

<b>Case Number:</b>	CM13-0032756		
<b>Date Assigned:</b>	12/06/2013	<b>Date of Injury:</b>	06/28/2003
<b>Decision Date:</b>	01/31/2014	<b>UR Denial Date:</b>	09/18/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/08/2013

### 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 Physical Medicine and Rehabilitation and Sports Medicine and is licensed to practice in New York and Texas. 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:

This is a 53-year-old female who reported an injury on 06/28/2003. The mechanism of injury was catching a falling patient. The initial course of treatment is unclear; however, she is now diagnosed with post C2-3 spinal fusion with interbody spacers performed in 2003, C2-C6 allograft, C5-C7 anterior spinal fusion, and postlaminectomy syndrome of the cervical spine. Previous treatments include an unknown duration of physical therapy, a TENS unit, multiple narcotic medications, and an intrathecal opioid pump; all trials were unsuccessful. The medical records indicate that the patient was referred to an outpatient detox in 2013 and received 3 weeks of treatment in that program. Medications used by the patient before entrance into the [REDACTED] program include Norco 10/325 mg tablet, 1 tablet every 6 hours as needed for pain and Opana ER 30 mg tablet, 2 tablets twice daily. Medications used by the patient after the [REDACTED] program include a pain cocktail of Methadone 9 mg 3 times a day, Lyrica 100 mg every 8 hours, Pristiq 100 mg every day, Baclofen 10 mg 2 tablets at night, Tramadol 50 mg 1 tablet twice a day, Aspirin 81 mg daily, Loratadine 10 mg daily, Kombiglyze XR 100 mg daily, vitamins daily, MiraLax 17 gm daily, and Lyrica 50 mg 1 tablet every 8 hours.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Opana-ER 30mg, #120 per month, 2 tablets every 12 hours for around-the-clock pain control:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-95.

**Decision rationale:** The California MTUS Guidelines recommend the use of opioids in treating chronic pain. However, it is recommended that certain measures be evaluated during ongoing use. These measures include level of functioning, appropriate medication use, and documentation of side effects. Pain assessment should include the documentation of the patient's current pain level; the least reported pain over the period since the last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. The last available note provided in the medical records was dated 09/06/2013, and it was before the patient's participation in the detox program. The notes that were provided regarding the patient's progress in the program detail current medications, and Opana ER is not included on the list. There are no available clinical notes since the patient completed the [REDACTED] program and therefore it is unclear if she is continuing on the Opana ER. As such, the medical necessity of this medication cannot be determined and the request for Opana ER 30 mg #120 per month, 2 tablets every 12 hours for around the clock pain control is non-certified.

**Lyrica 100 mg, #180 per month, 2 p.o. every 8 hours for neuropathic pain control:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy Drugs Page(s): 16-18.

**Decision rationale:** California MTUS Guidelines recommend antiepilepsy drugs to treat neuropathic pain. A moderate to good response is noted as being a 30% to 50% reduction in pain. Lyrica, in particular, is effective in the treatment of diabetic neuropathy and is used as a first-line treatment. However, there is no objective documentation in any of the clinical notes provided demonstrating that the patient has diabetic or peripheral neuropathy symptoms, or that she has received at least a 30-50% relief in pain from the use of this medication. Without objective, supporting documentation, the medication is not indicated. As such, the request for Lyrica 100 mg #180 per month, 2 by mouth every 8 hours for neuropathic pain control is non-certified.

**Norco 10/325mg #120 per month every 6 hours as needed for breakthrough pain:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-95.

**Decision rationale:** The [REDACTED] progress note dated 11/01/2013 reported that the patient's Norco had been discontinued. As such, there is no indication for the medication, so the request for Norco 10/325 mg #120 per month every 6 hours as needed for breakthrough pain is non-certified.

**Baclofen 10mg #90 per month, one tablet every 8 hours for muscle spasms:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-65.

**Decision rationale:** California MTUS Guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Guidelines also state that the efficacy of these medications diminishes over time and, overall, they show no benefit beyond the use of NSAIDs. Baclofen in particular is an antispasticity drug used to treat conditions such as cerebral palsy, multiple sclerosis, and spinal cord injuries. Associated symptoms for these conditions include exaggerated reflexes, autonomic hyperreflexia, dystonia, contractures, paresis, lack of dexterity, and fatigability. The last clinical note from 09/06/2013 stated that the patient had back spasms; however, there was no further documentation in any of the more recent clinical notes that the patient is experiencing any spasms. The patient also exhibits no characteristics indicating the use of Baclofen, such as exaggerated reflexes, lack of dexterity, dystonia, etc. This medication has been prescribed since at least September of 2013, exceeding the recommended "short-term use". Without objective, supporting documentation for continuation, there is no indication for the use of this medication. As such, the request for Baclofen 10 mg #90 per month, 1 tablet every 8 hours for muscle spasms is non-certified.

**Lunesta 3 mg, #30 per month, one p.o. at bedtime for insomnia due to pain:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability 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, Insomnia Treatment.

**Decision rationale:** The California MTUS and ACOEM Guidelines do not address the use of medications in the treatment of insomnia. Therefore, the Official Disability Guidelines were referenced. Official Disability Guidelines state that non-benzodiazepine sedative hypnotics, such as Lunesta, are indicated for the short-term treatment of insomnia with difficulty of sleep onset. It is not recommended for use for more than 7 to 10 days. During the time of use, efficacy should be assessed by noting the difference in sleep onset, sleep maintenance, sleep quality, and next-day functioning. The medical records included for review indicate that the patient has been utilizing Lunesta since at least 06/2013. There is no supporting documentation regarding the

efficacy of the medication. As such, the request for Lunesta 3 mg #30 per month, 1 by mouth at bedtime for insomnia due to pain is non-certified.

**Senokot- S #60 per month, 2 p.o. daily for constipation due to opioids:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-95.

**Decision rationale:** The California MTUS Guidelines state that for ongoing use of opioids, the treating physician must address side-effects related to their use. Constipation is a common side effect of chronic opioid use and, therefore, a stool softener is a reasonable request. However, the current medication list dated 11/27/2013 reports that the patient is using MiraLax and not Senokot-S. There is no other clinical information available that states the patient is currently using the requested specified medication. As such, the request for Senokot-S #60 per month, 2 by mouth daily for constipation due to opioids is non-certified.