

<b>Case Number:</b>	CM14-0135026		
<b>Date Assigned:</b>	08/29/2014	<b>Date of Injury:</b>	04/25/2005
<b>Decision Date:</b>	09/30/2014	<b>UR Denial Date:</b>	07/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/21/2014

### 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 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 57 year old man who was injured on April 25, 2005. He has chronic pain syndrome, back pain with lumbar radiculopathy, shoulder osteoarthritis, neck pain, cervical spine degenerative disc disease, degenerative joint disease, foot pain, depression, anxiety, sleep disorder, right meniscal tear, hepatitis C and a history of amphetamine abuse. His last office visit documented there was a medication refill on July 29, 2014 when he complained of neck, bilateral shoulder, bilateral buttock, bilateral knee, and bilateral back pain. The pain was sharp, aching, stabbing, cramping, shooting, throbbing, and burning. In the past month, the worker stated his lowest pain was rated at 5-6/10 and his worst pain was rated at a 7-8/10. His pain was made worse by lifting, sitting, standing, weather changes and cold. It improves with lying down, medication, sleep, rest, exercise, and changing positions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**OxyContin 60mg TB 12, 2 tablets by mouth in the morning, one tablet by mouth in the afternoon and at bedtime for chronic pain #120: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines: Identify criteria for use for a therapeutic trial of opioids.

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

**Decision rationale:** Oxycodone time-release (Oxycontin) is a long-acting opioid agonist analgesic indicated for the management of moderate to severe pain when a continuous, around-the-clock opioid analgesic is needed for an extended period of time. Oxycontin tablets are crush resistant as an abuse deterrent while generic oxycodone extended release does not have this abuse deterrent. Therefore, it is not recommended. Individualized dosing is based on prior analgesic treatment experience and titrates as needed to provide adequate analgesia and minimize adverse reactions. Per the Medical Treatment Utilization Schedule, Oxycontin was recently included in a list of 20 medications identified by the Food and Drug Administration's adverse event reporting system that are under Food and Drug Administration investigation. Under the criteria for use of opioids, on-going management, actions should include: ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The pain assessment should also include current pain, the least reported pain over the period since last assessment, average pain, and the intensity of the pain after taking the opioid. It should also include how long it takes for pain relief and how long the pain relief lasts. Four domains have been proposed as most relative for ongoing monitoring: pain relief, side effects, physical, psychosocial functioning and the occurrence of any potentially aberrant drug-related behaviors. Another reason to continue opioids is if the worker has returned to work. However, this information has not been made available. The documentation provided on this worker states the worker had 7-8/10 pain when the medication was removed and 5-6/10 pain on the medication. However, none of the other information necessary for ongoing monitoring has been provided including functional status, appropriate medication use and side effects. There has been no mention of a written contract, which is not a requirement, but a recommendation. Therefore, the request is not authorized.

**Imitrex 50mg tablet - take 1 tablet at onset of headache and repeat 1 tablet in 2 hours with maximum of 2/24 hours:** 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 of Workers' Compensation: Head Procedure Summary.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head, Triptans.

**Decision rationale:** The Medical Treatment Utilization Schedule does not address triptans for headache sufferers. Per Official Disability Guidelines triptans are recommended for migraine sufferers. At marketed doses, all oral triptans (e.g., Sumatriptan, brand name Imitrex) are effective and well tolerated. Differences among them are relatively small, but clinically relevant for individual patients. A poor response to one triptan does not predict a poor response to other agents in that class. However, there is no diagnosis of migraine in this worker. There is no documentation of migraine symptomatology, such as unilateral headache with photosensitivity, nausea, vomiting, aura, posterior eye pain or audio sensitivity. Therefore, a medication to treat migraine headaches for this worker is not indicated.

**Effexor XR 75mg capsule, one tablet by mouth once a day for depression:** Overturned

**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 Venlafaxine Page(s): 123.

**Decision rationale:** The worker has documented neuropathic pain characterized by burning, depression, anxiety, and sleep disorder. Venlafaxine is recommended as an option in first-line treatment of neuropathic pain. Venlafaxine (Effexor) is a member of the selective-serotonin and norepinephrine reuptake inhibitor class of antidepressants. It is recommended as an option in first-line treatment of neuropathic pain. Effexor is indicated in this worker for depression and neuropathic pain.

**Voltaren Gel 1%:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, Topical Agents Page(s): 111-112.

**Decision rationale:** Topical non-steroidal anti-inflammatory drugs may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. Indications include: Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks). There is little evidence to utilize topical non-steroidal anti-inflammatory drugs for treatment of osteoarthritis of the spine, hip or shoulder. They are not indicated for neuropathic pain, as there is no evidence to support use. Voltaren Gel 1% (Diclofenac) is indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip or shoulder. This worker has chronic musculoskeletal pain and has been using Voltaren gel in the past several months; it is documented in his June and July office visit notes. It is only recommended for short-term use per the Medical Treatment Utilization Schedule. Therefore, it is not considered medically necessary

**Oxycodone HCL 30mg tablets one to two tablets by mouth every 6-8 hours as needed for breakthrough pain (maximum of 8/day) #240:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Identify recommendations of opioids for chronic pain in general conditions.

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

**Decision rationale:** Oxycodone is a short-acting opioid analgesic indicated in the treatment of moderate to severe pain. Individualized dosing is based on prior analgesic treatment experience and titrates as needed to provide adequate analgesia and minimize adverse reactions. Per the Medical Treatment Utilization Schedule, on-going management actions should include: ongoing review and 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 the last assessment, average pain, and the intensity of pain after taking the opioid. The pain assessment should also include how long it takes for pain relief and how long pain relief lasts. Four domains have been proposed as the most relative for ongoing monitoring: pain relief, side effects, physical and psychosocial functioning as well as the occurrence of any potentially aberrant drug-related behaviors. Another reason to continue opioids is if the worker has returned to work. However, this information has not been made available. The documentation provided on this worker states the worker had 7-8/10 pain when the medication was removed and 5-6/10 pain on the medication. However, none of the other information necessary for ongoing monitoring has been provided including functional status, appropriate medication use and side effects. There is also no mention of a written contract, which is not a requirement, but a recommendation. Therefore, the request is not medically necessary.