

Case Number:	CM15-0093390		
Date Assigned:	05/19/2015	Date of Injury:	08/27/2009
Decision Date:	09/23/2015	UR Denial Date:	04/27/2015
Priority:	Standard	Application Received:	05/14/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 44 year old woman sustained an industrial injury on 8/27/2009. The mechanism of injury is not detailed. Diagnoses include chronic pain syndrome, lumbar stenosis, and lumbar sprain/strain. Treatment has included oral medications. Physician notes on a PR-2 dated 3/5/2015 show complaints of fibroids and abnormalities of the uterus requiring surgical intervention that is expected to occur within a month. There is also notation that the worker is having difficulties getting pain patches. Recommendations include continuing the current medications regimen and follow up in two months.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cymbalta 30mg Qty 90 with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Selective serotonin and norepinephrine reuptake inhibitors (SNRIs) Page(s): 16, 17.

Decision rationale: This patient presents with chronic back and leg pains, with trouble walking requiring chronic pain management. The request is for Cymbalta 30mg Qty 90 with 2 refills. Diagnosis is Lumbar pseudarthrosis at L4-S1 with lumbar flat back deformity. SPECT CT showed bright uptake at the anterior interbody cage at L4-S1 suggesting instability and incomplete arthrodesis. Increased facet joint uptake noted at L3-4 as well. Per 11/6/14 report, the patient has an electric WC and lift, and "Has been on Fentanyl, Cymbalta, Prevacid, Xanax, Soma and Norco. Has had problems with generic Cymbalta [Cymbalta] not working as well." On 10/7/14, there is UR certification for revision surgery and removal of hardware. Due to Uterine fibroid issues, the lumbar surgery has been postponed. MTUS pages 16,17, Selective serotonin and norepinephrine reuptake inhibitors (SNRIs): Duloxetine (Cymbalta): FDA-approved for anxiety, depression, diabetic neuropathy, and fibromyalgia. Used off-label for neuropathic pain and radiculopathy. Duloxetine is recommended as a first-line option for diabetic neuropathy. (Dworkin, 2007) No high quality evidence is reported to support the use of duloxetine for lumbar radiculopathy. (Dworkin, 2007) More studies are needed to determine the efficacy of duloxetine for other types of neuropathic pain. In this case, the use of Cymbalta may be indicated given the patient's chronic pain condition. However, none of the progress reports discuss this medication other than one statement that the patient is not tolerating generics. There is no discussion as to whether or not the patient is benefitting from chronic use of this medication. MTUS page 60 require recording of pain and function when medications are used for chronic pain. Given the lack of documentation, the request IS NOT medically necessary.

Norco 10/325mg #180 with 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain CRITERIA FOR USE OF OPIOIDS Page(s): 60, 61, 76-78, 88, 89.

Decision rationale: This patient presents with chronic back and leg pains, with trouble walking requiring chronic pain management. The request is for Norco 10/325mg #180 with 1 refill. Diagnosis is Lumbar pseudarthrosis at L4-S1 with lumbar flat back deformity. SPECT CT showed bright uptake at the anterior interbody cage at L4-S1 suggesting instability and incomplete arthrodesis. Increased facet joint uptake noted at L3-4 as well. Per 11/6/14 report, the patient has an electric WC and lift, and "Has been on Fentanyl, Cymbalta, Prevacid, Xanax, Soma and Norco. Has had problems with generic Cymbalta [Cymbalta] not working as well." On 10/7/14, there is UR certification for revision surgery and removal of hardware. Due to Uterine fibroid issues, the lumbar surgery has been postponed. For chronic opiates use, MTUS guidelines p88,89 Long-term users of opioids section require specific documentations regarding pain and function. Page 78 of MTUS require "Pain Assessment" that require "current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts." Furthermore, "The 4 A's for ongoing monitoring" are required that include analgesia, ADL's, adverse side effects and aberrant drug- seeking behavior. In this case, the treater does not provide any documentation regarding the use of long-term opiate. There are no before and after pain scales discussing analgesia. There are no mention of specific ADL's showing significant improvement. No UDS's,

CURES or other aberrant behavioral monitoring are discussed. No validated instruments are used showing significant pain and functional improvement with use of this medication. While ADL questionnaire is provided from 6/9/14 showing severe disability, no subsequent measures are provided showing improvement with use of opiates. The request IS NOT medically necessary and the patient should be slowly weaned to avoid any acute withdrawals.

Fentanyl patch 75mg #20: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to continue with opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain CRITERIA FOR USE OF OPIOIDS Page(s): 60, 61, 76-78, 88, 89.

Decision rationale: This patient presents with chronic back and leg pains, with trouble walking requiring chronic pain management. The request is for Fentanyl patch 75mg #20. Diagnosis is Lumbar pseudarthrosis at L4-S1 with lumbar flat back deformity. SPECT CT showed bright uptake at the anterior interbody cage at L4-S1 suggesting instability and incomplete arthrodesis. Increased facet joint uptake noted at L3-4 as well. Per 11/6/14 report, the patient has an electric WC and lift, and "Has been on Fentanyl, Cymbalta, Prevacid, Xanax, Soma and Norco. Has had problems with generic Cymbalta [Cymbalta] not working as well." On 10/7/14, there is UR certification for revision surgery and removal of hardware. Due to Uterine fibroid issues, the lumbar surgery has been postponed. For chronic opiates use, MTUS guidelines p88, 89 Long-term users of opioids section require specific documentations regarding pain and function. Page 78 of MTUS require "Pain Assessment" that require "current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts." Furthermore, "The 4 A's for ongoing monitoring" are required that include analgesia, ADL's, adverse side effects and aberrant drug-seeking behavior. In this case, the treater does not provide any documentation regarding the use of long-term opiate. There are no before and after pain scales discussing analgesia. There are no mention of specific ADL's showing significant improvement. No UDS's, CURES or other aberrant behavioral monitoring are discussed. No validated instruments are used showing significant pain and functional improvement with use of this medication. While ADL questionnaire is provided from 6/9/14 showing severe disability, no subsequent measures are provided showing improvement with use of opiates. The request IS NOT medically necessary and the patient should be slowly weaned to avoid any acute withdrawals.

Xanax 0.5mg Qty 120 with 2 refills: Upheld

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

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

Decision rationale: This patient presents with chronic back and leg pains, with trouble walking requiring chronic pain management. The request is for Xanax 0.5mg Qty 120 with 2 refills. Diagnosis is Lumbar pseudarthrosis at L4-S1 with lumbar flat back deformity. SPECT CT showed bright uptake at the anterior interbody cage at L4-S1 suggesting instability and incomplete arthrodesis. Increased facet joint uptake noted at L3-4 as well. Per 11/6/14 report, the patient has an electric WC and lift, and "Has been on Fentanyl, Cymbalta, Prevacid, Xanax, Soma and Norco. Has had problems with generic Cymbalta [Cymbalta] not working as well." On 10/7/14, there is UR certification for revision surgery and removal of hardware. Due to Uterine fibroid issues, the lumbar surgery has been postponed. MTUS guidelines page 24, Benzodiazepines 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. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. In this case, the treater does not specifically discuss this medication. There is no indication that this medication is being used for short-term as allowed by MTUS. Long-term use of this medication is not recommended and it would appear based on review of reports dating back to 2014 that the patient has been on it for a long-term. The request IS NOT medically necessary.

Soma 350mg Qty 120 with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol Page(s): 29.

Decision rationale: This patient presents with chronic back and leg pains, with trouble walking requiring chronic pain management. The request is for Soma 350mg Qty 120 with 2 refills. Diagnosis is Lumbar pseudarthrosis at L4-S1 with lumbar flat back deformity. SPECT CT showed bright uptake at the anterior interbody cage at L4-S1 suggesting instability and incomplete arthrodesis. Increased facet joint uptake noted at L3-4 as well. Per 11/6/14 report, the patient has an electric WC and lift, and "Has been on Fentanyl, Cymbalta, Prevacid, Xanax, Soma and Norco. Has had problems with generic Cymbalta [Cymbalta] not working as well." On 10/7/14, there is UR certification for revision surgery and removal of hardware. Due to Uterine fibroid issues, the lumbar surgery has been postponed. MTUS guidelines page 29, Carisoprodol (Soma), "Not recommended. This medication is not indicated for long-term use. Carisoprodol is a commonly prescribed, centrally acting skeletal muscle relaxant whose primary active metabolite is meprobamate (a schedule-IV controlled substance). Carisoprodol is now scheduled in several states but not on a federal level. It has been suggested that the main effect is due to generalized sedation and treatment of anxiety. Abuse has been noted for sedative and relaxant effects. In regular abusers the main concern is the accumulation of meprobamate. Carisoprodol abuse has also been noted in order to augment or alter effects of other drugs. This includes the following: (1) increasing sedation of benzodiazepines or alcohol; (2) use to prevent side effects

of cocaine; (3) use with tramadol to produce relaxation and euphoria; (4) as a combination with hydrocodone, an effect that some abusers claim is similar to heroin (referred to as a "Las Vegas Cocktail"); & (5) as a combination with codeine (referred to as "Soma Coma"). (Reeves, 1999) (Reeves, 2001) (Reeves, 2008) (Schears, 2004) There was a 300% increase in numbers of emergency room episodes related to carisoprodol from 1994 to 2005. (DHSS, 2005)

Intoxication appears to include subdued consciousness, decreased cognitive function, and abnormalities of the eyes, vestibular function, appearance, gait and motor function. Intoxication includes the effects of both carisoprodol and meprobamate, both of which act on different neurotransmitters. (Bramness, 2007) (Bramness, 2004) A withdrawal syndrome has been documented that consists of insomnia, vomiting, tremors, muscle twitching, anxiety, and ataxia when abrupt discontinuation of large doses occurs. This is similar to withdrawal from meprobamate. (Reeves, 2007) (Reeves, 2004) There is little research in terms of weaning of high dose carisoprodol and there is no standard treatment regimen for patients with known dependence. Most treatment includes treatment for symptomatic complaints of withdrawal. Another option is to switch to phenobarbital to prevent withdrawal with subsequent tapering. A maximum dose of phenobarbital is 500 mg/day and the taper is 30 mg/day with a slower taper in an outpatient setting. Tapering should be individualized for each patient. (Boothby, 2003) For more information and references, see Muscle relaxants. See also Weaning of medications." The treater does not discuss how this medication is being used and with what effectiveness. There is no discussion that Soma is used for short-term to treat flare-up. MTUS does not support chronic use of this medication. The request IS NOT medically necessary.

Prevacid 30mg Qty 30 with 2 refills: 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 & cardiovascular risk Page(s): 69.

Decision rationale: This patient presents with chronic back and leg pains, with trouble walking requiring chronic pain management. The request is for Prevacid 30mg Qty 30 with 2 refills. Diagnosis is Lumbar pseudarthrosis at L4-S1 with lumbar flat back deformity. SPECT CT showed bright uptake at the anterior interbody cage at L4-S1 suggesting instability and incomplete arthrodesis. Increased facet joint uptake noted at L3-4 as well. Per 11/6/14 report, the patient has an electric WC and lift, and "Has been on Fentanyl, Cymbalta, Prevacid, Xanax, Soma and Norco. Has had problems with generic Cymbalta [Cymbalta] not working as well." On 10/7/14, there is UR certification for revision surgery and removal of hardware. Due to Uterine fibroid issues, the lumbar surgery has been postponed. MTUS p69, NSAIDs, GI symptoms & cardiovascular risk (MTUS pg 69) recommend with precautions as indicated below. Clinicians should weight the indications for NSAIDs against both GI and cardiovascular risk factors. Determine if the patient is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). Recent studies tend to show that H. Pylori does not act synergistically with NSAIDs to develop gastroduodenal lesions. In this case, the patient is not taking any oral NSAIDs. None of the reports discuss any GERD, ulcers or other gastric issues that may require the use of this medication. The treater does not explain why this medication is being taken, and with what effectiveness. Given the lack of any discussion, the request IS NOT medically necessary.