

<b>Case Number:</b>	CM13-0066096		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	01/24/2003
<b>Decision Date:</b>	04/21/2014	<b>UR Denial Date:</b>	11/27/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/16/2013

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine, and is licensed to practice in Texas and Ohio. 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 54-year-old female who reported an injury on 01/24/2003. The mechanism of injury was noted to be a motor vehicle accident. Her diagnoses include moderate spondylosis of the cervical spine with bilateral upper extremity radiculitis, a history of a right knee strain, C3-4 unstable spondylolisthesis, bilateral TMJ, depression, hepatitis C positive, tobacco use, opiate tolerance, and chronic pain syndrome. Her medications include Celebrex 200 mg daily as needed, OxyContin 30 mg 3 times a day, Lyrica 150 mg 2 tablets twice a day, Ambien 10 mg at bedtime as needed, and Adderall 15 mg daily as needed. The documentation indicates that the patient reports an 80% reduction in pain with the use of her medications and increased ability to perform her activities of daily living. The documentation also indicated that the patient's urine drug screens had been consistent, and she had shown no aberrant drug-taking behaviors.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**OXYCONTIN 30MG CR #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use, On-going Management; Opioids, dosing Page(s): 78,86.

**Decision rationale:** The clinical information submitted for review indicates that the patient uses OxyContin 30 mg 3 times a day for chronic pain. It further indicates that this medication allows for decreased pain and increased function. It is also noted that the patient's side effects of sedation are counteracted with the use of her Adderall 15 mg daily. A 08/24/2013 medication monitoring review document indicated that the patient's urine drug screens have been consistent, and she has shown no aberrant drug-taking behaviors. According to the California MTUS Guidelines, the ongoing monitoring of patients taking opioid medications should include detailed documentation of pain relief, functional status, and the 4 A's for ongoing monitoring (analgesia, activities of daily living, adverse side effects and aberrant drug-taking behaviors). The clinical information submitted for review does provide detailed documentation regarding all of these factors. However, the California MTUS Guidelines also do not support dosing of opioid medications over 120 oral morphine equivalents per day, and the patient's current oral morphine equivalents per day is noted to be 135 mg. Therefore, the documentation would need to show evidence of the failure of lower dosing of opioid medications prior to the approval of dosing which exceeds the recommendation by guidelines. Furthermore, the documentation indicates that the patient has evidence of severe depression, including a recent PHQ-9 score of 29/30, which indicates severe depression. The documentation further states that the patient has been recommended for a functional restoration program and cognitive behavioral therapy, which she continues to decline. As the criteria for the use of opioids as noted by the California MTUS Guidelines include consideration of a consultation with a multidisciplinary pain clinic or a psychological consult for conditions or pain that do not improve on opioids for 3 months or when there is evidence of depression, the continued use of opioids is not supported as the patient continues to refuse these recommended interventions. Therefore, based on the documentation indicating that the patient declines recommended pain management and psychological intervention, and as she is shown to have significant side effects of sedation from her medications as well as dosing which exceeds the guideline limit of 120 mg oral morphine equivalents per day; the request for the continued use of OxyContin 30 mg 3 times a day is not supported. As such, the request is non-certified.

**AMPHETAMINE 15MG #30:** Overturned

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Adderall package insert.

**Decision rationale:** According to the package insert for Adderall, this medication is indicated for the treatment of Attention Deficit Hyperactivity Disorder and narcolepsy. The clinical information submitted for review indicates that the patient takes Adderall 15 mg daily as needed to counteract the sedative effects of her other medications. As the patient is not shown to have Attention Deficit Hyperactivity Disorder or narcolepsy, and medication-related sedation is not an indication for the use of Adderall; the request is not supported. Additionally, as the requests for OxyContin and Ambien were non-certified, the patient would not require Adderall to counteract

the sedative effects of these medications. For the reasons noted above, the request is non-certified.

**LYRICA 150MG #120 2 REFILLS: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs for pain..

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 16-17.

**Decision rationale:** According to the California MTUS Guidelines, Lyrica has been FDA-approved in the treatment of diabetic neuropathy and postherpetic neuralgia and is considered a first-line treatment for both. The guidelines also may support Lyrica for patients with neuropathic pain who have failed to respond to Gabapentin. The clinical information submitted for review indicates that the patient reports decreased pain and increased function with her current medication regimen. However, the patient is not shown to have diagnoses of diabetic neuropathy or postherpetic neuralgia, which are the noted indications for the use of Lyrica. Additionally, the documentation did not clearly show that the patient had an inadequate response to Gabapentin prior to beginning Lyrica. In the absence of diagnoses supporting the use of Lyrica by the guidelines or the failure of Gabapentin to control neuropathic pain; the request for Lyrica is not supported. As such, the request is non-certified.

**ZOLPIDEM 10MG #30: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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

**Decision rationale:** According to the Official Disability Guidelines, Zolpidem is only recommended for the short-term treatment of insomnia, usually 2 to 6 weeks. The guidelines do not support the long-term use of Zolpidem as it can be habit-forming, may impair function and memory and may increase pain and depression over the long-term. The guidelines further indicate that cognitive behavioral therapy should be an important part of an insomnia treatment plan. As the patient has been shown to have been taking Ambien long-term, and the continued use of Zolpidem is not supported by guidelines, and as the patient refuses cognitive behavioral therapy; the request is not supported. As such, the request is non-certified.

**CELEBREX 200MG #30 2 REFILLS: 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 NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-68.

**Decision rationale:** According to the California MTUS Guidelines, NSAID medications may be recommended as a second-line treatment after acetaminophen for acute exacerbations of chronic back pain. The guidelines state that there is inconsistent evidence for the use of NSAIDs to treat long-term neuropathic pain. However, the guidelines also state that NSAIDs should be used with caution in patients with moderate hepatic impairment and are not recommended for patients with severe hepatic impairment. Routine suggested monitoring, including lab monitoring of a CBC and chemistry profile, including liver and renal function tests, is recommended for patients taking NSAID medications. The clinical information submitted for review indicates that the patient does have chronic cervical spine pain as well as neuropathic pain. However, the documentation also indicates that the patient has a diagnosis of hepatitis C, and it is unclear as to whether the patient has had recent lab monitoring to evaluate liver function tests. As the guidelines specifically state that NSAIDs should be used with caution in patients with hepatic impairments, the continued use of Celebrex is not supported without documentation regarding the patient's hepatitis C status and/or current liver function tests to evaluate adverse effects of NSAIDs. Based on the above, the request is non-certified.