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| Case Number: | CM14-0146086 | | |
| Date Assigned: | 10/16/2014 | Date of Injury: | 07/14/1992 |
| Decision Date: | 11/19/2014 | UR Denial Date: | 08/24/2014 |
| Priority: | Standard | Application Received: | 09/09/2014 |

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, has a subspecialty in Interventional Spine 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 47-year-old male with date of injury of 07/14/1992. The listed diagnoses per [REDACTED] from 08/12/2014 are: post laminectomy syndrome, lumbar disk disease, lumbar radiculitis, sacroilitis, status post repeat laminectomy and foraminotomy on L5-S1 from 10/15/2008, status post repeat bilateral L4-L5 and L5-S1 laminectomy and discectomy on 05/25/2011, SCS trial and declined a permanent implant. According to this report, the patient complains of increasing pain and tenderness over the SI joints. The examination shows the patient is well-groomed, well-nourished, in no acute distress. The patient's gait is slow and altered with a flexed spine. He walks with a cane and has difficulty with heel-toe walk. There is a well-healed surgical scar consistent his prior surgeries. There is tenderness noted over the bilateral paraspinals with spasms appreciated, TTP over the thoracic spine from T7 to T12, diminished reflexes in the bilateral knees and ankles, positive straight leg raise bilaterally at 15 degrees, decreased sensation at right medial thigh and calf and weakness bilaterally in the lower extremities. The documents include x-rays of the thoracic spine from 10/18/2013, an x-ray of the lumbar spine from 10/28/2013, and urine toxicology reports from 03/30/2014 to 08/17/2014. The utilization review denied the request on 08/24/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids, On-Going Management Page(s): 78 and 88-89.

Decision rationale: This patient presents with low back pain and tenderness over the SI joints. The treater is requesting Norco #120. For chronic opiate use, the MTUS Guidelines pages 88 and 89 on criteria for use of opioids states, "pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or a validated instrument." MTUS page 78 on ongoing management also require documentation of the 4 A's including analgesia, ADLs, adverse side effects, and aberrant drug-seeking behavior as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medications to work, and duration of pain relief. The records show that the patient was prescribed Norco on 04/15/2014. The 06/06/2014 report notes, "Today, the patient complains of increasing pain, not controlled by medications. He is in constant 9/10 pain. His pain is getting worse." The 07/11/2014 report from [REDACTED] recommends discontinuation of his current opioid medication while participating in either a comprehensive pain rehabilitation program or while being treated by a pain psychologist with cognitive behavioral therapy. He further states, "Obviously, the patient's current medication polypharmacy regimen is not working and should be reassessed." The urine toxicology and laboratory reports from 03/30/2014 to 08/17/2014 show inconsistent results with the prescribed medications. The treater does not discuss before and after pain scales, medication efficacy including specifics regarding ADLs. There is no significant improvement, no mention of quality of life changes, and no discussions regarding "pain assessment" as required by MTUS. There are no discussions regarding adverse side effects and the patient's current urine toxicology and laboratory reports show inconsistent results to prescribed medications. Furthermore, the treating physician notes on 07/11/2014 that the patient's current medication regimen has not been effective and discontinuation was recommended. There is a lack of documented functional improvement while utilizing Norco. Therefore, the request is not medically necessary.

Lidoderm #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (Lidocaine patch) and Topical Analgesics Page(s): 57 and 112. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

Decision rationale: This patient presents with low back pain and tenderness over the SI joints. The treater is requesting Lidoderm #90. The MTUS Guidelines page 57 states, "Topical Lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tricyclic or SNRI antidepressants or AED such as Gabapentin or Lyrica)." MTUS page 112 also states, "Lidocaine indication: Neuropathic pain. Recommended for localized peripheral pain." When reading ODG Guidelines, it specifies that Lidoderm

patches are indicated as a trial if there is "evidence of localized pain that is consistent with neuropathic etiology." ODG further requires documentation of the area for treatment, trial of a short-term use with outcome documenting pain and function. The records show that the patient was prescribed Lidoderm on 04/15/2014. In this case, Lidoderm patches are indicated for patients with localized peripheral neuropathic pain which this patient does not present with. Therefore, the request is not medically necessary.

Norflex #60: Upheld

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

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

Decision rationale: This patient presents with low back pain and tenderness over the SI joints. The treater is requesting Norflex #60. Norflex is also known as Orphenadrine, a drug similar to Diphenhydramine, but has greater anticholinergic effects. The effects are thought to be secondary to analgesic and anticholinergic properties. The MTUS Guidelines pages 63 to 66 on Muscle relaxants state that it recommends non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. The records show that the patient was prescribed Norflex on 04/15/2014. The treater has noted on 07/11/2014 that the patient's current medication regimen has not been beneficial. In this case, MTUS does not support the long-term use of this medication and given the lack of functional improvement while utilizing this medication. Therefore, the request is not medically necessary.

Prilosec #60: 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 and cardiovascular risks Page(s): 68 and 69.

Decision rationale: This patient presents with low back pain and tenderness over the SI joints. The treater is requesting Prilosec #60. The MTUS guidelines, pages 68 and 69, on NSAIDs, GI symptoms and cardiovascular risks states that it is recommended with precaution to determine if patients are at risk for gastrointestinal events: ages greater than 65; history of peptic ulcer, GI bleed, or perforation; concurrent use of ASA or corticosteroids and anticoagulants; and high dose multiple NSAIDs. The records show that the patient was prescribed Prilosec on 04/15/2014. The treater does not document gastrointestinal events or issues that would warrant the use of PPIs. In this case, MTUS does not support the routine use of PPIs without any discussion of gastrointestinal events. Therefore, the request is not medically necessary.

Lyrica #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lyrica and Anti-epilepsy drugs (AEDs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lyrica Page(s): 19-20.

Decision rationale: This patient presents with low back pain and tenderness over the SI joints. The treater is requesting Lyrica #90. The MTUS Guidelines, pages 19 and 20, on Lyrica states, "has been documented to be effective for the treatment of diabetic neuropathy and post-herpetic neuralgia. This medication also has an anti-anxiety effect. Pregabalin is being considered by the FDA as treatment for generalized anxiety disorder and social anxiety disorder." The MTUS guidelines, page 60, under medications for chronic pain, states that evaluating the effect of pain relief in relationship to improvements in function and increased activity should be provided with the use of medications. The records show that the patient was prescribed Lyrica on 04/15/2014. The 05/06/2014 report notes, "Today, the patient complains of increasing pain, not controlled by medications." In this case, the patient does not report any benefit or pain relief while utilizing Lyrica. Therefore, the request is not medically necessary.

Busiprone #60: 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 (Chronic)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation FDA/box label for BuSpar (Buspirone)

Decision rationale: This patient presents with low back pain and tenderness over the SI joints. The treater is requesting Buspirone #60. The MTUS, ACOEM, and ODG guidelines do not address Buspirone; however, the FDA/box label for BuSpar (Buspirone) states, "BuSpar is indicated for the management of anxiety disorders or the short-term relief of symptoms of anxiety. Anxiety or tension associated with stress of everyday life usually does not require treatment with an anxiolytic. The effectiveness of BuSpar in long-term use, that is, for more than 3 to 4 weeks has not been demonstrated in controlled trials." The records show that the patient was prescribed Buspirone on 04/15/2014. The 05/06/2014 report notes that the patient reports increasing pain and that the medications are not helping. In this case, the FDA/box label for BuSpar (Buspirone) does not support its long term use. Furthermore, the patient does not report benefit while utilizing this medication. Therefore, the request is not medically necessary.

Lunesta #30: 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), Mental Illness & Stress

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental/Stress Chapter on Eszopiclone (Lunesta)

Decision rationale: This patient presents with low back pain and tenderness over the SI joints. The treater is requesting Lunesta #30. The MTUS and ACOEM Guidelines are silent with regards to this request. However, the ODG Guidelines on Eszopiclone (Lunesta) has demonstrated reduced sleep latency and sleep maintenance, the only benzodiazepine receptor agonist FDA-approved for longer use than 35 days. The MTUS Guidelines page 60 on medications for chronic pain states that a record of pain and function with medication should also be recorded. The records show that the patient was prescribed Lunesta on 04/15/2014. Given the lack of functional improvement including reports of medication efficacy as it relates to the use of Lunesta, the request is not medically necessary.

Xanax #45: 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 low back pain and tenderness over the SI joints. The treater is requesting Xanax #45. Alprazolam is a benzodiazepine. The MTUS Guidelines page 24 on benzodiazepines states that it is not recommended for longer term use because long term efficacy is unproven and there is a risk of dependency. Most Guidelines limit the use to 4 weeks. The records show that the patient was prescribed Xanax on 04/15/2014. In this case, the long term use of Xanax is not supported by the MTUS Guidelines. Therefore, the request is not medically necessary.