

<b>Case Number:</b>	CM14-0107240		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	12/28/1992
<b>Decision Date:</b>	09/22/2014	<b>UR Denial Date:</b>	06/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/10/2014

### 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 & Rehabilitation, and is licensed to practice in Illinois. 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 67-year-old female who reported an injury on 12/28/1992. The mechanism of injury was not provided. The injured worker was noted to be urine drug screened appropriately. The diagnostic studies and surgical history included a carpal tunnel release, a knee replacement bilaterally, and 10 back surgeries. The documentation of 03/28/2014 revealed the injured worker was utilizing OxyContin 20 mg take 2 three times a day and 3 at bedtime, oxycodone hydrochloride IR 30 mg 1 to 2 tablets 3 times a day as needed for pain, dextroamphetamine 1 by mouth 3 times a day, Orlistat 1 by mouth twice a day, hydromorphone hydrochloride 8 mg 1 every 6 hours, Lidoderm patches 5% 4 to 5 patches daily, hydroxyzine pamoate 25 mg 1 capsule for itchiness caused by opiates, and Wellbutrin SR 1 by mouth daily. The documentation of 06/04/2014 revealed the injured worker had moderate to severe back pain. The injured worker's pain score without medications was 8/10 and with medications it was 4/10. With medications, the injured worker was noted to be able to get dressed in the morning and perform minimal activities at home and have contact with friends via phone and email. The physician documented the oral morphine equivalent was 210 mg. The injured worker's current medications were noted to include Xenical 120 mg 1 by mouth twice a day for constipation caused by opioids, Wellbutrin SR 150 mg tablets 1 by mouth daily, OxyContin 20 mg tablets 1 to 2 by mouth 3 to 4 times a day for chronic pain, oxycodone 30 mg 1 to 2 by mouth 3 times a day as needed for pain, and the other medications included Lidoderm 5% patches 4-5 patches transdermal route daily as needed to painful areas 15 per month, hydroxyzine pamoate 25 mg capsules 1 capsule for itchiness caused by opiates, and dextroamphetamine 5 mg tablets 1 by mouth daily. The physical examination revealed the injured worker had severe scoliosis and walked torso forward. The diagnoses included spinal re-fusion NOS, spinal stenosis of the lumbar region symptomatic, postlaminectomy syndrome of the lumbar region, myalgia and

myositis unspecified, chronic pain syndrome and scoliosis associated with other conditions. The treatment plan included Xenical 120 mg 1 by mouth twice a day for constipation caused by opioids, OxyContin 20 mg 1 to 2 by mouth 3 times a day to 4 times a day for chronic pain, Wellbutrin SR 150 mg 1 by mouth daily, Lidoderm patches 5%, hydroxyzine pamoate 25 mg as needed for itchiness caused by opiates, and dextroamphetamine sulfate 5 mg 1 by mouth daily. The discussion included the injured worker would be getting off dextroamphetamine in the next month or 2. The injured worker was noted to be tolerating the opiates.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Dextroamphetamine sulfate #30: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Therapeutic Trail of Opioids.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.drugs.com/mtm/dexedrine.html>.

**Decision rationale:** Per drugs.com, dextroamphetamine is a central nervous system stimulant. It is used to treat narcolepsy and attention deficit hyperactivity disorder. The clinical documentation submitted for review failed to provide the duration of use. There was a lack of documentation indicating a rationale for the requested medication. The request as submitted failed to indicate the frequency for the requested medication. There was a lack of documentation of objective functional improvement with the requested medication. Given the above, the request for dextroamphetamine sulfate #30 is not medically necessary.

#### **Oxycontin 20mg, #90: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Therapeutic Trail Of Opioids and Opioids For Chronic Pain.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines for Chronic pain, page 60, ongoing management Page(s): 78.

**Decision rationale:** The California MTUS Guidelines recommend opiates for the treatment of chronic pain. There should be documentation of objective functional improvement and objective decrease in pain. There should be documentation the injured worker is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review indicated the injured worker had an objective decrease in pain and an objective increase in functional activity. The duration of use could not be established through supplied documentation. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for OxyContin 20 mg #90 is not medically necessary.

#### **Xenical #60: Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.drugs.com/xenical.html>.

**Decision rationale:** Per drugs.com, Xenical is used with a reduced-calorie diet and weight maintenance to treatment obesity in individuals with risk factors. The clinical documentation submitted for review indicated the injured worker was utilizing the medication for constipation. There was a lack of documentation indicating objective efficacy. The request as submitted failed to indicate the strength and the frequency for the requested medication. There was a lack of documentation indicating the injured worker had exceptional factors. Given the above, the request for Xenical #60 is not medically necessary.

**Lidoderm #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics and NSIADs (non-steroidal anti-inflammatory drugs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm Page(s): 56-57.

**Decision rationale:** The California MTUS Guidelines recommend topical lidocaine in the form of Lidoderm patches. There should be documentation of evidence of a first-line therapy. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than postherpetic neuralgia. The clinical documentation submitted for review indicated the injured worker had an objective decrease in pain. The injured worker had an objective increase in function. The request as submitted failed to indicate the frequency and strength for the requested medication. The duration of use could not be established through supplied documentation. Given the above, the request for Lidoderm #30 is not medically necessary.

**Hydroxyzine pamoate #4:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain Procedure Summary Controlling Anxiety.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.drugs.com/vistaril.html>.

**Decision rationale:** Per drugs.com, Vistaril is used as a sedative to treat anxiety and tension. It may also be utilized for hives or contact dermatitis. The clinical documentation submitted for review indicated the injured worker had utilized the medication. There was, however, a lack of documented objective efficacy for the requested medication. The request as submitted failed to indicate the frequency and the strength for the requested medication. Given the above, the request for hydroxyzine pamoate is not medically necessary.

**Wellbutrin 150mg SR, #30: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines antidepressants Page(s): 13.

**Decision rationale:** The California MTUS Guidelines recommend antidepressants as a first-line medication for the treatment of neuropathic pain. They are recommended especially if the pain is accompanied by insomnia, anxiety, or depression. The clinical documentation submitted for review indicated the injured worker had utilized the medication previously. The duration of use could not be established through supplied documentation. The request as submitted failed to indicate the frequency for the requested medication. There was a lack of documentation of an objective decrease in pain and objective functional improvement. Given the above, the request for Wellbutrin 150 mg SR #30 is not medically necessary.