

<b>Case Number:</b>	CM13-0012700		
<b>Date Assigned:</b>	11/27/2013	<b>Date of Injury:</b>	06/06/2002
<b>Decision Date:</b>	08/05/2014	<b>UR Denial Date:</b>	07/22/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/12/2013

### 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 Occupational and Environmental Medicine, has a subspecialty in General Preventive Medicine and is licensed to practice in Ohio and West Virginia. 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:

This is a 52 year old male with a date of injury 12-12-2000. Patient suffers from chronic and persistent neck and lower back pain. He experiences radiating symptoms to lower extremities with burning and tingling to his feet, thighs and calves, as a result. Localized neck pain present with intermittent arm numbness and tingling bilaterally (subjective). Objective findings include tenderness in paraspinal and trapezius muscles and decreased cervical range of motion. Reduced range of motion in lumbar spine with weakness in both lower extremities. A right C6-7 epidural steroid injection was done 2-13 for pain control. Patient had a discectomy and fusion at C5 and C6 in 2001. He has had multiple radiofrequency ablations bilaterally C2 through C6 (4-07, 4-08, 3-09, 2-10, 3-11, 9-12). These provided the patient with 6 to 12 months of pain reduction in neck pain and migraine headaches. Most recent MRI 10-2012 showed evidence of C5-6 spinal fusion, stable C6-7 disc disease with mild spinal stenosis, right uncovertral spurring causing moderate to severe foraminal stenosis. Most recent MRI of lumbar and thoracic spine 4-26-13 showed disc desiccation noted L3-4, L4-5. Disc desiccation with degeneration noted T11-12. Current medications are; Duragesic 25mcg (2 patches every 3 days, Oxycodone 15mg (4 tablets per day), Ambien 10mg (at bedtime), Neurontin 800mg (3 per day), Colace 100mg (3-4 per day), and Imitrex 50mg (as needed for migraine headaches). The Utilization review 7-22-13 pertains to the aforementioned medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**DURAGESIC 25MG:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines duragesic, fentanyl, fentanyl transdermal Page(s): 44, 47,93.

**Decision rationale:** Duragesic (fentanyl transdermal system) is not recommended as a first-line therapy. Patient is currently prescribed Oxycodone for continuous pain relief and is charted as taking NSAIDS, as well. Duragesic is recommended for patients who require continuous relief of moderate to severe pain who have developed tolerance to current therapy, opioids, NSAIDS, exercise, etc. Per the available records this individual has seen decreasing pain control with increasing doses of other opioid analgesic and the records indicate an overall improvement in quality of life and function since the addition of Duragesic 25mcg (2 patches every 72 hours). Therefore, I am reversing the prior UR decision: Duragesic patches 25 mcg are deemed medically necessary.

**OXYCODONE 15MG, #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioids for chronic pain, opioids for neuropathic pain, criteria for use of opioids Page(s): 80-82, 88-89.

**Decision rationale:** The chronic pain guidelines indicate that opioids are not first line therapy for the treatment of chronic pain or for the treatment of neuropathic pain. Further; per the recommended dosing indications of the Duragesic product all other "around the clock" opioids must be discontinued when initiating the Fentanyl patch. Other opioids may be prescribed temporarily for break through pain while the patient is transitioning to the patch but they are not indicated for prolonged use following patch initiation. As noted in the available records this patient has transitioned with good effect to the Fentanyl patches as such the Oxycodone 15mg request is deemed not medically necessary.

**AMBIEN 10MG:** Upheld

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

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

**Decision rationale:** No recommendations could be located in the American College of Occupational and Preventive Medicine or the California Chronic Pain Medical Treatment

Guidelines, therefore the Official Disability Guidelines (ODG) were consulted. ODG states that Ambien (Zolpidem) is a short-acting nonbenzodiazepine hypnotic of the imidazopyridine class. After review of these individuals' records, he has been taking this medication since September 2012. There has been no discussion of the patient's sleep hygiene and the patient's records do not include results of any of the recommended first line treatments. ODG additionally states "The specific component of insomnia should be addressed: (a) Sleep onset; (b) Sleep maintenance; (c) Sleep quality; & (d) Next-day functioning." The medical records provided do not address these issues. As such, the request for Ambien 10mg is deemed not medically necessary.

**NEURONTIN 800MG:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 16-19.

**Decision rationale:** Neurontin (Gabapentin) is an anti-epilepsy drug which is effective for treatment of painful diabetic neuropathy and post herpetic neuralgia. It is a first line treatment for neuropathic pain. Fairly good evidence exists that its use decreases opioid consumption and is useful to a degree post operatively. The MTUS notes that there is evidence of significant improvement in functionality with its use in the setting of spinal cord injury/stenosis. Given its very favorable side effect profile, its well documented effect in the treatment of neuropathic pain and the decreased use of opioids in chronic pain associated with its use I am reversing the earlier utilization review decision and deem Neurontin 800mg ( 3 per day) medically necessary.

**COLACE 100MG:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Opioid-induced constipation Other Medical Treatment Guideline or Medical Evidence: UpToDate.com, Docusate.

**Decision rationale:** Colace (Docusate) is a stool softener that makes bowel movements softer and easier to pass. This individual is prescribed opioids (Oxycodone and Duragesic) for chronic pain control and constipation is a well established side effect. Therefore, prevention of constipation is recommended. ODG states that first line treatment should include physical activity, appropriate hydration by drinking enough water, and advising the patient to follow a proper diet, rich in fiber. Uptodate recommends other laxatives, such as sennosides, for patients who respond poorly to fiber, or who do not tolerate it. No documentation of first line constipation treatments were noted in the chart. Additionally, no quantitative or qualitative description of bowel movement frequency/difficulty was provided by the physician, which is

important to understand if first line constipation treatment was successful. Colace (Docusate) 100mg (3-4 per day) is not deemed medically necessary.

**IMITREX 50MG:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain, head procedure summary.

**Decision rationale:** The official disability guidelines indicate the use of Sumatriptan in the treatment of migraine headaches. The records presented for review indicate the prescription of Sumatriptan was for the treatment of migraines but they do not document the diagnosis of migraines. They indicate that the headaches are directly related to cervical pain and increase with an increase of that pain. This would indicate that the headaches are cervicogenic in nature and would not require the use of a serotonin 5-HT 1 receptor agonist. The request for Sumatriptan 50mg is deemed not medically necessary.