

Case Number:	CM15-0096806		
Date Assigned:	05/29/2015	Date of Injury:	12/10/2002
Decision Date:	09/18/2015	UR Denial Date:	05/06/2015
Priority:	Standard	Application Received:	05/19/2015

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, Arizona

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:

The injured worker is a 47-year-old male, who sustained an industrial injury on 12/10/2002. He reported being hit from behind by falling iron plates and cement blocks, causing him to be knocked down as additional blocks fell onto his back and legs from approximately eight to ten feet off the ground. This resulted in immediate pain to the back, neck, bilateral arms and legs. Diagnoses include failed lumbar surgery status post lumbar fusion and hardware removal, bilateral radiculopathy, degenerative disc disease, chronic pain syndrome, pain disorder associated with psychological factors and general medical condition and carpal tunnel syndrome. Treatments to date include activity modification, medication management, physical therapy, chiropractic therapy and acupuncture. Currently, he complained of low back pain with radiation into bilateral lower extremities associated with numbness, tingling and weakness. The pain was rated 7/10 VAS with 50% pain relief from medications as well as increased functional capacity. Previous attempts to wean the medications resulted in increased pain and decreased functional capacity. On 4/17/15, the physical examination documented decreased strength in the legs, and decreased sensation on the left side. The lumbar spine was tender with positive FABER maneuver, pelvic thrust; Valsalva and positive stork tests bilaterally. The plan of care included Duloxetine HCL DR capsules 60mg, one capsule twice a day #120; Linzess 290 mcg tablets, one tablet daily #120; Methadone 10mg tablets, one tablet three times daily #360; and Gabapentin 600mg tablets, three tablets by mouth three times a day #1080.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine drug screening: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43, 76-78, and 94. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Frequency of Urine Drug Testing.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines UDS Page(s): 77-79.

Decision rationale: According to the California MTUS Drug Screening section, Chronic Pain 2009 Guidelines, urine drug screening can be considered to monitor for abuse in those who are taking high risk, addictive narcotic pain medications. There is no mention of the injured worker being high risk for abusing narcotics or other aberrant behaviors. As such, at this time the request cannot be medically necessary.

Duloxetine HCL DR 60mg #30 with three refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13-14.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants to treat chronic pain Page(s): 13-16.

Decision rationale: CA MTUS states that antidepressants are recommended as a 1st line option for neuropathic pain and a possibility for non-neuropathic pain. Guidelines go on to recommend a trial of at least 4 weeks. Assessment of treatment efficacy should not only include pain outcomes, but also an evaluation of function, changes in use of other analgesic medication, sleep quality, duration, and psychological assessment. There is no specific mention as to how Cymbalta affects the injured worker in terms of positive effect on mood, and neuropathic pain. Without clarification, this request cannot be considered medically appropriate at this time.

Linzess 290mcg #30 with three refills: 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), Pain Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Drugs.com.

Decision rationale: The CA MTUS and ODG do not mention Linzess. According to Drugs.com, Linzess acts by increasing luminal secretion of chloride, softening stool and stimulating bowel movements. It is used to treat chronic constipation. There is no mention of failure to what would be considered first line treatments for constipation such as maintaining adequate hydration, adding fiber to daily routine, and/or stool softening agents such as Colace. No clear rationale was noted in the documentation describing why Linzess is necessary over more commonly prescribed stool softening agents or methods. Furthermore, the request failed to mention a frequency for this medication. This request cannot be medically necessary at this time.

Methadone 10mg #90 with three refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing management of pain, Methadone section.

Decision rationale: CA MTUS states that Methadone is recommended as second-line drug for moderate to severe pain if the potential benefit outweighs the risk. The FDA reports that they have received reports of severe morbidity and mortality with this medication, in part, secondary to the long half-life (8-59 hours). Pain relief on the other hand only lasts from 4-8 hours. Methadone should only be prescribed by providers experienced in using it. Also, CA MTUS states that dosing of opioids should not exceed 120 mg oral morphine equivalents per day, and for patients taking more than one opioid, the morphine equivalent doses of the different opioids must be added together to determine the cumulative dose. There is no frequency listed in this request. Also, no mention of how Methadone has positively affected function, ADLs, or pain scores was described in detail (4 A's for ongoing management) as recommended by the Chronic Pain Guidelines. Medical necessity has not been substantiated.

Neurontin 600mg #270 with three refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anticonvulsants for chronic pain Page(s): 16-21.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that antiepilepsy drugs are recommended for neuropathic pain. They go on to state that a good outcome is defined as 50% reduction in pain and a moderate response is defined as 30% reduction in pain. There should be documentation of pain relief, and improvement in function as well as documentation of side effects incurred with use. The continued use of AEDs depends on improved outcomes versus tolerability of adverse effects. Gabapentin would be considered first line for this injured worker however, there is no frequency listed within the request itself. As such, this request cannot be medically necessary at this time.

Norco 10/325mg #90 with three refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing management of chronic pain.

Decision rationale: According to the California MTUS, ongoing pain medications can be considered if the 4A's have been established. The 4A's include analgesia, activities of daily living, aberrant drug taking behavior, and adverse side effects. There is no mention of how Norco affects the injured worker, specifically as it pertains to the 4A's for chronic opioid therapy. There is no frequency listed within the request itself. This request is not medically necessary.

Nuvigil 150mg #30 with three refills: 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), Pain Chapter, Armodafinil (Nuvigil).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Nuvigil, Page 666.

Decision rationale: ODG does not recommend Nuvigil medication solely to counteract sedation effects from narcotics, but may be an option for use to treat excessive sleepiness caused by narcolepsy or shift related work-sleep disorder. Nuvigil is not recommended for narcotics sedation until after first considering reducing excessive narcotic prescribing, and it is noted that there should be heightened awareness for the potential abuse of and dependence on this drug. There is no clear rationale as to why Nuvigil is being prescribed. There is no mention of narcolepsy, chronic fatigue syndrome, or work-sleep disorder. Medical necessity has not yet been substantiated.

Prilosec 20mg #30 with three refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PPI Page(s): 68-69.

Decision rationale: According to the MTUS Chronic Pain Guidelines, Proton Pump Inhibitors are used to treat symptoms of gastritis, peptic ulceration, acid reflux, and/or dyspepsia related to non-steroidal anti-inflammatories (NSAIDs). There is no documentation supporting the use of PPI in this injured worker. There is no mention of dyspepsia, and no clear rationale to not adhere to guideline criteria. As such, this request is not medically necessary.

Wellbutrin 100mg #90 with three refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13-14 and 16.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Wellbutrin Page(s): 27.

Decision rationale: According to CA MTUS Chronic Pain Medical Treatment Guidelines, Wellbutrin is considered a second line option for the treatment of chronic pain. The ODG identifies documentation of depression, as criteria necessary to support the medical necessity of any antidepressant. There is no frequency listed in this request. There is no mention of how this agent positively has improved the mood or behavioral state of the injured worker, significantly. Medical necessity has yet to be substantiated.