

<b>Case Number:</b>	CM14-0100881		
<b>Date Assigned:</b>	08/11/2014	<b>Date of Injury:</b>	05/08/1979
<b>Decision Date:</b>	09/11/2014	<b>UR Denial Date:</b>	05/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/30/2014

### 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 Occupational Medicine 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:

Injured worker is female with date of injury 5/8/1979. Per progress note dated 2/11/2014, the injured worker has been followed for status post cervical disc discectomy, laminectomy. The pain is moderate. She has not been sleeping. She has tried Xanax in the past which helped with anxiety in the daytime because of pain. She has tried Ambien. She has problem sleeping because of pain. On examination she has restricted movements of the cervical spine. Diagnosis is chronic neck pain status post cervical laminectomy due to industrial injury.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MS Contin 60mg:** 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 section, Weaning of Medications section, page(s) 74-95, 124 Page(s): 74-95, 124.

**Decision rationale:** This request is for a medication refill, continuing previous treatment at the same dose and frequency. The requesting physician explains that this medication has helped the injured worker function in her daily activities, as she was previously was crying all the time and suffering and lying down in bed, unable to function and even going to the bathroom was a

burden. The morphine equivalent dose prescribed is 180 mg per day. This is in excess of the 120 mg per day ceiling recommended by the MTUS Guidelines. The clinical reports do not address compliance of this medication, attempts to wean or taper, or an updated and signed pain contract between the physician and the injured worker. The physician does note that there has been aberrant drug behavior with the use of Soma, taking additional medication without discussion with the prescribing physician. The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam. It is likely that this injured worker does need some maintenance opioid therapy, however, the clinical documents provided for review do not adequately address chronic opioid treatment within the MTUS Guidelines. It is not recommended to discontinue opioid treatment abruptly, as weaning of medications is necessary to avoid withdrawal symptoms when opioids have been used chronically. This request however is not for a weaning treatment, but to continue treatment. The request for MS Contin 60 mg is not medically necessary.

**Cymbalta 60mg:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for Chronic Pain section, page(s) 13-16 Page(s): 13-16.

**Decision rationale:** This request is for a medication refill, continuing previous treatment at the same dose and frequency. The requesting physician explains that Cymbalta is utilized for pain control in the spinal cord. Antidepressant for chronic pain is recommended by the MTUS Guidelines as a first line option for neuropathic pain and as a possibility of non-neuropathic pain. Selective serotonin reuptake inhibitor (SSRIs) is effective at addressing psychological symptoms associated with chronic pain. Cymbalta is a SNRI, which has the same properties as SSRI medications, and may have additional benefit for neuropathic pain due to norepinephrine reuptake inhibition. Cymbalta is not a medication of particular concern for abuse, and the injured worker reportedly has received benefit from this medication despite the lack of documentation of peripheral neuropathy. The use of Cymbalta is medically necessary for this injured worker, however, this request does not specify the number of pills requested. Therefore, the request for Cymbalta 60 mg is not medically necessary.

**Xanax 0.25mg:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines section and Weaning of Medications section, page(s) 24, 124 Page(s): 24, 124.

**Decision rationale:** This medication has been used previously, and is now being requested to help decrease anxiety and spasticity. The requesting physician reports that Xanax has been helping with anxiety and to relax the muscles. The MTUS Guidelines do not recommend the use of benzodiazepines for long-term use because long-term efficacy is unproven and there is a risk of dependence, and long-term use may actually increase anxiety. Tapering is recommended when used for greater than two weeks. This request is not for tapering or weaning off the medication. The request for Xanax 0.25 mg is not medically necessary.

**Neurontin 300mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy Drugs (AEDs) section, page(s) 16-19 Page(s): 16-19.

**Decision rationale:** This medication is being added to the injured worker's medication regimen to help her sleep and also to control pain. The requesting physician reports that although there is no evidence of radiculopathy, it also works as a pain control to block the pain transmission in the spinal cord, so it helps in the pain control and prevents patients from climbing up on opioids. Per the MTUS Guidelines, Neurontin is recommended as first-line therapy for painful polyneuropathy. It is also recommended for postherpetic neuralgia, central pain, peripheral neuropathy, spinal cord injury, CRPS, fibromyalgia, and lumbar spinal stenosis. The requesting physician reports that Neurontin is requested to help block pain transmission in the spinal cord, which is within these guidelines. The requesting physician, however, does not specify the number of tablets requested. This independent review depends on the requesting physician to provide the duration of treatment. The request for Neurontin 300 mg is not medically necessary.

**Vimovo 500/20mg:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment for Workers Compensation, Pain Procedure Summary (updated 04/10/2014), Vimoto.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs section, page(s) 67-71 Page(s): 67-71.

**Decision rationale:** This medication is a combination of Esomeprazole and Naproxen. The MTUS Guidelines recommend the use of a proton pump inhibitor (PPI) such as esomeprazole in patients that are at intermediate risk or a gastrointestinal event when using NSAIDs. There is no indication that the injured worker is at increased risk of a gastrointestinal incident. The use of NSAIDs are recommended by the MTUS Guidelines with precautions. NSAIDs are recommended to be used secondary to acetaminophen, and at the lowest dose possible for the

shortest period in the treatment of acute pain or acute exacerbation of chronic pain as there are risks associated with NSAIDs and the use of NSAIDs may inhibit the healing process. The injured worker has chronic injuries with no change in pain level and no acute injuries reported. The request for Vimovo 500/20 mg is not medically necessary.

**Duexis 800mg:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment for Workers Compensation, Pain Procedure Summary (updated 04/10/2014), Duexisr.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs section, page(s) 67-71 Page(s): 67-71.

**Decision rationale:** Duexis is a combination medication containing famotidine and ibuprofen. Famotidine is an H2 receptor antagonist. The guidelines recommend the use of a proton pump inhibitor (PPI) such as omeprazole or the use of misoprostol in patients that are at intermediate risk or a gastrointestinal event when using NSAIDs. There is no indication that the injured worker is at increased risk of a gastrointestinal event. The use of NSAIDs are recommended by the MTUS Guidelines with precautions. NSAIDs are recommended to be used secondary to acetaminophen, and at the lowest dose possible for the shortest period in the treatment of acute pain or acute exacerbation of chronic pain as there are risks associated with NSAIDs and the use of NSAIDs may inhibit the healing process. The injured worker has chronic injuries with no change in pain level and no acute injuries reported. The request for Duexis 800 mg is not medically necessary.

**Soma 350mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma) section, Weaning of Medications section, page(s) 29, 124 Page(s): 29, 124.

**Decision rationale:** The requesting physician reports that the injured worker has increased the use of Soma without asking the prescribing physician to assist with her sleep. The MTUS Guidelines do not recommend the use of Soma, and specifically state that the medication is not indicated for long-term use. There are precautions with sudden discontinuation of this medication due to withdrawal symptoms in chronic users. This medication should be tapered, or side effects of withdrawal should be managed by other means. The request for Soma 350 mg is not medically necessary.