

Case Number:	CM14-0102221		
Date Assigned:	08/06/2014	Date of Injury:	02/08/1980
Decision Date:	09/26/2014	UR Denial Date:	06/17/2014
Priority:	Standard	Application Received:	07/02/2014

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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 61-year-old male who has submitted a claim for cervical spondylosis without myelopathy, lumbosacral disc degeneration, myalgia and myositis, cervicgia, generalized anxiety disorder, depressive disorder, chronic pain syndrome, dyspepsia, osteoarthritis, lumbago, and sleep disturbance associated with an industrial injury date of 2/8/1980. Medical records from 2014 were reviewed. Patient complained of diffuse neck pain, bilateral shoulder pain, low back pain, and bilateral knee pain, described as aching and stabbing sensation. Aggravating factors included movement and activities. Pain was relieved upon intake of medications. Patient report dated that he was able to perform activities of daily living with his current treatment regimen. No side effects and aberrant drug behaviors were noted. Patient reported an overall compromised mood due to this painful condition. Physical examination showed that the patient was alert and oriented. Gait and movements were within baseline. Neurological exam was intact. Tenderness was noted at the neck and low back areas. Muscle strength was globally reduced at the extremities. Patient was not able to perform toe and heel walk. Palpable taut bands were likely noted. Urine drug screen from 5/2/2014 showed consistent results with prescribed medications. Treatment to date has included physical therapy, and medications such as gabapentin, Valium, meloxicam, MiraLax powder, Protonix, Tylenol with Codeine, Docusate, lidocaine patch, senna, amitriptyline, and Duragesic patch (all since January 2014). Utilization review from 6/17/2014 modified the request for Gabapentin 600 mg #180 with 3 refills and Amitriptyline HCl 10 mg #30 with 3 refills into one month supply to allow opportunity for submission of ongoing efficacy with the medication use; denied Valium 10 mg #90 with 3 refills because it was not guideline recommended; modified request for Meloxicam 15 mg #30 with 3 refills, Protonix DR 40 mg #30 with 3 refills, and Miralax Powder Packets 17 grams with 3 refills to allow opportunity for submission of ongoing efficacy with

medication use; modified requests for Tylenol w/ Codeine #4s (300/60 mg) #90 with 3 refills, Duragesic 25mcg/hr patch #10 with 3 refills, Docusate Cal 240 mg #60 with 3 refills, and Senna 8.6 mg #180 with 3 refills into one months supply because of no documentation of significant improvement in pain and function; and denied Lidocaine 5% patch (700 mg /patch) #90 with 3 refills because it was only guideline recommended for treatment of postherpetic neuralgia.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 600 mg #180 with 3 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2., Anti-Epilepsy Drugs Page(s): 16-17.

Decision rationale: As stated on pages 16 - 17 of CA MTUS Chronic Pain Medical Treatment Guidelines, antidepressants, such as pregabalin and gabapentin, are recommended as a first line option for neuropathic pain, i.e., painful polyneuropathy. In this case, the patient has been on gabapentin since January 2014. However, records submitted failed to indicate presence of neuropathic pain to warrant such treatment. Guideline criteria were not met. Therefore, the request for Gabapentin 600 mg #180 with 3 refills is not medically necessary.

Valium 10 mg #90 with 3 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26, Benzodiazepines Page(s): 24.

Decision rationale: As stated on page 24 of CA MTUS Chronic Pain Medical Treatment Guidelines, benzodiazepines are 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. In this case, patient has been on Valium since January 2014. However, there is no clear indication for its use due to lack of documentation. There was a note of sleep disturbance, however, there was no discussion concerning sleep hygiene. Therefore, the request for Valium 10 mg #90 with 3 refills is not medically necessary.

Meloxicam 15 mg #30 with 3 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2, NSAIDs Page(s): 46.

Decision rationale: As stated on page 46 of the California MTUS Chronic Pain Medical Treatment guidelines, NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain and that there is no evidence of long-term effectiveness for pain or function. In this case, patient has been on meloxicam since January 2014. However, long-term use is not recommended. There is no discussion concerning need for variance from the guidelines. Therefore, the request for Meloxicam 15 mg #30 with 3 refills is not medically necessary.

Miralax Powder Packets 17 grams with 3 refills: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines INITIATING THERAPY IN OPIOIDS Page(s): 77. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: US Food and Drug Administration (MiraLAX), Management of Common Opioid-Induced Adverse Effects, American Family Physician 2006 Oct 15;74(8):1347-1354 (<http://www.aafp.org/afp/2006/1015/p1347.html#>).

Decision rationale: As stated on page 77 of the CA MTUS Chronic Pain Medical Treatment Guidelines, prophylactic treatment of constipation should be initiated with opioid treatment. A journal from American Family Physician 2006 cited that monotherapy with stool softeners is considered ineffective, and use of a scheduled stimulant laxative often is required. One common approach is the scheduled use of senna with or without a stool softener. If patients do not have an adequate response, a trial of an osmotic agent (e.g., sorbitol) may be used. According to FDA, MiraLAX, a polyethylene glycol, is used to relieve occasional constipation. In this case, patient has been on MiraLAX since January 2014 due to concomitant chronic opioid use. Prophylactic treatment for constipation while on opioid is guideline recommended. Therefore, the request for Miralax Powder Packets 17 grams with 3 refills is medically necessary.

Protonix DR 40 mg #30 with 3 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2., NSAIDS, GI Symptoms, and Cardiovascular Risk Page(s): 68.

Decision rationale: As stated on page 68 of CA MTUS Chronic Pain Medical Treatment Guidelines, clinicians should weigh the indications for NSAIDs against both GI and cardiovascular risk factors: age > 65 years, history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, or anticoagulant; or on high-dose/multiple NSAIDs.

Patients with intermediate risk factors should be prescribed proton pump inhibitors (PPI). In this case, patient had a medical history of dyspepsia warranting use of Protonix since January 2014. However, there was no recent subjective report of heartburn, epigastric burning sensation or any other gastrointestinal symptoms that may corroborate the necessity of this medication. There is likewise no evidence of symptom relief from medication use. Therefore, the request for Protonix DR 40 mg #30 with 3 refills is not medically necessary.

Tylenol w/ Codeine #4s (300/60 mg) #90 with 3 refills: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2, Codeine; Opioid Page(s): 35; 80.

Decision rationale: Tylenol #3 (tylenol with codeine) is a brand name for acetaminophen with codeine. According to CA MTUS Chronic Pain Medical Treatment Guidelines page 35, codeine is recommended as an option for mild to moderate pain. Page 80 states that opioids appear to be efficacious for chronic back pain but limited for short-term pain relief. There is no evidence to recommend one opioid over another. In this case, patient has been on Tylenol with codeine since January 2014. Patient reported symptom relief and ability to perform functional activities from medication use. No side effects and aberrant drug behavior were likewise noted. Urine drug screen from 5/2/2014 showed consistent results with prescribed medications, as cited. Guideline criteria for continuing its management have been met. Therefore, the request for Tylenol w/ Codeine #4s (300/60 mg) #90 with 3 refills is medically necessary.

Lidocaine 5% patch (700 mg /patch) #90 with 3 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2, Lidocaine patch Page(s): 56-57.

Decision rationale: Pages 56 to 57 of CA MTUS Chronic Pain Medical Treatment Guidelines state that topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). In this case, records reviewed showed that the patient was on Lidoderm patch since January 2014. However, clinical manifestations were not consistent with neuropathic pain to warrant such treatment. Guideline criteria were not met. Therefore, the request for Lidocaine 5% patch (700 mg /patch) #90 with 3 refills is not medically necessary.

Docusate Cal 240 mg #60 with 3 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26, Opioids, Initiating Therapy Page(s): 77.

Decision rationale: Page 77 of CA MTUS Chronic Pain Medical Treatment Guidelines states that with opioid therapy, prophylactic treatment of constipation should be initiated. Docusate is a stool softener. In this case, patient is on opioid therapy since January 2014; hence, prophylactic treatment for constipation has been established. However, the request for Miralax powder has already been certified. There is no discussion concerning need to provide multiple stool softeners in this case. Therefore, the request for Docusate Cal 240 mg #60 with 3 refills is not medically necessary.

Senna 8.6 mg #180 with 3 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS, INITIATING THERAPY Page(s): 77.

Decision rationale: Page 77 of CA MTUS Chronic Pain Medical Treatment Guidelines states that with opioid therapy, prophylactic treatment of constipation should be initiated. Senokot is a laxative providing relief from constipation. In this case, patient is on opioid therapy since January 2014; hence, prophylactic treatment for constipation has been established. However, the request for Miralax powder has already been certified. There is no discussion concerning need to provide multiple stool softeners in this case. Therefore, the request for Senna 8.6 mg #180 with 3 refills is not medically necessary.

Amitriptyline HCl 10 mg #30 with 3 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2., Antidepressants for Chronic Pain Page(s): 13-14.

Decision rationale: As stated on page 14 of CA MTUS Chronic Pain Medical Treatment Guidelines, tricyclic antidepressants, such as amitriptyline and nortriptyline, are recommended as a first-line option for neuropathic pain, especially if pain is accompanied by insomnia, anxiety, or depression. In this case, patient has been on amitriptyline since January 2014. Patient reported an overall compromised mood due to this painful condition. Diagnoses include generalized anxiety disorder and major depression. However, there was no documentation concerning functional improvement derived from its use. The medical necessity cannot be established due to insufficient information. Therefore, the request for Amitriptyline HCl 10 mg #30 with 3 refills is not medically necessary.

Duragesic 25mcg/hr patch #10 with 3 refills: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines <9792.20 - 9792.26>, Duragesic, page(s) 44,; Fentanyl (transdermal), page 93 Page(s): 44; 93.

Decision rationale: Page 44 of CA MTUS Chronic Pain Medical Treatment Guidelines states that "Duragesic (fentanyl transdermal system) is not recommended as a first-line therapy. Furthermore, page 93 also states that Duragesic is indicated for management of persistent chronic pain, which is moderate to severe requiring continuous, around-the-clock opioid therapy that cannot be managed by other means (e.g., NSAIDS). In this case, patient has been on Duragesic patch since January 2014. Patient reported symptom relief and ability to perform functional activities from medication use. No side effects and aberrant drug behavior were likewise noted. Urine drug screen from 5/2/2014 showed consistent results with prescribed medications, as cited. Guideline criteria for continuing its management have been met. Therefore, the request for Duragesic 25mcg/hr patch #10 with 3 refills is medically necessary.