

Case Number:	CM15-0098983		
Date Assigned:	06/01/2015	Date of Injury:	12/02/2003
Decision Date:	07/03/2015	UR Denial Date:	05/11/2015
Priority:	Standard	Application Received:	05/22/2015

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 63 year old female who sustained an industrial injury on 12/2/03. The mechanism of injury is unclear. Diagnoses include chronic pain syndrome, degeneration of lumbar intervertebral disc, cervical spondylosis without myelopathy, lumbosacral spondylosis without myelopathy, opioid dependence, displacement of cervical intervertebral disc, shoulder joint pain, displacement of thoracic intervertebral disc without myelopathy, thoracic spondylosis without myelopathy, and cervicalgia. Medical history also includes anxiety, depression, fibromyalgia, and high blood pressure. Treatments to date include medications, psychological treatment, functional restoration evaluation and treatment, acupuncture, and home exercise program. An outpatient opioid detoxification program was described in December 2014, with transition off of norco and initiation of buprenorphine. It was noted that the injured worker had been on some form of hydrocodone for years. Ibuprofen, gabapentin, and robaxin were prescribed in December 2014. Some blood pressure readings were recorded in December 2014; no subsequent blood pressure readings were submitted. At a visit on 5/4/15, she currently complains of chronic low back pain with radiation to the buttocks and right lower extremity and worsening pain throughout her whole body. Pain at its worst is 9/10 in severity. With medications, she is able to maintain function including activities of daily living and home exercise program. Current medications are acetaminophen, buprenorphine, cyclobenzaprine, Cymbalta, gabapentin, ibuprofen, Lisinopril, Lyrica, Pennsaid, Prozac, robaxin, suboxone, Tramadol, Voltaren gel, and zofran. It was noted that a prior trial of tramadol led to some improvement, and that gabapentin was not shown to be as effective as desired. The physician

documented that the medications allow the injured worker to maintain current level of function, which includes activities of daily living and home exercise program. Examination showed normal gait and posture. Work status was noted as not working. It was noted that the injured worker completed a liquid diet program and exercise and has lost 38 pounds. The treating provider's plan of care includes replacing gabapentin with Lyrica, and prescriptions for buprenorphine, Tramadol, Robaxin for muscle spasms and ibuprofen. It was noted that urine drug testing was done and an opioid contract was resigned in October 2014. On 5/11/15, Utilization Review (UR) non-certified or modified requests for the items currently under Independent Medical Review, citing the MTUS and ODG.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lyrica 50mg #90 x 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines anticonvulsants (antiepilepsy drugs (AEDs)) Page(s): p. 16-22.

Decision rationale: This injured worker has chronic pain. Per the MTUS, antiepilepsy drugs (AEDs) are recommended for neuropathic pain due to nerve damage. Lyrica (pregabalin) has been documented to be effective in treatment of diabetic neuropathy and postherpetic neuralgia, and is FDA approved for these indications as well as for fibromyalgia. Side effects include edema, central nervous system depression, weight gain, blurred vision, somnolence, and dizziness. It has been suggested that this medication be avoided in patients who have problems with weight gain. A "good" response to the use of AEDs is defined as a 50% reduction in pain and a "moderate" response as a 30% reduction. Lack of at least a 30% response per the MTUS would warrant a switch to a different first line agent or combination therapy. After initiation of treatment, there should be documentation of pain relief with improvement in function, and documentation of any side effects, with continued use of AEDs dependent on improved outcomes versus tolerability of adverse effects. The treating physician noted that AEDs were used for neuropathic pain, but there was no documentation of diabetic neuropathy or post-herpetic neuralgia, and diagnoses include degenerative disc disease and spondylosis. Gabapentin was noted to be less effective than desired, and for this reason, the treating physician changed the AED prescribed to lyrica. The documentation suggests a weight issue, as participation in a liquid diet program with exercise for weight loss was described; as noted, lyrica should be avoided in patients with problems with weight gain. The MTUS states that Gabapentin should not be abruptly discontinued, and that weaning and/or switching to another drug in this class should be done over the minimum of one week; such weaning was not discussed for this injured worker. Due to lack of documentation to support the presence of neuropathic pain, documentation suggestive of weight issue for this injured worker, and lack of documentation of plan for weaning of gabapentin, the request for lyrica is not medically necessary.

Buprenorphine HCL 2mg #120 x 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines buprenorphine Page(s): 26-27.

Decision rationale: Buprenorphine is recommended for treatment of opiate addiction, and as an option for chronic pain especially after detoxification in patients who have a history of opiate addiction. The documentation indicates that this injured worker has opioid dependence, and that she underwent a detoxification program in December 2014 with weaning of Norco and initiation of buprenorphine. Buprenorphine has agonist and antagonist actions. It will block the effect of other agonist opioids. At the 5/4/15 visit, the injured worker was prescribed both buprenorphine and tramadol. It is not clear why buprenorphine has been prescribed along with a pure agonist opioid (tramadol). The medication list from the May 2015 visit lists both tablet and sublingual film forms of buprenorphine, which is duplicative and potentially toxic. Due to use along with an agonist opioid in this injured worker who has undergone opioid detoxification, and prescription of multiple forms of buprenorphine, which is potentially toxic, the request for Buprenorphine HCL 2mg #120 x 2 refills is not medically necessary.

Robaxin 900mg #60 x 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants Page(s): 63-66.

Decision rationale: This injured worker has chronic multifocal pain. Robaxin has been prescribed for at least four months. 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. 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. Work status was noted as not working. Although medications as a group were noted to allow the injured worker to maintain activities of daily living, there was no discussion of specific improvements in activities of daily living as a result of use of robaxin. Robaxin's mechanism of action is unknown but appears to be related to central nervous system depressant effects with related sedative properties. Side effects include drowsiness, dizziness, and lightheadedness. Due to length of use in excess of the guideline recommendations, and lack of functional improvement, the request for robaxin is not medically necessary.

Acetaminophen 325mg #90 x 2 refills: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines acetaminophen (APAP) Page(s): 11-12.

Decision rationale: Acetaminophen is recommended for the treatment of chronic pain and acute exacerbations of chronic pain. It is recommended as an initial treatment for mild to moderate pain associated with osteoarthritis, in particular for those with gastrointestinal, cardiovascular and renovascular risk factors. It is recommended as first-line therapy for low back pain. Adverse effects include hepatotoxicity; a warning is given on all acetaminophen products that patients who consume three or more alcoholic drinks per day should discuss use with their physician. When used at recommended maximum doses, acetaminophen may induce alanine aminotransferase (ALT) elevations in nearly 40% of subjects. Renal insufficiency occurs in 1-2% of patients with overdose. Increased risk of hypertension was noted in cohort analysis but evidence from randomized controlled trials is limited. An increased cardiovascular risk was found in the Nurse's Health Study. The recommended dose for mild to moderate pain is 650 to 1000 mg orally every 4 hours with a maximum of 4g/day. This injured worker has chronic multifocal pain, and a history of opioid dependence for which she underwent recent detoxification. The submitted documentation indicates that the prescribed dose of acetaminophen is 325 mg, one tablet every 8 hours, which is less than the maximum recommended daily dose. The Utilization Review determination notes that the medical necessity of acetaminophen was established, but partial certification with no refills was recommended pending evidence of functional benefit and need for continuation. As the guidelines recommend this medication for the treatment of chronic pain, and as this injured worker has a history of ongoing significant chronic pain issues with opioid dependence and detoxification, the request for Acetaminophen 325mg #90 x 2 refills is medically necessary.

Ibuprofen 600mg #90 x 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 Page(s): 67-73.

Decision rationale: This injured worker has multifocal chronic pain. Ibuprofen has been prescribed for at least four months. Per the MTUS, nonsteroidal anti-inflammatory drugs (NSAIDs) are recommended as a second line treatment after acetaminophen for treatment of acute exacerbations of chronic back pain. The MTUS does not specifically reference the use of NSAIDs for long-term treatment of chronic pain in other specific body parts. NSAIDs are noted to have adverse effects including gastrointestinal side effects and increased cardiovascular risk; besides these well-documented side effects of NSAIDs, NSAIDs have been shown to possibly delay and hamper healing in all the soft tissues including muscles, ligaments, tendons, and cartilage. NSAIDs can increase blood pressure and may cause fluid retention, edema, and congestive heart failure; all NSAIDS are relatively contraindicated in patients with renal

insufficiency, congestive heart failure, or volume excess. They are recommended at the lowest dose for the shortest possible period in patients with moderate to severe pain. The MTUS does not recommend chronic NSAIDs for low back pain; NSAIDs should be used for the short term only. Systemic toxicity is possible with NSAIDs. The FDA and MTUS recommend monitoring of blood tests and blood pressure. This injured worker has a history of hypertension treated with medication (lisinopril, an angiotensin converting enzyme inhibitor). All NSAIDs have the potential to raise blood pressure in susceptible patients. The greatest risk occurs in patients taking certain classes of antihypertensive medications, including angiotensin converting enzyme inhibitors (as in this case). Some blood pressure readings were recorded in December 2014, without further blood pressure monitoring documented. Package inserts for NSAIDS recommend periodic monitoring of a CBC and chemistry profile (including liver and renal function tests). There is no evidence that the prescribing physician is adequately monitoring for toxicity as recommended by the FDA and MTUS. There was no documentation of functional improvement as a result of use of ibuprofen. Work status was noted as not working. Although medications as a group were noted to allow the injured worker to maintain activities of daily living, there was no discussion of specific improvements in activities of daily living as a result of use of ibuprofen. Due to lack of functional improvement, and potential for toxicity, the request for ibuprofen is not medically necessary.

Tramadol 50mg #60 x 2 refills: 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): 76-77.

Decision rationale: The request for tramadol is a new request. The documentation indicates that a prior trial of tramadol led to some improvement, which was not further specified or discussed. Tramadol has not been prescribed in the prior 4-5 months. The documentation indicates that this injured worker has chronic pain, with opioid dependence and recent participation in an opioid detoxification program, and with current use of buprenorphine. The MTUS criteria for use of opioids includes establishment of a treatment plan, including trial of reasonable alternatives to treatment and assessment of likelihood of abuse or adverse outcome, attempt to determine if the pain is nociceptive or neuropathic, attempt to determine if there are underlying contributing psychological issues, failure of trial of non-opioid analgesics, baseline pain and functional assessment, setting of goals before the initiation of therapy, a pain related assessment and assessment of likelihood of weaning from opioids, at least one physical and psychological assessment, discussion of risks and benefits of use of controlled substances, consideration of a written consent or pain agreement for chronic use, and consideration of the use of a urine drug screen to assess for the use of illegal drugs. This type of treatment plan was not discussed in the records submitted. No functional goals were discussed. A urine drug screen and opioid contract were noted to have been completed in October 2014; there was no discussion of an updated opioid contract or plan for a current urine drug screen, which would be indicated for this injured worker who is at increased risk of addiction. In addition, tramadol has been prescribed concurrently with buprenorphine. Buprenorphine has agonist and antagonist actions. It will block

the effect of other agonist opioids. It is not clear why buprenorphine has been prescribed along with a pure agonist opioid (tramadol). Due to lack of a treatment plan consistent with the MTUS guidelines for opioid use, and due to concurrent prescription of an opioid antagonist, the request for tramadol is not medically necessary.