

<b>Case Number:</b>	CM14-0015851		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	12/07/2001
<b>Decision Date:</b>	09/05/2014	<b>UR Denial Date:</b>	01/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/07/2014

### 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 Preventive Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Texas. 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 53 year old male who was Injured on 12/07/ 2001. Following the injury the worker has had several surgeries in his back, neck, shoulders and knees. In addition, he had left hip replacment and right hip decompression surgeries. Despite the surgeries, he has continued to suffer from moderate to severe pain in his back, hip, knees, neck and shoulders. The lower back pain spreads to his leg, it is associated with numbness and tingling in his legs. The pain is unrelieved by Norco, Percocet, Soma, Cymbalta, Lyrica, Fentanyl patches, and Lidoderm patches. The pain disturbs his sleep. He has thoughts of suicide, though he has no plan of killing himself due to his love for his family. Examination showed limited Lumbar and Hip range of motion, positive FABER and Straight leg tests. Due to the persistent pain in his lower back, and hip his doctor requested for 90 Ambien 10mg; 50 Lyrica 200mg; 30 Prilosec 20mg; 120 Percocet 10/325mg; 1 Fentanyl Patches 100mg #10; 120 Senna-Plus ; and 60 Lidoderm Patch 5 %, but these were not certified

### IMR ISSUES, DECISIONS AND RATIONALES

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

**90 AMBIEN 10MG:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic Pain Page(s): 24, 60-61.

**Decision rationale:** The MTUS recommends that only one medication should be prescribed at a time for chronic pain. In this particular case several medications were prescribed at the same time, including those that had been used in the past without benefit. Furthermore the guidelines does not support prolonged use of hypnotics to avoid tolerance and dependence.

**50 LYRICA 200MG:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs, Medications for chronic pain Page(s): 19-20, 60-61.

**Decision rationale:** The records reviewed showed Lyrica was used in the past without much benefit; furthermore, the prescription was made at the same time several other medications were made. This is contrary to the recommendation of the MTUS guidelines that only one medication be given at a time. Finally, MTUS Guidelines recommend Lyrica, an Antiepilepsy drug, for the treatment of neuropathy(nerve damage, as in diabetic neuropathy and postherpetic neuralgia) . The medical records reviewed do not support a diagnosis of either of these conditions.

**30 PRILOSEC 20MG:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Nonsteroidal Antiinflammatory Drugs Page(s): 68.

**Decision rationale:** Although the injured worker has a history of Gastrointestinal bleed while on Non-steroidal drug, there is no indication the worker has continued to bleed from the gut as to continue the use of Proton pump inhibitor like Prilosec. Furthermore the worker is no longer on any Non-steroidal anti-inflammatory drug. Besides, the worker has been on Prilosec since 11/2012, the MTUS notes that the worker stands the risk of hip fracture due to the prolonged use of this medication.

**120 PERCOCET 10/325MG:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78, 79.

**Decision rationale:** The MTUS recommendation for continuing opioids include documented evidence of pain relief and improvement of functional status. The contrary is the case in this worker who has been on treatment with both Norco and Percocet opioid medications without improvement. At this stage the MTUS recommends the opioids be discontinued.

**1 FENTANYL PATCHES 100MG #10:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Duragesic, Fentanyl transdermal system Page(s): 44, 79.

**Decision rationale:** Fentanyl is eighty times as potent as morphine, and similarly has more adverse effects. It is indicated in individuals with chronic pain who require continuous opioid medication for pain that cannot be managed by other means. The injured worker has not benefited from this medication in the past; therefore, it is not medically necessary to continue with.

**120 SENNA-PLUS:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

**Decision rationale:** Senna is indicated in the treatment of constipations, a major side effect in opioids use. It is expected that as the worker is discontinued from the opioids medications, he will not have need for this medication.

**60 LIDODERM PATCH 5 %:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesic Page(s): 112.

**Decision rationale:** MTUS recommends this medication only for treatment of neuropathic pain. Since there is no documentation of neuropathic pain in the injured worker, this medication is not medically necessary.