the treating physician. 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. No functional goals were discussed. Return to work was not documented, and work status was noted as permanent and stationary/temporarily totally disabled. The documentation does include record of urine drug screening and notation of an opioid contract. Per the MTUS, opioids are minimally indicated, if at all, for chronic non-specific pain, osteoarthritis, mechanical and compressive etiologies, and chronic back pain. There is no evidence of significant pain relief or increased function from the opioids used to date. Although the treating physician notes good pain control in a recent note, the documentation reflects ongoing significant pain. Activities of daily living were noted to be improved, but specific activities of daily living were not discussed. There was no discussion of decrease in medication use, and office visits have continued at the same approximately monthly frequency. The MTUS states that a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. There is no evidence that the treating physician has utilized a treatment plan NOT using opioids, and that the patient has failed a trial of non-opioid analgesics. As currently prescribed, tramadol does not meet the criteria for long term opioids as elaborated in the MTUS and is therefore not medically necessary.

Adderall 5mg: 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 Dextroamphetamine and amphetamine: drug information. In Up-To-Date, edited by Ted. W. Post, published by Up-To-Date in Waltham, MA, 2015.

Decision rationale: The MTUS and ODG do not address the use of adderall (dextroamphetamine and amphetamine). This medication is indicated for the treatment of attention-deficit/hyperactivity disorder (ADHD) and narcolepsy. The treating psychiatrist has documented diagnoses of major depression, generalized anxiety disorder, and pain disorder. There was no discussion of ADHD or narcolepsy in the documentation submitted. The requested prescription is for an unstated quantity, and the medical records do not clearly establish the quantity. Requests for unspecified quantities of medications are not medically necessary, as the quantity may potentially be excessive and in use for longer than recommended. Due to lack of specific indication, and unspecified quantity requested, the request for adderall is not medically necessary.

Voltaren gel #1 tube with 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-113.

Decision rationale: This injured worker has chronic back pain. Voltaren gel has been prescribed for at least six months. Topical NSAIDS are indicated for osteoarthritis and tendinitis, in particular that of the knee and elbow or other joints that are amenable to topical treatment. There is little evidence to utilize topical NSAIDS for treatment of osteoarthritis of the spine, hip, or shoulder. This injured worker was noted to have lumbar pain, with no documentation of osteoarthritis or tendinitis; as noted, the guidelines do not recommend use of topical NSAIDs for the spine. Topical non-steroidals are not recommended for neuropathic pain. They are recommended for short term use (4-12 weeks). This injured worker has been treated with topical NSAIDS for at least six months. Due lack of documentation of presence of osteoarthritis or tendinitis, use for treatment of the spine which is not recommended by the guidelines, and length of use in excess of the guideline recommendations, the request for voltaren gel is not medically necessary.

Zofran 8mg #90 with 3 refills: 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 anti-emetics. The Official Disability Guidelines recommends against their use for nausea presumed to be caused by chronic opioid intake. Ondansetron (Zofran) is FDA approved for nausea caused by chemotherapy and radiation treatment, postoperative use, and acute gastroenteritis. This injured worker does not have an FDA-approved indication, and the only apparent indication is for nausea which has been noted to be secondary to pain. The treating physician has not provided an adequate evaluation of any condition causing nausea. The necessary indications are not present per the available guidelines and evidence and the request for zofran is not medically necessary.

Amitriptyline 25mg #90 with 5 refills: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 401-402. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) mental illness and stress chapter: antidepressants for treatment of major depressive disorder.

Decision rationale: The ACOEM notes that brief courses of antidepressants may be helpful to alleviate symptoms of depression, but that given the complexity of available agents, referral for medication evaluation is advised. The ODG states that antidepressants offer significant benefit in the treatment of the severest depressive symptoms, but may have little or no therapeutic benefit over and above placebo in patients with mild to moderate depression. This injured worker is under the care of a psychiatrist, and documentation indicates that he is also undergoing psychological treatment. The recent documentation from the psychiatrist notes continued mood issues and depression, for which continuation of amitriptyline was advised. The Utilization Review determination modified the request for amitriptyline, stating that partial certification was recommended to allow ongoing evidence of functional benefit from the medication and need for continuation. In this case, the psychiatrist has documented an appropriate indication and the need for continuation of this medication. As such, the request for amitriptyline is medically necessary.

Hydrocodone 7/5mg/325mg/15ml #150ml: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 74-96.

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, and opioid contract. No functional goals were discussed. Return to work was not documented, and work status was noted as permanent and stationary/temporarily totally disabled. The documentation does include record of urine drug screening and notation of an opioid contract. Per the MTUS, opioids are minimally indicated, if at all, for chronic non-specific pain, osteoarthritis, mechanical and compressive etiologies, and chronic back pain. There is no evidence of significant pain relief or increased function from the opioids used to date. Although the treating physician notes good pain control in a recent note, the documentation reflects ongoing significant pain. Activities of daily living were noted to be improved, but specific activities of daily living were not discussed. There was no discussion of decrease in medication use, and office visits have continued at the same approximately monthly frequency. The MTUS states that a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. There is no evidence that the treating physician has utilized a treatment plan NOT using opioids, and that the patient has failed a trial of non-opioid analgesics. As currently prescribed, hydrocodone/acetaminophen does not meet the criteria for long term opioids as elaborated in the MTUS and is therefore not medically necessary.

Right L4-5, L5-S1 medial branch block x 1: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, 309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) low back, facet joint injections.

Decision rationale: Per the ACOEM low back chapter, facet joint injections are of questionable merit, but many pain physicians believe that diagnostic and/or therapeutic injections may have benefit in patients presenting in the transitional phase between acute and chronic pain. Per table 12-8 in the ACOEM low back chapter, facet joint injections are categorized as not recommended due to limited research-based evidence. The ODG states that facet joint medial branch blocks are not recommended except as a diagnostic tool. The ODG notes that no more than one set of medial branch diagnostic blocks are recommended prior to facet neurotomy, and that diagnostic blocks may be performed with the anticipation that if successful, treatment may proceed to facet neurotomy at the diagnosed levels. The ODG notes criteria for use of diagnostic facet joint blocks include limiting use to patients with low back pain that is non-radicular and at no more than two levels bilaterally, documentation of failure of conservative treatment including home exercise, physical therapy, and nonsteroidal anti-inflammatory medication prior to the procedure for at least 4-6 weeks, and no more than 2 facet joint levels injected at one session. In this case, the documentation indicates a diagnosis of lumbar radiculopathy, and symptoms and findings are consistent with radicular pain rather than facet-mediated back pain. There was also no documentation of a recent trial and failure of physical therapy. As such, the request for right L4- 5, L5-S1 medial branch block x 1 is not medically necessary.