

Case Number:	CM15-0076422		
Date Assigned:	05/01/2015	Date of Injury:	09/10/2010
Decision Date:	06/04/2015	UR Denial Date:	03/24/2015
Priority:	Standard	Application Received:	04/21/2015

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 37 year old male, who sustained an industrial injury on September 10, 2010. He has reported back pain, wrist pain, neck pain and knee pain. Diagnoses have included discogenic lumbar condition, discogenic cervical condition, bilateral carpal tunnel syndrome, internal derangement of the knee, depression, and chronic pain syndrome. Treatment to date has included medications, trigger point injection, use of a back brace, chiropractic treatment, and carpal tunnel surgery. MRI of the cervical spine in January 2012 showed disc disease from C5 to C7 and T1 to T3. Standing x-ray of the right knee on 12/5/14 showed a 2 mm articular surface. Effexor and norco were prescribed since October 2014. Protonix, flexeril (cyclobenzaprine), tramadol, and remeron (mirtazapine) were prescribed since December 2014. Weight gain since the injury was noted and the progress note from February 2015 notes that with diet, weight had decreased to 300 pounds. A progress note of 2/10/15 notes that a urine drug screen was positive for norco, oxazepam, oxymorphone, and valium, and that the injured worker was getting valium from his family friend. Results of a urine drug screen on 1/19/15 showed positive findings for nordiazepam, oxazepam, temazepam, oxymorphone, and marijuana metabolite, with no corresponding prescriptions provided. A progress note dated March 12, 2015 indicates complaints of lower back pain, bilateral wrist pain, neck pain, and right knee pain. Effexor was noted to be used for depression and mirtazapine for sleep. Examination showed tenderness along the cervical and lumbar paraspinal muscles, pain with facet loading, and pain along the right knee medial greater than lateral joint line. The treating physician documented a plan of care that included medications, imaging studies, bracing, and durable medical equipment. Pantoprazole was noted to be prescribed for upset stomach. Work status was noted as not working. The

documentation indicates that the injured worker has not worked since March 2011. On 3/24/15, Utilization Review (UR) non-certified or modified requests for the items currently under Independent Medical Review, citing the MTUS, ACOEM, and ODG.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 7.5mg #60: 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, Pain Procedure Summary.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines cyclobenzaprine p. 41-42, muscle relaxants p. 63-66.

Decision rationale: This injured worker has chronic back and knee pain. 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. The injured worker has chronic pain with no evidence of prescribing for flare-ups. Cyclobenzaprine (flexeril) has been prescribed for at least three months. The quantity prescribed implies long-term use, not for a short period of use for acute pain. No reports show any specific and significant improvement in pain or function as a result of prescribing muscle relaxants. The documentation indicates that the injured worker has not worked since 2011. Per the MTUS chronic pain medical treatment guidelines, cyclobenzaprine (Flexeril, Fexmid, Amrix) is a skeletal muscle relaxant and a central nervous system depressant. It is recommended as an option for a short course of therapy, with greatest effect in the first four days of treatment. Guidelines state that treatment should be brief. Cyclobenzaprine is not recommended to be used for longer than 2-3 weeks. The addition of cyclobenzaprine to other agents is not recommended. This injured worker has been prescribed multiple additional medications. Limited, mixed evidence does not allow for a recommendation for chronic use. Due to length of use in excess of the guidelines and lack of functional improvement, the request for cyclobenzaprine is not medically necessary.

Mirtazapine 15mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 401-402, Chronic Pain Treatment Guidelines antidepressants Page(s): 13-16. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter: insomnia treatment.

Decision rationale: This injured worker has chronic pain, depression, and insomnia. The MTUS states that antidepressants are recommended as a first line option for neuropathic pain and as a possibility for non-neuropathic pain. Assessment of treatment efficacy should include not only pain outcomes, but also an evaluation of function, changes in use of other analgesic medication, sleep quality and duration, and psychological assessment. 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. Remeron (mirtazapine) is indicated for treatment of major depressive disorder. Side effects include severe neutropenia, serotonin syndrome, akathisia, somnolence, acute angle-closure glaucoma, orthostatic hypotension, weight gain, and elevation in cholesterol and liver enzymes. This injured worker was documented to have weight gain since the injury and ongoing issues with weight. In this case, the documentation indicates that mirtazapine was prescribed for sleep. The MTUS does not address the use of hypnotics other than benzodiazepines. No physician reports describe the specific criteria for a sleep disorder. 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. For the treatment of insomnia, pharmacologic agents should only be used after careful evaluation of potential causes of sleep disturbance. Specific components of insomnia should be addressed. There was no documentation of evaluation of sleep disturbance in the injured worker, and components insomnia were not addressed. 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, and depression. Mirtazapine has been prescribed since December 2014, without documentation of functional improvement as a result of its use. A psychiatric referral was discussed, but there was no documentation of evaluation for depression. Due to inadequate evaluation of sleep disturbance and depression, lack of functional improvement, and potential for toxicity, the request for mirtazapine is not medically necessary.

Pantoprazole 20mg #60: Upheld

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

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

Decision rationale: This injured worker has been prescribed fenoprofen, a non-steroidal anti-inflammatory medication (NSAID), and pantoprazole, a proton pump inhibitor (PPI). Per the MTUS, co-therapy with a non-steroidal 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). Long term proton pump inhibitor (PPI) use (> 1 year) has been shown to increase the risk of hip fracture. None of the risk factors noted were present for this injured worker. Although one note states that pantoprazole was prescribed for upset stomach, there was no further discussion of any GI issues, and no examination of the abdomen was documented. No specific GI signs were described, and no GI evaluation was discussed. There are many possible etiologies for GI

symptoms; the available reports do not provide adequate consideration of these possibilities. Empiric treatment after minimal evaluation is not indicated. Due to lack of specific indication, the request for pantoprazole is not medically necessary.

Tramadol 150mg #30: Upheld

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

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

Decision rationale: 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 venlafaxine, a serotonin/norepinephrine reuptake inhibitor (SNRI) antidepressant. The MTUS notes that patients taking tramadol with SNRI and SSRI antidepressants are at risk for life-threatening serotonin syndrome. There is no mention of discussion this in the treating physician reports. 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, no opioid contract was submitted, and the injured worker was noted to be not working and had not worked since 2011. Per the MTUS, opioids are minimally indicated, if at all, for chronic non-specific pain, osteoarthritis, "mechanical and compressive etiologies," and chronic back pain. This injured worker has chronic back, knee, and neck pain. 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." The MTUS recommends urine drug screens for patients with poor pain control and to help manage patients at risk of abuse. MTUS also details indications for discontinuing opioid medication, such as serious non-adherence or diversion. The records clearly indicate an inconsistent urine drug test and the inconsistent results are not addressed or explained by treating provider, which would be necessary for continued usage. Multiple agents including benzodiazepines and opioids which were not prescribed were present in the urine drug screen of 1/19/15. The treating provider documented that the injured worker had obtained valium from a family friend, which is consistent with aberrant behavior. In addition, the urine drug test was positive for marijuana. Concurrent use of alcohol or other illicit drugs is considered adverse behavior. Immediate discontinuation of opioids has been suggested for use of illicit drugs and/or alcohol. As currently prescribed, tramadol does not meet the criteria for long term opioids as elaborated in the MTUS and is therefore not medically necessary. The documentation indicates concurrent use of a SNRI, which increases the risk for serotonin syndrome and seizures in combination with tramadol. Adverse behavior was clearly documented in the records provided, with drug screen positive for multiple non-prescribed controlled medications and marijuana, and documentation of the injured

worker obtaining valium from a friend. For these reasons, the request for tramadol is not medically necessary.

Venlafaxine ER 75mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 401-402, Chronic Pain Treatment Guidelines antidepressants p. 13-16 SNRIs p. 105 venlafaxine p. 123. 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 MTUS states that antidepressants are recommended as a first line option for neuropathic pain and as a possibility for non-neuropathic pain. Assessment of treatment efficacy should include not only pain outcomes, but also an evaluation of function, changes in use of other analgesic medication, sleep quality and duration, and psychological assessment. 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. Venlafaxine (Effexor) is a selective serotonin and norepinephrine reuptake inhibitor (SNRI) which is FDA approved for treatment of depression and anxiety. It is recommended off-label for treatment of neuropathic pain, diabetic neuropathy, fibromyalgia, and headaches. The MTUS states that it is recommended as an option in first-line treatment of neuropathic pain. Dosage adjustments may be necessary in patients with hepatic and renal impairment. In this case, the documentation indicates that venlafaxine was prescribed for depression. There was minimal discussion of signs and symptoms of depression, and no mental status examination was submitted. A psychiatric referral was discussed, but there was no documentation of evaluation for depression. There was no documentation of functional improvement as a result of use of venlafaxine; the injured worker was noted to be not working and had not worked since 2011, and there was no discussion of improvement in activities of daily living. This injured worker has been prescribed another serotonergic medication, tramadol, which increases the risk of serotonin syndrome. Due to lack of sufficient evaluation for depression, lack of functional improvement, and potential for toxicity, the request for venlafaxine is not medically necessary.

Norco 10/325mg #120: Upheld

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

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

Decision rationale: Norco has been prescribed for this injured worker for at least 6 months. 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, no opioid contract was submitted, and the injured worker was noted to be not working and had not worked since 2011. Per the MTUS, opioids are minimally indicated, if at all, for chronic non-specific pain, osteoarthritis, "mechanical and compressive etiologies," and chronic back pain. This injured worker has chronic back, knee, and neck pain. 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." The MTUS recommends urine drug screens for patients with poor pain control and to help manage patients at risk of abuse. MTUS also details indications for discontinuing opioid medication, such as serious non-adherence or diversion. The records clearly indicate an inconsistent urine drug test and the inconsistent results are not addressed or explained by treating provider, which would be necessary for continued usage. Multiple agents including benzodiazepines and opioids which were not prescribed were present in the urine drug screen of 1/19/15. The treating provider documented that the injured worker had obtained valium from a family friend, which is consistent with aberrant behavior. In addition, the urine drug test was positive for marijuana. Concurrent use of alcohol or other illicit drugs is considered adverse behavior. Immediate discontinuation of opioids has been suggested for use of illicit drugs and/or alcohol. As currently prescribed, norco does not meet the criteria for long term opioids as elaborated in the MTUS and is therefore not medically necessary. Adverse behavior was clearly documented in the records provided, with drug screen positive for multiple non-prescribed controlled medications and marijuana, and documentation of the injured worker obtaining valium from a friend. For these reasons, the request for norco is not medically necessary.

X-ray AP/lateral, neck & right knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 182, 336, 341-343. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck & Upper Back Procedure Summary.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints, Chapter 8 Neck and Upper Back Complaints Page(s): 177-179, 182, 341-343. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) neck and upper back chapter: radiography (x-rays).

Decision rationale: This injured worker has chronic neck and knee pain. The ACOEM neck and upper back chapter states that for most patients presenting with neck or upper back problems, special studies are not needed unless a 3-4 week period of conservative care and observation fails to improve symptoms. Criteria for ordering imaging studies include emergence of a red flag, physiologic evidence of tissue insult or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery, and clarification of anatomy prior to an invasive procedure. None of these criteria were present for this injured worker. Cervical radiographs are noted to be most appropriate for patients with acute trauma associated with

midline vertebral tenderness, head injury, drug or alcohol intoxication, or neurologic compromise; these findings were not present for this injured worker. In addition, the documentation indicates that the injured worker had an MRI of the cervical spine in January 2012, with no documentation of reinjury or exacerbation of signs or symptoms since that study. The ACOEM knee chapter states that special studies are not needed to evaluate most knee complaints until after a period of conservative care and observation. Parameters for knee radiographs following trauma include joint effusion within 24 hours of direct blow or fall, palpable tenderness over fibular head or patella, inability to walk four steps or bear weight immediately or within a week of trauma, and inability to flex the knee to 90 degrees. For patients with significant hemarthrosis and acute trauma, radiography is indicated to evaluate for fracture. None of these criteria were present for this injured worker. In addition, the documentation indicates that the injured worker had radiographs of the right knee in December 2014, with no documentation of reinjury or exacerbation of signs or symptoms since that study. Minimal examination findings related to the neck and right knee were described. Due to lack of specific indication, the request for X-ray AP/lateral, neck & right knee is not medically necessary.

MRI right knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee & leg Procedure Summary.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 332-335, 341-347. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) knee/leg chapter: MRIs.

Decision rationale: This injured worker has chronic right knee pain. The ACOEM states that special studies are not needed to evaluate most knee complaints until after a period of conservative care and observation. Magnetic resonance imaging (MRI) is noted to be able to identify and define knee pathology for meniscus tear, ligament strain, ligament tear, patelofemoral syndrome, tendinitis, and prepatellar bursitis. The ODG states that soft tissue injuries (meniscal, chondral surface injuries, and ligamentous disruption) are best evaluated by MRI. The ODG also states that in most cases, diagnosing osteoarthritis with an MRI is unnecessary. Indications for MRI of the knee per the ODG are acute trauma to the knee or suspicion of posterior knee dislocation or ligament or cartilage disruption, and non-traumatic knee pain with initial non-diagnostic radiographs and suspicion of internal derangement, or if radiographs demonstrate evidence of internal derangement. In this case, the injured worker had chronic right knee pain. Plain radiographs of the right knee were performed in December 2014. Examination of the right knee showed joint line tenderness; no provocative testing was described and there was no documentation of suspicion of internal derangement. Due to lack of specific indication, the request for MRI of the right knee is not medically necessary.

Cervical pillow: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck & Upper Back 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) Neck and upper back chapter, Pillow.

Decision rationale: This injured worker has chronic neck pain. The MTUS does not provide direction for the use of a cervical pillow. The Official Disability Guidelines cited above recommend a cervical pillow in combination with a daily exercise program. These guidelines refer to treatment by health professionals who teach both exercise and the appropriate use of a pillow, and go on to state that using a pillow without this specific exercise program is not effective. In this case, there was no documentation that the injured worker was performing a daily exercise program. The pillow as prescribed, as a stand-alone treatment, is not medically necessary.

Cervical traction with air bladder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 175. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck & Upper Back Procedure Summary, Aetna.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181.

Decision rationale: This injured worker has chronic discogenic neck pain. The ACOEM Guidelines 2nd Edition do not support traction for neck conditions. In Chapter 8, Page 181 cervical traction is "Not Recommended." Traction is specifically not recommended by the MTUS, as noted in the ACOEM neck and upper back chapter summary of recommendations for evaluating and managing neck and upper back complaints. Due to lack of recommendation by the guidelines, the request for cervical traction with air bladder is not medically necessary.