

<b>Case Number:</b>	CM14-0108664		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	01/31/1969
<b>Decision Date:</b>	09/03/2014	<b>UR Denial Date:</b>	06/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/14/2014

### 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 Pain Management 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:

The injured worker is a 71-year-old-male who sustained an industrial injury on 01/31/1969. The mechanism of injury was not noted. The injured worker presents with moderate-severe back pain, which is persistent. Pain radiates to the back, and bilateral thigh, calf and foot. Also pain radiates to hips and knees. The injured worker describes the pain as an ache, burning, discomforting, dull, numbness, piercing, sharp, shooting and stabbing. His symptoms are aggravated by ascending stairs, defecation, extension, jumping, lifting, rolling over in bed, running, sitting, sneezing, standing and twisting. His symptoms are relieved by heat, ice, lying down and over the counter medication Benadryl. Musculoskeletal exam is positive for back pain, joint pain, and muscle weakness. Immunology exam is positive for contact allergy. On exam, there is tenderness in the cervical and lumbar spine. Thoracic scoliosis is noted. His current medications include Norco, Valium, oxycodone, Kadian, Zolpidem, lidoderm, Diovan, Avodart, diphenhydramine, Cosamin Ds, Levitra, Advair diskus, and UroXatral. His assessment results are neck pain, coat, cervical spondylosis with myelopathy, chronic spondylosis with myelopathy, thoracic region, low back pain, failed back surgery syndrome lumbar, failed back surgery syndrome cervical. The request for Lidoderm 5% patch quantity 420.00 was denied. The request for Kadian 60mg quantity 120 was modified to 90. The request for Norco 10/325mg quantity 120 was modified to 90. The request for Oxycontin 30mg quantity 90 was modified to 70. The request for Valium 10mg quantity 120 was modified to 20 only.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidoderm 5 percent patch, quantity 420.:** Upheld

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

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

**Decision rationale:** According to the California Chronic Pain Medical Treatment Guidelines, Topical Analgesics "Lidocaine" is recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or serotonin norepinephrine reuptake inhibitors anti-depressants or an anti-epileptic drug such as Gabapentin or Lyrica). The medical records do not document evidence of peripheral neuropathic pain, such as post herpetic neuralgia or diabetic neuropathy. In the absence of documented obvious improvement on the requested medication, the request is not medically necessary according to the guidelines.

**Kadian 60 mg, quantity 120.:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, page 74 Opioids, specific drug list, page(s) 93-96 Page(s): 74, 93-96.

**Decision rationale:** Kadian is a controlled, extended and sustained release preparations should be reserved for patients with chronic pain, who are need of continuous treatment. Morphine is not recommended as a primary treatment for persistent pain. The use of opioid analgesics for chronic non-cancer pain is controversial. One randomized controlled trial found that oral morphine may confer analgesic benefit with a low risk of addiction but is unlikely to yield psychological or functional improvement. The guidelines state the following for continuation of management with Opioids; ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain, the least reported pain over the period since last assessment; average pain, intensity of pain after taking the Opioid, how long it takes for pain relief, and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The medical records do not address any pain and/or functional assessment related the medication, in order to consider the continuation of Morphine administration. The records show that the injured worker is also on Oxycontin, a long acting opioid. Furthermore, the available records do not show a urinary toxicology study to monitor the patient compliance. Therefore, the medical necessity of the request is not established at this time.

**Norco 10/325 mg, quantity 120.:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list, page 91 Opioids, page 75 Page(s): 91, 75.

**Decision rationale:** Norco (Hydrocodone + Acetaminophen) is indicated for moderate to severe pain. It is classified as a short-acting opioids, which is often used for intermittent or breakthrough pain. Guidelines indicate "four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids; pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors)." In this case, there is no documentation of any significant improvement in pain or function with prior use to demonstrate the efficacy of this medication. The medical documents do not support continuation of opioid pain management. Furthermore, the available records do not show urinary toxicology study to monitor the patient compliance. The medical documents do not support continuation of opioid pain management. Therefore, the medical necessity for hydrocodone has not been established based on guidelines.

**Oxycontin 30 mg, quantity 90.:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list, page 92 Oxycontin (oxycodone), page 97 Page(s): 92, 97.

**Decision rationale:** Oxycontin is a controlled, extended and sustained release preparations should be reserved for patients with chronic pain, who are need of continuous treatment. The use of opioid analgesics for chronic non-cancer pain is controversial. One randomized controlled trial found that oral morphine may confer analgesic benefit with a low risk of addiction but is unlikely to yield psychological or functional improvement. The guidelines state the following for continuation of management with Opioids; ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain, the least reported pain over the period since last assessment; average pain, intensity of pain after taking the Opioid, how long it takes for pain relief, and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The medical records do not address any pain and/or functional assessment related the medication, in order to consider the continuation of Morphine administration. The records show that the injured worker is also taking Kadian, a long acting opioid which is not appropriate due to risk of overdose. Furthermore, the available records do not show a Urinary toxicology study to monitor the patient compliance. Therefore, the medical necessity of the request is not established at this time.

**Valium 10 mg, quantity 120.:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines, page 24 Page(s): 24.

**Decision rationale:** Valium is not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. Furthermore, there is no documentation of any significant improvement in pain or function with prior use. Therefore, the medical necessity of the request is not established per guidelines.