

<b>Case Number:</b>	CM14-0014898		
<b>Date Assigned:</b>	02/28/2014	<b>Date of Injury:</b>	01/29/2009
<b>Decision Date:</b>	07/23/2014	<b>UR Denial Date:</b>	01/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/05/2014

### 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 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 injured worker is a 56-year-old female who reported an injury on 01/29/2009. The mechanism of injury was not provided within the medical records. The injured worker presented for a follow-up visit with the physician on 11/22/2013. During that examination the injured worker complained of lower backache and bilateral knee pain. The injured worker noted that her pain level had remained unchanged since the visit prior. The injured worker reported having hard time breathing with the MS-Contin. The injured worker noted quality of sleep was poor. The injured worker denied any new injuries since the prior visit and noted her activity level had remained the same. The injured worker was taking her medications as prescribed. The injured worker stated that medications were less effective. The injured worker noted that when she was taking MS-Contin twice a day she had difficulty breathing. She noted that she had had more difficulty with her memory since her medications have been changed; she noted that this had been told to her by her husband. The patient noted that she continued to have depression and worried that the Zoloft had not been effective. Objective findings are as follows, the injured worker had mild pain and was tearful and appeared to be anxious. The examination of the lumbar spine indicated range of motion was restricted with flexion, limited to 45 degrees, extension limited to 10 degrees with pain, on palpation paravertebral muscles have tenderness and tight muscle band was noted bilaterally. Lumbar facet loading was negative bilaterally. Straight leg raising test was positive on the right side. It was noted that motor examination is limited by pain. On examination of deep tendon reflexes knee jerk was 2 out of 4 bilaterally, ankle jerk was 1 out of 4 on the right side, absent left ankle jerk. The injured worker's diagnoses included lumbar radiculopathy, knee pain, post lumbar laminectomy, and mood disorder. The treatment plan was to continue with the pain medication regimen, noting, it was helpful to decrease the injured

worker's pain and increase functional status. A urine drug screen was performed on 09/27/2013 which was consistent with all other medication except Percocet, which was not detected. The injured worker noted that she used the Percocet as needed, there are days when she takes 3, and there are days when she takes 1. The referral was made for a psychologist. The injured worker was encouraged to continue aqua therapy, have medications including Zanaflex 2 mg at bedtime quantity of 60 as needed for muscle spasms, and Lyrica decreased from 100 mg to 75 mg ordered twice a day for the neuropathic pain refilled. The injured worker was to continue MS-Contin 15 mg ER and take one tablet twice per day for long acting pain relief; the injured worker was encouraged to take MS-Contin separately from her other medications to avoid potential interactions. The provider indicated the injured worker would be reassessed for side effects at her next visit. If the injured worker continued to have side effects he would return to another medication. The injured worker continued Percocet for short acting pain control and used this medication as needed. Zoloft was increased from 100 mg daily to 150 mg daily for anxiety secondary to industrial injury. A Request for Authorization for medical treatment was not included within the documentation. The submitted requests included Percocet, Lyrica, MS-Contin, Zoloft, and Zanaflex.

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

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

#### **PERCOCET 5-325MG TAB X75 REFILL 1: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, on going management Page(s): 78.

**Decision rationale:** The request for Percocet 5/325 mg tab times 75 tabs refill 1 is not medically necessary. The Chronic Pain Medical Treatment Guidelines indicate that ongoing management for opioids should include documentation of 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 last assessment, average pain, intensity of pain after taking the opioid, how long it takes for pain relief, and how long pain relief lasts. A satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. There are 4 As for ongoing monitoring. Those include pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant or nonadherent drug related behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. According to the clinical note, the injured worker did not indicate a pain score with and without medication. There was a lack of functional improvement with use of medication and there is a lack of proper monitoring of side effects. In addition, the request fails to indicate a dosage frequency for Percocet. Therefore, the request for Percocet 5/325 times 75 tabs with 1 refill is not medically necessary.

#### **LYRICA 75MG X60 REFILL 1: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Anti-Epilepsy Drugs.

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

**Decision rationale:** The request for Lyrica 75 mg times 60 tablets with a refill of 1 is not medically necessary. The Chronic Pain Medical Treatment Guidelines indicate inception for AED (antiepilepsy drugs), these are recommended for neuropathic pain due to nerve damage. Most randomized controlled trials for the use of this class of medication for neuropathic pain have been directed at postherpetic neuralgia and painful polyneuropathy with diabetic polyneuropathy being the most common example. There are few randomized controlled trials directed at central pain and none for painful radiculopathy. The injured worker is diagnosed with lumbar radiculopathy and reports no significant improvement in symptoms with use of Lyrica. There is no documented level of pain with or without use of Lyrica. In addition, the request fails to indicate a dose frequency for Lyrica. Therefore, the request is not medically necessary.

**MS CONTIN 15MG TAB ER X60 REFILL1:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 93.

**Decision rationale:** The request for MS-Contin 15 mg tabs ER times 60 tabs refill of 1 is not medically necessary. The Chronic Pain Medical Treatment Guidelines state that opioids such as MS-Contin should be reserved for patients with chronic pain, who are in need of continuous treatment. MS-Contin doses should be individually tailored for each patient. According to the clinical notes, there is a lack of documented pain with and without MS Contin, there is a lack of evidence of increased functional improvement with the medication therapy and the medication is noted to cause side effects of breathing difficulty. In addition, the request fails to indicate a dose frequency. Therefore, MS-Contin 15 mg ER quantity of 60 with a refill of 1 is not medically necessary.

**ZOLOFT 100MG TABLET X30 REFILL 1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Antidepressant Drug.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Medications, SSRI's (selective serotonin reuptake inhibitors).

**Decision rationale:** The request for Zoloft 100 mg 30 tablets with 1 refill is not medically necessary. The American College of Occupational and Environmental Medicine and The Official Disability Guidelines do not recommend selective serotonin reuptake inhibitors as a treatment for low back pain, but SSRIs may have a role in treating secondary depression. Selective serotonin reuptake inhibitors (SSRIs), a class of antidepressants that inhibit serotonin reuptake without action on noradrenaline, are controversial based on controlled trials. SSRIs have not been shown to be effective for low back pain. The injured worker suffers from anxiety secondary to industrial injury. The treatment plan indicates increasing Zoloft from 100 mg to 150 mg daily for anxiety secondary to industrial injury. This documentation does not support effective relief for the injured worker as increase is ordered. Selective serotonin reuptake inhibitors are recommended for secondary depression. The clinical note orders this medication for anxiety. In addition, the dose frequency is not included with the request. Therefore, the request for Zoloft 100 mg 30 tablets with 1 refill is not medically necessary.

**ZOLOFT 50MG TABLET X30 REFILL1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Antidepressant Drug.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for Chronic Pain Page(s): 13-14.

**Decision rationale:** The request for Zoloft 100 mg 30 tablets with 1 refill is not medically necessary. Chronic Pain Medical Treatment Guidelines recommend antidepressants as a first line option for neuropathic pain and as a possibility for non-neuropathic pain. The injured worker suffers from anxiety secondary to industrial injury. The treatment plan indicates increasing Zoloft from 100 mg to 150 mg daily for anxiety secondary to industrial injury. This documentation does not support effective relief for the injured worker as increase is ordered. This medication is recommended in the treatment for depression; however, the physician prescribed the medication to address the injured worker's anxiety. In addition, the dose frequency is not included with the request. Therefore, the request for Zoloft 100 mg 30 tablets with 1 refill is not medically necessary.

**ZANAFLEX 2MG TABLET X30 REFILL1:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antispasticity drugs Page(s): 66.

**Decision rationale:** The request for Zanaflex 2 mg tablet times quantity of 30 refill 1 is not medically necessary. The Chronic Pain Medical Treatment Guidelines for Antispasticity Drugs indicates Zanaflex is essentially acting alpha to adrenergic agonist but is FDA approved for management of spasticity. Unlabeled use for low back pain. The injured worker does not have any indicators of spasticity in the clinical note dated 11/22/2013. It is noted in the clinical

treatment plan that Zanaflex is ordered for spasms; however, there is no indication that the injured worker has had symptoms of spasms or that lack of spasms is an effective measure of Zanaflex use. In addition, the request fails to indicate a dose frequency for Zanaflex. As such, the request for Zanaflex 2 mg tablets times 30 with 1 refill is not medically necessary.