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| <b>Case Number:</b>   | CM14-0006747 |                              |            |
| <b>Date Assigned:</b> | 04/30/2014   | <b>Date of Injury:</b>       | 05/06/2003 |
| <b>Decision Date:</b> | 07/09/2014   | <b>UR Denial Date:</b>       | 12/09/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 01/17/2014 |

### 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 Minnesota. 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 injured worker is a 41-year-old female with a reported date of injury on 5/6/03. The mechanism of injury was not submitted with the medical records. The progress note dated 11/19/13 reported the injured worker complained of back pain described as aching, stabbing, throbbing, shooting, spasm, stiff, sore, pressure, and shooting down both legs. The progress note reported the back pain was located in the lumbar area and lower back, rated an 8/10. The progress note listed the injured worker's medications as Butrans 20mcg/hour patch, apply once a week; Colace 250mg twice a day; Norco 10/325mg, 1 tablet every three hours; Piroxicam 20mg daily; Robaxin 500mg daily; Senokot S, two at night; and Zofran 4mg, three times a day as needed. The progress note listed the diagnoses as history of thrombocytopenia, lumbar radiculopathy, bilateral subtle brain defects from child abuse, history of asthma, reflex changes consistent with cervical radiculopathy, torticollis involving the right sternocleidomastoid muscle, right optic neuropathy, events of loss of consciousness, and rule out seizures from medications versus vagal response to pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PIROXICAM 20MG #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 73.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs ,Back Pain-Chronic Low Back Pain/Neuropathic Pain Page(s): 68.

**Decision rationale:** The injured worker has been taking this medication for over 6 months. The California Chronic Pain Medical Treatment Guidelines recommend NSAIDs for a short term symptomatic relief. The guidelines also state there is inconsistent evidence for the use of these medications to treat long term neuropathic pain, but they may be useful to treat break-through mixed pain conditions such as osteoarthritis with neuropathic pain. The injured worker has been taking this medication for over 6 months and there is a lack of documentation regarding the efficacy of this medication. Also, the request as submitted failed to provide the frequency of the medication. As such, the request is not medically necessary.

**BUTRANS 20MCGM #4:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 80.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Buprenorphine Page(s): 26. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Buprenorphine for chronic pain.

**Decision rationale:** The injured worker has been taking this medication for over 6 months. The California Chronic Pain Medical Treatment Guidelines recommend Butrans for the treatment of opiate addiction and as an option for chronic pain, especially after detoxification in patients who have a history of opiate addiction. The Official Disability Guidelines recommend Butrans as an option for the treatment of chronic pain in selected patients (a first line for all patients) with a hyperalgesic component of pain, with centrally mediated pain, neuropathic pain, high risk of nonadherence with standard opioid maintenance, and for analgesia in patients who have previously been detoxified from other high dose opioids. There is a lack of documentation regarding efficacy of this medication as well as documented use for this medication. Also, the request as submitted failed to provide the frequency of the medication. As such, the request is not medically necessary.

**NORCO 325-10 #240:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 80.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use, On-Going Management, Opioids for chronic pain-Back pain Page(s): 78, 80.

**Decision rationale:** The injured worker has been on this medication for over 6 months. The California Chronic Pain Medical Treatment Guidelines recommend opioids for neuropathic pain that has not responded to first line recommendations (antidepressants, anticonvulsants). There is not a trial regarding long term use. The guidelines state the use of opioids for chronic pain appears to be efficacious limited for short term pain relief, and long term efficacy is unclear

(greater than 16 weeks), but also appears limited. The guidelines also recommend an ongoing review of documentation and pain relief, functional status, appropriate medication use, and side effects. The pain assessment should include: current pain, 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 injured worker has been taking this medication for over 6 months and there is a lack of documentation regarding efficacy of this medication as well as the length of time it takes for pain relief and how long the pain relief lasts. Also, the frequency of the medication was not provided in the request as submitted. As such, the request is not medically necessary.

**ROBAXIN 500MG #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63.

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

**Decision rationale:** The injured worker has been taking this medication for over 6 months. The California Chronic Pain Medical Treatment 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. The guidelines state muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most low back pain cases, they show no benefit beyond NSAIDs in pain and overall improvement. The guidelines also state that efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. The injured worker has been taking this medication for over 6 months. There is a lack of documentation regarding efficacy of this medication as well as improvement in pain. Also, the request as submitted failed to provide the frequency of the medication. As such, the request is not medically necessary.

**ZOFRAN 1MG TID PM, #90:** 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, Antiemetics (for opioid nausea).

**Decision rationale:** The injured worker has been taking this medication for over 6 months. The Official Disability Guidelines do not recommend Zofran for nausea and vomiting secondary to chronic opioid use. The guidelines state nausea and vomiting is common with opioid use and those side effects tend to diminish over days to weeks of continued exposure. The guidelines state Zofran is FDA approved for nausea and vomiting secondary to chemotherapy and radiation treatment, as well as postoperative use. The FDA approved its use for acute gastroenteritis. The guidelines do not recommend using Zofran for nausea/vomiting secondary to chronic opioid use.

and there is a lack of documentation regarding gastrointestinal events that would warrant the need for Zofran. As such, the request is not medically necessary.