

<b>Case Number:</b>	CM13-0024837		
<b>Date Assigned:</b>	03/03/2014	<b>Date of Injury:</b>	05/04/2001
<b>Decision Date:</b>	04/28/2014	<b>UR Denial Date:</b>	08/15/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/14/2013

### 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 Medicine, 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 67 year old male who sustained a work-related injury on 5/4/01. The patient was injured when his left foot got caught on a conveyer belt. He underwent a spinal cord stimulator implantation on 12/10/02. He has been treated with pain management and psychiatric care. A note dated 3/27/13 indicates that medications have included Norco 10/325mg, one four times a day; Lyrica 300mg, 1 twice a day; Clonazepam; Seroquel; Naprosyn 500mg, 1 twice a day; Ambien 12.5mg, 1 at bedtime; Senokot, 1-2 twice a day; Opana ER 20mg, 1 twice a day; and Lidoderm patches. He reported 40% improvement in pain control with medications and spinal cord stimulator. Without medications his pain would be severe. A urine drug screen on 2/28/13 was consistent. A progress note dated 7/24/13 stated that the patient continued to be symptomatic in regards to low back pain with radiation into the left leg. There is increased pain over the left knee. He has hypersensitivity over the IPG of his spinal cord stimulator. Lidoderm patches have been helpful. The patient is currently on Opana ER 30mg twice a day for baseline pain control; Norco 10/325mg up to four times a day for breakthrough pain; Lyrica 300mg twice a day for neuropathic pain; and Naproxen 500mg twice a day for anti-inflammatory effects. He is utilizing lactulose daily for opioid induced constipation. He has failed Senokot and mineral oil. The patient has pain of 5/10 with medications and 10/10 without medications. There is improvement in regards to function and pain levels with the combination of medication and spinal cord stimulator. He notes improvement in the ability to stand, walk, and sit. He would be confined to a bed or chair without the medications. The patient denies intolerable side effects. There is a signed pain medication agreement and the patient has been compliant with random urine drug screens, which have been consistent. He demonstrates no abnormal behavior. Examination revealed diffuse tenderness to palpation over the low back, positive allodynia over the lower lumbar region, limited lumbar range of motion, allodynia over the left foot, left ankle tenderness,

and limited left ankle range of motion. The patient has been treated with medications, a spinal cord stimulator, and therapy.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**OPANA ER 20 MG, #30 (DISPENSE GENERIC UNLESS DAW):** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): s 79-81.

**Decision rationale:** The California MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed, unless they are prescribed at the lowest possible dose, and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The 7/24/13 progress note identifies that the patient has been using 30mg of Opana ER twice a day for baseline pain. The record indicates that there is a 50% decrease in pain with the medication and increase in functional ability. The patient has a signed pain contract, consistent urine drug screens, and no aberrant behaviors. The request is medically necessary, and is therefore certified.

**OPANA ER 10 MG, #30 (DISPENSE GENERIC UNLESS DAW):** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): s 79-81.

**Decision rationale:** The California MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed, unless they are prescribed at the lowest possible dose, and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The 7/24/13 progress note identifies that the patient has been using 30mg of Opana ER twice a day for baseline pain. The record indicates that there is a 50% decrease in pain with the medication and increase in functional ability. The patient has a signed pain contract, consistent urine drug screens, and no aberrant behaviors. The request is medically necessary, and is therefore certified.

**NORCO 10/325 MG, #30 (DISPENSE GENERIC UNLESS DAW):** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): s 79-81.

**Decision rationale:** The California MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed, unless they are prescribed at the lowest possible dose, and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The 7/24/13 progress note identifies that the patient has been using Norco for breakthrough pain with documented pain relief, functional gain, and compliance. There are no issues with aberrant drug behaviors. The request is medically necessary, and is therefore certified.

**LYRICA 300 MG, #30 (DISPENSE GENERIC UNLESS DAW):** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 99.

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

**Decision rationale:** The MTUS states that 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. Peer-reviewed literature also establishes neuropathic pain as an indication for Lyrica. This patient has noted neuropathic pain with radiation and allodynia. The records indicate that Lyrica is effective in pain relief and provides functional benefit. The request is medically necessary.

**NAPROSYN 500 MG, #60 (DISPENSE GENERIC UNLESS DAW):** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67.

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

**Decision rationale:** The California MTUS states that NSAIDs are effective, although they can cause gastrointestinal irritation or ulceration or, less commonly, renal or allergic problems. Studies have shown that when NSAIDs are used for more than a few weeks, they can retard or impair bone, muscle, and connective tissue healing and perhaps cause hypertension. This patient has chronic pain and has been utilizing NSAIDs for quite some time. He reports no adverse side effects and there are no contraindications to using NSAIDs. The request is medically necessary.

**LACTULOSE 10 GM/15 ML, 450 ML:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
Page(s): 77.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS.  
Decision based on Non-MTUS Citation Food and Drug Administration (FDA)

**Decision rationale:** The FDA states that Lactulose is used to treat chronic constipation. This patient is noted to have opioid induced constipation and has failed trials of other laxative/stool softeners. The Lactulose provides relief. The request is medically necessary.