

<b>Case Number:</b>	CM13-0055119		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	04/29/2002
<b>Decision Date:</b>	04/14/2014	<b>UR Denial Date:</b>	11/13/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/20/2013

### 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 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 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 61 year old male with stated date of work related injury of 4/29/2002. He injured his upper back, lower back, both upper and lower extremities. In the progress report dated 9/17/2013 documents subjectively as still suffering from chronic pain to his lower back with left leg radiculopathy, ambulating with Lumbar brace and a cane. He had fallen twice due to instability but suffered no injuries. His driving license has been taken away. He is tolerating his medication well. Diagnosis: - 1) Depression / Anxiety; 2) Gastritis; 3) Lumbar Disc Disease with Myelopathy; 4) Cervical Disc Disease with Myelopathy. Treatment: - 1) OxyContin; 2) Percocet; 3) Flexeril; 4) Reglan; 5) Neurontin; 6) Tizanidine; 7) Trazodone; 8) Prilosec; 9) Senna; 10) Xanax; 11) Cymbalta. All the above medications were not certified and are for review for medical Necessity. All these medication are without dosage schedule of amount and length.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**OxyContin (no dosage or quantity given): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain; Opioids-Oxycodone Page(s): 91-94.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Oxycodone Page(s): 61-61 of 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Chronic, Opioids, Oxycodone

**Decision rationale:** Oxycodone immediate release [REDACTED] tablets; generic available), are a controlled release formulation of oxycodone hydrochloride indicated for the management of moderate to severe pain when a continuous, around-the-clock analgesic is needed for an extended period of time. OxyContin tablets are NOT intended for use as an as needed analgesic. Chronic Pain Medical Treatment Guidelines: 8 C.C.R. Â§Â§9792.20 - 9792.26 section on opiates recommends that dosing 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. Providers are to use the appropriate factor to determine the Morphine Equivalent Dose (MED) for each opioid. In general, the total daily dose of opioid should not exceed 120 mg oral morphine equivalents. Rarely, and only after pain management consultation, should the total daily dose of opioid be increased above 120 mg oral morphine equivalents. (Washington, 2007). The MED factor for oxycodone is 1.5. With respect to the request for OxyContin the guideline does not support its long term use. Also, the prescription is vague and incomplete with no indication of the dosage and quantity of prescribed medication. Therefore the request for OxyContin as prescribed is not medically appropriate.

**Percocet (no dosage or quantity given):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain; Opioids-Oxycodone Page(s): 91-94.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Percocet Page(s): 22, 76- 77, 84 of 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Chronic, Opioids, Percocet

**Decision rationale:** With respect to Percocet (Oxycodone/Acetaminophen), the guidelines stated that Opioids should be discontinued if there is no overall improvement in function, and they should be continued if the patient has returned to work or has improved functioning and pain. If tapering is indicated, a gradual weaning is recommended for long-term opioid users because opioids cannot be abruptly discontinued without probable risk of withdrawal symptoms and Consideration of a consultation with a multidisciplinary pain clinic if doses of opioids are required beyond what is usually required for the condition or pain does not improve on opioids in 3 months. The patient has been taking almost all these medications since the time of his accident. The duration ranges from 2yrs to 5yrs in some cases of opioids and other pain / anticonvulsants and Antispasmodics and muscle relaxants. As per CA MTUS and ODG TWC, all the medications have very specific guidelines regarding their use, for particular disease / discomfort, dosage and duration. These medications are also to be monitored for their response given and dependency and addiction risks. In the present circumstances the treating physician has not provided the dosage schedule and duration and monitoring of the medication. In view of the above reasons request for Percocet is not medically appropriate.

**Flexeril (no dosage or quantity given):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pain-Muscle relaxants for pain.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antispasmodics Page(s): 64 of 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Chronic, Antispasmodics, Flexeril

**Decision rationale:** The recommended dosage for Flexeril is 5-10mg thrice daily, for no longer than 2-3 weeks, with the greatest benefit in the first 4 days of therapy. The claimant continues to be symptomatic with pain accompanied by clinical deficits and limitations on exam. However, there is no documentation of ongoing muscle spasms, stiffness, or tightness, or any functional improvement. The patient has been taking almost all these medications since the time of his accident. The duration ranges from 2yrs to 5yrs in some cases of opioids and other pain / anticonvulsants and Antispasmodics and muscle relaxants. As per CA MTUS and ODG TWC, all the medications have very specific guidelines regarding their use, for particular disease / discomfort, dosage and duration. These medications are also to be monitored for their response given and dependency and addiction risks. In the present circumstances the treating physician has not provided the dosage schedule and duration and monitoring of the medication. In view of the above reasons, the request for Flexeril is not medically appropriate.

**Reglan (no dosage or quantity given):** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: [www.webmd.com](http://www.webmd.com), Metoclopramide, Reglan

**Decision rationale:** CA-MTUS is mute about this medication. According to WebMD.com, Metoclopramide (Reglan) increases the movements or contractions of the muscles in the stomach and intestines. This decreases the amount of time it takes for the stomach contents to move through the digestive tract. Metoclopramide prevents and relieves nausea and vomiting caused by chemotherapy. It is also used to treat heartburn, loss of appetite, and a prolonged feeling of fullness after meals. Metoclopramide improves nausea and vomiting that is caused by chemotherapy or advanced cancer. Side effects may include: Sleepiness or confusion, Twitching or spasms, Decreased in blood pressure (hypotension), Rapid or uncontrolled movements of lips and tongue in the present circumstances the treating physician has not provided the dosage schedule, duration and monitoring of the medication. In view of the above reasons Reglan (metoclopramide) cannot be certified as medically necessary.

**Neurontin (no dosage or quantity given):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pain-Gabapentin Page(s): 18-20.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anticonvulsants, Gabapentin Page(s): 18 - 19 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Chronic

**Decision rationale:** Gabapentin is an anti-epilepsy drug (AEDs - also referred to as anti-convulsant), which has been shown to be effective for treatment of diabetic painful neuropathy and post herpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. Recommended Trial Period: One recommendation for an adequate trial with gabapentin is three to eight weeks for titration, then one to two weeks at maximum tolerated dosage. In the present circumstances the treating physician has not provided the dosage schedule and duration and monitoring of the medication. In view of the above reasons the request for Neurontin (Gabapentin) is not medically appropriate.

**Tizanidine (no dosage or quantity given):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pain-Tizanidine (Zanaflex) Page(s): 66.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antispasticity / Antispasmodics Page(s): 66 of 126. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Chronic Antispasticity / Antispasmodics, Tizanidine

**Decision rationale:** With respect to Zanaflex (Tizanidine) (a non-sedating muscle relaxant), the guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term (less than two weeks) treatment of acute LBP and for short-term treatment of acute exacerbations in patients with chronic LBP. There is no indication that the first line recommended medication has failed in controlling the patient pain symptoms. As per CA MTUS and ODG TWC, all the medications have very specific guidelines regarding their use, for particular disease / discomfort, dosage and duration. These medications are also to be monitored for their response given and dependency and addiction risks. This patient was also prescribed cyclobenzaprine. The reasons for two relaxants are not documented. In the present circumstances the treating physician has not provided the dosage schedule, duration and monitoring of the medication. In view of the above reasons the request for Tizanidine (Zanaflex) is not medically necessary and appropriate.

**Trazodone (no dosage or quantity given):** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-Work Loss Data Institute, ODG Treatment in Workers Compensation, 7th Edition, Treatment Index; Appendix A, ODG Workers\Compensation Drug Formulary (updated 04/30/12)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness, Insomnia and Other Medical Treatment Guideline or Medical Evidence: Daily Med-Stress Chapter

**Decision rationale:** Trazodone hydrochloride is indicated for the treatment of depression. The patient has been taking almost all these medications since the time of his accident. The duration ranges from 2yrs to 5yrs in some cases of opioids and other pain / anticonvulsants and Antispasmodics and muscle relaxants. As per CA MTUS and ODG TWC, all the medications have very specific guidelines regarding their use, for particular disease / discomfort, dosage and duration. These medications are also to be monitored for their response given and dependency and addiction risks. Trazodone is one of the most commonly prescribed agents for insomnia. Side effects of this drug include nausea, dry mouth, constipation, drowsiness, and headache. Improvements in sleep onset may be offset by negative next-day effects such as ease of awakening. Tolerance may develop and rebound insomnia has been found after discontinuation. The treating physician has not documented any dosage schedule and duration. In view of the above reasons the request for Trazodone is not medically appropriate.

**Prilosec (no dosage or quantity given):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pain-NSAIDs, GI symptoms, and cardiovascular risk Page(s): 68.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, Proton Pump Inhibitors Page(s): 68 of 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Chronic, NSAIDS, PPI

**Decision rationale:** Prilosec or PPI is recommended with precautions in patients taking NSAID, because of potential development of gastro-intestinal bleeding. According to Chronic Pain Medical Treatment Guidelines page 68 (MTUS -Effective July 18, 2009) clinicians should weight the indications for NSAIDs against both GI and cardiovascular risk factors. Determine if the patient is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). The treating physician has not documented any dosage schedule and duration. In view of the above reasons the request for Prilosec is not medically appropriate.

**Senna (no dosage or quantity given):** Upheld

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

**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, Opioids, and Constipation

**Decision rationale:** With respect to the request for Senna, the guidelines did not specifically recommend this medication, but did indicate that if prescribing opioids has been determined to be appropriate, then ODG recommends, under Initiating Therapy, that Prophylactic treatment of constipation should be initiated. There is no documented evidence that suggests that the patient is

having constipation. The efforts to wean away the patient from opioids have been suggested. The treating physician has not documented any dosage schedule and duration. In view of the above reasons the request for Senna is not medically appropriate.

**Xanax (no dosage or quantity given): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pain-Benzodiazepines, Xanax Page(s): 24.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 66 of 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Chronic, Benzodiazepines

**Decision rationale:** Alprazolam, also known under the trade name Xanax and available generically, is a short-acting drug of the benzodiazepine class used to treat moderate to severe anxiety disorders, panic attacks, and as an adjunctive treatment for anxiety associated with major depression. According to the guidelines, this medication is not recommended for long-term use. Benzodiazepines are not recommended as first-line medications by ODG. Tolerance to hypnotic effects develops rapidly (3-14 day). Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. The treating physician has not documented the dosage and duration. He has also not justified the need. In view of the above discussion the medication Xanax is medically necessary.

**Cymbalta (no dosage or quantity given): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pain-Cymbalta (Duloxetine).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines SSNRI, Duloxetine Page(s): 15-16 of 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Chronic, Antidepressant, Duloxetine

**Decision rationale:** Cymbalta (Duloxetine), CA-MTUS guidelines states that Duloxetine is recommended as an option a first-line option for diabetic neuropathy. No high quality evidence is reported to support the use of duloxetine for lumbar radiculopathy. Although this is an antidepressant medication FDA approved duloxetine HCl delayed-release capsules [REDACTED] [REDACTED] for the once-daily treatment of chronic musculoskeletal pain. The treating physician has not documented the dosage schedule and duration. Also not documented is the actual use of the medication for treatment of which specific problem. Therefore the medication Cymbalta is medically necessary and appropriate.