

<b>Case Number:</b>	CM13-0029651		
<b>Date Assigned:</b>	11/01/2013	<b>Date of Injury:</b>	08/05/2001
<b>Decision Date:</b>	01/22/2014	<b>UR Denial Date:</b>	08/21/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/27/2013

### 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 Pain Management, has a subspecialty in Disability Evaluation 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 48 year old female with history of industrial injury 08-05-2001 suffering from the sequelae of intractable neuropathic pain involving the left upper extremity, the neck and left side of her face extending to both sides of her head. The patient has pain extending from the upper border of the sternum to the head bilaterally with recurrent headaches.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**OxyContin 40mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Use Section Page(s): 97.

**Decision rationale:** According to MTUS (2009) page 97 of 127, OxyContin® is the brand name of a time-release formula of the analgesic chemical oxycodone, produced by the pharmaceutical company Purdue Pharma. This medication was approved in November 29, 2012 with recommendation for downward titration and complete discontinuation of the opioid on subsequent review and was therefore denied in August of 2013 for lack of medication necessity. According to MTUS (2009) opioid recommendations from page 82 of 127: Opioid tolerance

develops with the repeated use of opioids and brings about the need to increase the dose and may lead to sensitization. Opioids are not recommended as a first-line therapy. Opioid analgesics and Tramadol have been suggested as a second-line treatment (alone or in combination with first-line drugs). A recent consensus guideline stated that opioids could be considered first-line therapy for the following circumstances: (1) prompt pain relief while titrating a first-line drug; (2) treatment of episodic exacerbations of severe pain; [ & ] (3) treatment of neuropathic cancer pain. (Dworkin, 2007) Response of neuropathic pain to drugs may differ according to the etiology of therapeutic pain. There is limited assessment of effectiveness of opioids for neuropathic pain, with short-term studies showing contradictory results and intermediate studies (8-70 days) demonstrating efficacy. (Eisenberg-Cochrane, 2006) (Eisenberg-JAMA, 2005) The results of short-term trials were mixed with respect to analgesia (less than 24 hours of treatment). Intermediate trials (average treatment duration of 28 days) showed statistical significance for reducing neuropathic pain by 20% to 30% (and 30% may be the threshold for describing a meaningful reduction of pain). By these criteria, the recommendation for denial of OxyContin is justified.

**Norco 10/325mg #120:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Use of Opioids Section Page(s): 82 & 91.

**Decision rationale:** Generic Norco was partially certified to allow time for compliance issues to be documented and an attempt at weaning/tapering. Given the lack of long term benefits associated with opioid use in the treatment of pain syndromes, in this case a neuropathic pain syndrome, an allowance was given to initiate downward titration and complete discontinuation of medication on subsequent review. According to MTUS (2009) there are no FDA-approved hydrocodone products for pain unless formulated as a combination. The usual dose of 5/500mg is 1 or 2 tablets PO every four to six hours as needed for pain (Max 8 tablets/day). For higher doses of hydrocodone (>5mg/tab) and acetaminophen (>500mg/tab) the recommended dose is usually 1 tablet every four to six hours as needed for pain. Hydrocodone has a recommended maximum dose of 60mg/24 hours. The dose is limited by the dosage of acetaminophen, which should not exceed 4g/24 hours. The MTUS (July 18, 2009) Chronic Pain Medical Treatment Guidelines state Norco hydrocodone (is a semi-synthetic opioid which is considered the most potent oral opioid) and Acetaminophen) is Indicated for moderate to moderately severe pain however, page 76 through 77 MTUS stipulated specific criteria to follow before a trial of opioids for chronic pain management, and there is no documentation that these guidelines were followed. Besides results of studies of opioids for musculoskeletal conditions (as opposed to cancer pain) generally recommend short use of opioids for severe cases, not to exceed 2 weeks, and do not support chronic use (MTUS page 82). Therefore the recommendation if for denial of Norco.

**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 Muscle Relaxants Section Page(s): 65.

**Decision rationale:** Carisoprodol (Soma<sup>®</sup>, Soprodal 350<sup>mg</sup>, Vanadom<sup>®</sup>, generic available): Neither of these formulations is recommended for longer than a 2 to 3 week period. Carisoprodol is metabolized to meprobamate an anxiolytic that is a schedule IV controlled substance. Carisoprodol is classified as a schedule IV drug in several states but not on a federal level. It is suggested that its main effect is due to generalized sedation as well as treatment of anxiety. This drug was approved for marketing before the FDA required clinical studies to prove safety and efficacy. Therefore the request for Soma 350mg #90 is not medically necessary.