

Case Number:	CM15-0098462		
Date Assigned:	05/29/2015	Date of Injury:	06/15/2006
Decision Date:	07/15/2015	UR Denial Date:	05/05/2015
Priority:	Standard	Application Received:	05/21/2015

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: California
 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 53 year old female, who sustained an industrial injury on June 15, 2006. Treatment to date has included medications, rest, and modified activities. Currently, the injured worker complains of back pain and reports that her symptoms are unchanged. She describes the pain as moderate in intensity and notes that it is exacerbated by prolonged standing, prolonged walking, bending over and physical activities. She has pain 100% of each day and rates the pain a 6 on a 10-point scale. The lumbar spine pain radiates down the right leg. She uses Norco twice per day but would like medication for the evening because her pain becomes severe around 7:30 pm. She uses Ibuprofen three times per day and gabapentin three times per day. On physical examination, she has tenderness to palpation at the right sciatic notch and her lumbar range of motion is slightly decreased. A straight leg raise test is positive on the right and she has decreased sensation on the right in the L4 dermatome. She ambulates with a slight antalgic gait. The diagnoses associated with the request include back pain, spinal stenosis with neurogenic claudication, lumbar radiculopathy and greater trochanteric bursitis of the right hip. The treatment plan includes cyclobenzaprine, gabapentin, ibuprofen, Flexeril, Cymbalta and Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 10mg #30: Upheld

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

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

Decision rationale: The request is for cyclobenzaprine, which is an antispasmodic used to decrease muscle spasm in conditions such as low back pain, although it appears that these medications are often used for the treatment of musculoskeletal conditions whether spasm is present or not. The mechanism of action for most of these agents is not known. Non-sedating muscle relaxants are recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most low back pain cases, they show no benefit beyond non-steroidal anti-inflammatory drugs in pain and overall improvement. Also there is no additional benefit shown in combination with non-steroidal anti-inflammatory drugs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Cyclobenzaprine is not recommended to be used for longer than 2-3 weeks. The injured worker has been prescribed cyclobenzaprine for far longer than recommended, and the medical benefit is not substantiated by current clinical evidence. The request as written is not supported by the MTUS guidelines and is therefore not medically necessary.

Gabapentin 300mg #360: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs) Page(s): 16-19.

Decision rationale: The request is for gabapentin, which is an anti-epilepsy drug used for the treatment of neuropathic pain. It has predominantly been used for the treatment of has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. It has also shown benefit in other conditions, including lumbar stenosis, chronic regional pain syndrome and fibromyalgia. A 'good' response to the use of anti-epilepsy drugs has been defined as a 50% reduction in pain and a 'moderate' response as a 30% reduction. It has been reported that a 30% reduction in pain is clinically important to patients and a lack of response of this magnitude may be the 'trigger' for the following: (1) a switch to a different first-line agent; or (2) combination therapy if treatment with a single drug agent fails. After initiation of treatment 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 anti-epilepsy drugs depends on improved outcomes versus tolerability of adverse effects. A recent review has indicated that there is insufficient evidence to recommend for or against antiepileptic drugs for axial low back pain. The injured worker carries a diagnosis of lumbar stenosis. The MTUS guidelines suggest gabapentin is recommended as a trial for treatment of pain related to lumbar stenosis, with statistically significant improvement found in walking distance, pain with movement, and sensory deficit found in a pilot study. Ongoing use requires clear documentation of a functional benefit and decrease in pain as detailed above. The documentation provided for review does not clearly establish a functional benefit from the use of gabapentin for the injured worker. Therefore, the request as written is not supported by the

MTUS guidelines and it is not medically necessary.

IBU 600mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-68.

Decision rationale: The request is for ibuprofen, which is a non-steroidal anti-inflammatory used for the treatment of mild to moderate pain. Non-steroidal anti-inflammatory drugs are recommended as an option for short-term symptomatic relief of acute exacerbation of chronic low back pain. However, non-steroidal anti-inflammatory drugs appear to be no more effective than other drugs such as acetaminophen, narcotic analgesics, and muscle relaxants. Non-steroidal anti-inflammatory drugs had more adverse effects than placebo and acetaminophen but fewer effects than muscle relaxants and narcotic analgesics. In general, non-steroidal anti-inflammatory drugs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Studies have shown that when non-steroidal anti-inflammatory drugs are used for more than a few weeks, they can retard or impair bone, muscle, and connective tissue healing and perhaps cause hypertension. Therefore, they should be used only acutely. The injured worker has been prescribed non-steroidal anti-inflammatory drugs for far longer than recommended by the MTUS guidelines. There has been no clear functional improvement that would justify the medical risk of ongoing use. The request as written is not supported by the MTUS guidelines and therefore is not medically necessary.

Norco 10/325mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use; Opioids for chronic pain; Opioid hyperalgesia Page(s): 76-80; 80; 95-96.

Decision rationale: The request is for norco 10/325, which is a compounded oral formulation of hydrocodone and acetaminophen, used to treat pain. The chronic use of opioids requires the ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: 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. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life.

Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. The MTUS guidelines support the chronic use of opioids if the injured worker has returned to work and there is a clear overall improvement in pain and function. The treating physician should consider consultation with a multidisciplinary pain clinic if doses of opioids are required beyond what is usually required for the condition or pain does not improve on opioids in 3 months. Consider a psychiatric consult if there is evidence of depression, anxiety or irritability. Consider an addiction medicine consult if there is evidence of substance misuse. Opioids appear to be efficacious for the treatment of low back pain, but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited. Failure to respond to a time-limited course of opioids has led to the suggestion of reassessment and consideration of alternative therapy. In cases of opioid hyperalgesia pain may spread and become more diffuse and less well-defined in quality, beyond what would be expected from the preexisting pain state. This is generally not an acute but is an insidious process. Patients who receive opiate therapy sometimes develop unexpected changes in their response to opioids. This may include the development of abnormal pain (hyperalgesia), a change in pain pattern, or persistence in pain at higher levels than expected. These types of changes occur in spite of continued incremental dose increases of medication. Opioids in this case actually increase rather than decrease sensitivity to noxious stimuli. It is important therefore to note that a decrease in opioid efficacy should not always be treated by increasing the dose, but may actually require weaning. Within the documentation provided for review, there has been no clear functional benefit to the ongoing use of opioid medication. The injured worker continues to complain of 6-7/10 pain throughout the entire day, and has shown no change over time. There is insufficient evidence to suggest that the injured worker is benefiting by chronic opioid use. The MTUS guidelines do not support ongoing use without clear benefit as detailed above, and the request as written is therefore not medically necessary.