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| <b>Case Number:</b>   | CM13-0008839 |                              |            |
| <b>Date Assigned:</b> | 03/24/2014   | <b>Date of Injury:</b>       | 06/28/2003 |
| <b>Decision Date:</b> | 06/10/2014   | <b>UR Denial Date:</b>       | 07/22/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 08/07/2013 |

### 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 and 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 53 year-old female who sustained an injury on 6/28/03 while employed by [REDACTED]. Requests under consideration include Opana Er 30 mg#120, Lyrica 100 mg, #180, Norco 10/325 mg, #120, Soma 350 mg, #90, and Lunesta 3 mg, #30. Report of 6/7/13 from the provider noted patient's pain level at 7/10 with medications and 10/10 without. Exam noted vital signs of blood pressure of 50/94 and pulse of 98, weight 149 pounds and oxygen saturation of 96% with notation of consultation next week with [REDACTED] program. No other examination was documented. Diagnoses included unspecified myalgia and myositis, cervicalgia, and cervical post-laminectomy syndrome with treatment of medications for analgesia and activities of daily living. Report of 7/11/13 noted pain control with medications for ADL and care for her grandchildren and planning for a trip to [REDACTED]. Pain level was 9/10 and has no function without medications. Exam noted neck range was limited in all directions; tenderness to palpation over cervical spinous process; strength of 4/5 bilaterally in upper extremity. Diagnoses remained unchanged with treatment plan for medications. Above medication requests were non-certified on 7/22/13 citing guidelines criteria and lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**OPANA ER 30MG, #120:** 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): 74-96.

**Decision rationale:** According to the MTUS Guidelines cited, opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). In this case, submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or change in work status. There is no evidence presented of random drug testing or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. The MTUS guidelines provide requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain. The request for Opana ER 30 mg, #120 is not medically necessary and appropriate.

**LYRICA 100MG, #180:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lyrica Page(s): 100.

**Decision rationale:** According to the MTUS Chronic Pain Medical Treatment Guidelines, Pregabalin (Lyrica®) has been documented to be effective in treatment of diabetic neuropathy and postherpetic neuralgia, has FDA approval for both indications, and is considered first-line treatment for both. This anti-epileptic medication may be helpful in the treatment of radiculopathy and would be indicated if there is documented significant benefit. The medical records provided for review, indicate that this medication has been prescribed for quite some time; however, there is no documented functional improvement as the patient continues with constant severe pain and remains not working for this June 2003 injury. Submitted medical report has not adequately demonstrated indication and functional benefit to continue ongoing treatment with this anti-epileptic. The request for Lyrica 100 mg, #180 is not medically necessary and appropriate.

**NORCO 10/325, #120:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids  
Page(s): 74-96.

**Decision rationale:** According to the MTUS Chronic Pain Medical Treatment Guidelines, opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or change in work status. There is no evidence presented of random drug testing or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain. The request for Norco 10/325 mg, #120 is not medically necessary and appropriate.

**SOMA 350MG, #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
Carisoprodol (Soma(R)) Page(s): 29.

**Decision rationale:** According to the MTUS Chronic Pain Guidelines on muscle relaxant, Soma is not recommended for mild to moderate chronic persistent pain problems including chronic pain (other than for acute exacerbations) due to the high prevalence of adverse effects in the context of insufficient evidence of benefit as compared to other medications. This patient sustained an injury in June 2003. Submitted reports from the provider noted continued ongoing pain with unchanged clinical exam findings revealing TTP, spasm, and decreased range of motions, without report of acute injury, flare-up, or functional improvement or benefit from treatment already rendered. MTUS Guidelines do not recommend long-term use of this Soma for this chronic injury of 2003. The request for Norco 350 mg #90 is not medically necessary and appropriate.

**LUNESTA 3MG, #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).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Insomnia Treatment, pages 535-536.

**Decision rationale:** Hypnotics are not included among the multiple medications noted to be optional adjuvant medications, per the Official Disability Guidelines (ODG). Additionally, Lunesta is a benzodiazepine-like, Schedule IV controlled substance. ODG does not recommend benzodiazepines: "Benzodiazepines: 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. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks." Submitted documents have not demonstrated any functional improvement from Lunesta treatment prescribed for quite some time for this 2003 injury. Therefore, the request for Lunesta 3 mg # 30 is not medically necessary and appropriate.