

<b>Case Number:</b>	CM13-0009192		
<b>Date Assigned:</b>	09/12/2013	<b>Date of Injury:</b>	04/27/1996
<b>Decision Date:</b>	02/07/2014	<b>UR Denial Date:</b>	07/31/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/09/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgery 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 physician 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 female who reported an injury on 04/27/1996. The mechanism of injury was not provided. The patient's current medications were noted to be Lidoderm 5% patch, oxycodone HCL 30 mg, and Norco 10/325 mg. The patient was noted to have 3 back surgeries with the last of them being in 2007. The patient's diagnoses were noted to include postlaminectomy syndrome of the lumbar region and lumbar lumbosacral disc degeneration. The request was made for prospective refill of medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **Prescription of Oxycodone HCL 30mg, #168 between 7/9/13 and 9/20/13: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Oxycodone, Ongoing Management Page(s): 75; 78.

**Decision rationale:** California MTUS guideline recommend oxycodone for controlling chronic pain and this medication is often used for intermittent or breakthrough pain. California MTUS recommends that there should be documentation of the 4 A's for Ongoing Monitoring including analgesia, activities of daily living, adverse side effects and aberrant drug taking behavior. It

further recommends that dosing of opioids not exceed 120 mg oral morphine equivalents per day, and for patients taking more than one opioid, the morphine equivalent doses of the different opioids must be added together to determine the cumulative dose. The clinical documentation submitted for review failed to provide documentation of the 4 A's. There is a lack of documentation indicating the necessity for 2 prescriptions for the same medication. The patient was noted to be taking 4 a day, which would be 120 tablets. This would exceed the 120 Morphine equivalents as added with the other medications; if 4 were taken a day would equal 370 which far exceeds the recommendations. Given the above, the prospective request for 1 prescription of Oxycodone HCL 30 mg, #168 is not medically necessary.

**Prescription of Oxycontin 60mg, #42 between 7/9/13 and 9/20/13: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Oxycodone, Ongoing Management Page(s): 75;78.

**Decision rationale:** California MTUS guidelines recommend long-acting opioids (OxyContin) for around the clock pain relief and indicate it is not for PRN use. California MTUS recommend that there should be documentation of the 4 A's for Ongoing Monitoring including analgesia, activities of daily living, adverse side effects and aberrant drug taking behavior. It further recommends that dosing of opioids not exceed 120 mg oral morphine equivalents per day, and for patients taking more than one opioid, the morphine equivalent doses of the different opioids must be added together to determine the cumulative dose. The clinical documentation submitted for review failed to provide documentation of the 4 A's. Additionally, it failed to provide the necessity for the requested medication. The patient's morphine equivalent dose would be 370, if the medications were taken as prescribed at twice a day. This would exceed the 120 mg oral morphine equivalents. Given the above, the prospective request for 1 prescription of Oxycontin 60mg, #42 is not medically necessary.

**Prescription of Soma 350mg, #28 between 7/9/13 and 9/20/13: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Soma (carisprodol).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Carisprodol Page(s): 29, 65.

**Decision rationale:** California MTUS states that Soma (Carisprodol) is not indicated for longer than a 2 to 3 week period. Carisprodol is a commonly prescribed, centrally acting skeletal muscle relaxant. It has been suggested that the main effect is due to generalized sedation and treatment of anxiety. Abuse has been noted for sedative and relaxant effects. Carisprodol abuse has also been noted in order to augment or alter effects of other drugs. A withdrawal syndrome has been documented that consists of insomnia, vomiting, tremors, muscle twitching, anxiety, and ataxia when abrupt discontinuation of large doses occurs. Tapering should be individualized

for each patient. The clinical documentation submitted for review failed to provide the efficacy of the requested medication. Additionally, it failed to provide the necessity for ongoing treatment as it is recommended for a 2 to 3 week period. Given the above, the prospective request for 1 prescription of Soma 350 mg, #28 per 07/09/2013 report is not medically necessary.

**Prescription of Oxycodone HCL 30mg, #120: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Oxycodone, Opioids

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Oxycodone, Ongoing Management Page(s): 75; 78.

**Decision rationale:** California MTUS guideline recommend oxycodone for controlling chronic pain and this medication is often used for intermittent or breakthrough pain. California MTUS recommend that there should be documentation of the 4 A's for Ongoing Monitoring including analgesia, activities of daily living, adverse side effects and aberrant drug taking behavior. It further recommends that dosing of opioids not exceed 120 mg oral morphine equivalents per day, and for patients taking more than one opioid, the morphine equivalent doses of the different opioids must be added together to determine the cumulative dose. While the clinical documentation fails to indicate documentation of the 4 A's, this requested medication is duplicative of request number 1 with respect to medication. The patient's morphine equivalent dose would be 370, if the medications were taken as prescribed at four times a day. This would exceed the 120 mg oral morphine equivalents. Given the above and the lack of clarification for necessity for 2 prescriptions for the same medication, the prospective request for 1 prescription of Oxycodone HCL 30 mg, #120 is not medically necessary.

**Prescription of Lidoderm 5% (700mg/patch), #30 with 3 refills: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm Page(s): 56,57.

**Decision rationale:** California MTUS guidelines indicate that topical lidocaine (Lidoderm) 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). This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. The clinical documentation submitted for review failed to indicate the patient had a trial of a first line therapy and had failed first line therapy. Given the above, the prospective request for 1 prescription of Lidoderm 5% (700 mg/patch), #30 with 3 refills is not medically necessary.

**Prescription of Norco 10/325mg, #120: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Norco Ongoing Management Page(s): 75, 78.

**Decision rationale:** California MTUS guidelines recommend short acting opioids such as Norco for controlling chronic pain. For ongoing management, there should be documentation of the 4 A's including analgesia, activities of daily living, adverse side effects and aberrant drug taking behavior. It further recommends that dosing of opioids not exceed 120 mg oral morphine equivalents per day, and for patients taking more than one opioid, the morphine equivalent doses of the different opioids must be added together to determine the cumulative dose. The clinical documentation submitted for review failed to provide documentation of the efficacy of the requested medication. The patient's morphine equivalent dose would be 370, if the medications were taken as prescribed at four times a day. This would exceed the 120 mg oral morphine equivalents. Given the above, the prospective request for 1 prescription of Norco 10/325 mg, #120 is not medically necessary.