

<b>Case Number:</b>	CM14-0140478		
<b>Date Assigned:</b>	09/10/2014	<b>Date of Injury:</b>	03/10/2004
<b>Decision Date:</b>	11/06/2014	<b>UR Denial Date:</b>	08/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/29/2014

### 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 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 patient is a 54-year-old female who has submitted a claim for cervical disc degenerative disorder, lumbar degenerative disc disease, chronic pain syndrome, depression, anxiety, and sleep disorder associated with an industrial injury date of March 10, 2004. Medical records from 2014 were reviewed. The patient complained of chronic neck pain and chronic back pain, rated 6/10 in severity. Neck pain radiated to bilateral upper extremities, associated with numbness. Back pain radiated to the right lower extremity without numbness. The patient reported symptom relief and improved functional activities secondary to intake of medications. She denied any adverse effects. No aberrant drug behavior was also noted. The patient also reported the chronic headaches and difficulty with concentration; however, intake of Adderall resulted to functional improvement. Physical examination of the cervical spine and lumbar spine showed tenderness and restricted motion. Motor strength was intact. Sensation was diminished at the right upper extremity and bilateral lower extremities. Straight leg raise test was negative. Treatment to date has included cervical epidural steroid injection, physical therapy, and medications such as OxyContin, Percocet, Soma, Lyrica, Ambien, and Adderall (all since January 2014). Utilization review from August 22, 2014 denied the request for Adderall 10mg #60; Ambien 10mg, #30; Lyrica 50mg, #90; denied Soma 350mg, #90; Percocet 10/325mg, #120; and modified the requests for OxyContin 20mg, #60 and OxyContin 20mg, #60.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**The request for 2 prescriptions of Adderall (10mg, #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 United States Food and Drug Administration, Adderall

**Decision rationale:** The California MTUS Guidelines does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, FDA was used instead. According to FDA, Adderall is approved in the United States for the treatment of adults and pediatric patients 6 years of age and older with ADHD. In addition, Adderall contained amphetamine salts, which have a high potential for abuse. Administration of amphetamines for prolonged periods of time may lead to drug dependence and must be avoided. In this case, the rationale for requesting Adderall is to improve concentration. The patient has been prescribed Adderall since January 2014. However, the medication was not indicated for the reasons stated above. There is no compelling indication for this medication. Therefore, the request is not medically necessary.

**The request for 2 prescriptions of Ambien (10mg, #30): Upheld**

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

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

**Decision rationale:** The California MTUS Guidelines does not specifically address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, the Official Disability Guidelines (ODG), Pain Section was used instead. The Official Disability Guidelines state that zolpidem (Ambien) is a prescription short-acting nonbenzodiazepine hypnotic, which is approved for short-term usually 2-6 weeks treatment of insomnia. In this case, patient has been on Ambien since January 2014 for sleep disturbance. However, she has exceeded the guideline recommendation for the use of Ambien. Furthermore, there was no discussion concerning sleep hygiene. Therefore, the request is not medically necessary.

**The request for the 1st prescription of Lyrica (50mg, #90): Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (AEDs) anti-epilepsy drugs.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy Drugs Page(s): 16-17.

**Decision rationale:** As stated in the Chronic Pain Medical Treatment Guidelines, antidepressants, such as pregabalin and gabapentin, are recommended as a first line option for neuropathic pain, i.e., painful polyneuropathy. In this case, the patient has been on Lyrica as early as January 2014. The patient's manifestation of chronic neck pain radiating to bilateral upper extremities associated with numbness, is consistent with neuropathic pain. The patient, likewise, reported pain relief associated with the use of pregabalin. The medical necessity has been established. Therefore, this request for Lyrica is medically necessary.

**The request for 2 prescriptions of Soma (350mg, #90): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma) Page(s): 29.

**Decision rationale:** As stated in the Chronic Pain Medical Treatment Guidelines, carisoprodol (Soma) is a centrally acting skeletal muscle relaxant that is not indicated for long-term use. Carisoprodol abuse has been noted in order to augment or alter effects of other drugs such as hydrocodone, tramadol, benzodiazepine and codeine. In this case, the patient has been on carisoprodol since January 2014. The patient reported symptom relief from medication use. However, the most recent physical exam failed to show evidence of muscle spasm. Moreover, long-term use of muscle relaxant is not recommended. Therefore, the request is not medically necessary.

**The request for the 1st prescription of Oxycontin (20mg, #60): Overturned**

**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.

**Decision rationale:** As stated in the Chronic Pain Medical Treatment Guidelines, there are 4 A's for ongoing monitoring of opioid use: pain relief, side effects, physical and psychosocial functioning and the occurrence of any potentially aberrant 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. In this case, patient has been on Oxycontin since January 2014. She reported symptom relief and improved functional activities secondary to intake of medications. She denied any adverse effects. No aberrant drug behavior was also noted. Guideline criteria for continuing opioid management have been met. Therefore, this request for Oxycontin is medically necessary.

**The request for the 1st prescription of Percocet (10/325mg, #120): Overturned**

**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.

**Decision rationale:** As stated in the Chronic Pain Medical Treatment Guidelines, there are 4 A's for ongoing monitoring of opioid use: pain relief, side effects, physical and psychosocial functioning and the occurrence of any potentially aberrant 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. In this case, patient has been on Percocet since January 2014. She reported symptom relief and improved functional activities secondary to intake of medications. She denied any adverse effects. No aberrant drug behavior was also noted. Guideline criteria for continuing opioid management have been met. Therefore, this request for Percocet is medically necessary.

**The request for the 2nd prescription of Oxycontin (20mg, #60):** 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.

**Decision rationale:** As stated in the Chronic Pain Medical Treatment Guidelines, there are 4 A's for ongoing monitoring of opioid use: pain relief, side effects, physical and psychosocial functioning and the occurrence of any potentially aberrant 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. In this case, patient has been on Oxycontin since January 2014. She reported symptom relief and improved functional activities secondary to intake of medications. She denied any adverse effects. No aberrant drug behavior was also noted. Guideline criteria for continuing opioid management have been met. However, a simultaneous request for OxyContin has been certified already. There is no discussion as to why two similar requests are submitted for this review. Therefore, this request for OxyContin is not medically necessary.

**The request for the 2nd prescription of Percocet (10/325mg, #120):** 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.

**Decision rationale:** As stated in the Chronic Pain Medical Treatment Guidelines, there are 4 A's for ongoing monitoring of opioid use: pain relief, side effects, physical and psychosocial

functioning and the occurrence of any potentially aberrant 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. In this case, patient has been on Percocet since January 2014. She reported symptom relief and improved functional activities secondary to intake of medications. She denied any adverse effects. No aberrant drug behavior was also noted. Guideline criteria for continuing opioid management have been met. However, a simultaneous request for Percocet has been certified already. There is no discussion why two similar requests are submitted for this review. Therefore, this request for Percocet is not medically necessary.

**The request for the 2nd prescription of Lyrica (50mg, #90): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (AEDs) anti-epilepsy drugs.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy Drugs Page(s): 16-17.

**Decision rationale:** As stated in the Chronic Pain Medical Treatment Guidelines, antidepressants, such as pregabalin and gabapentin, are recommended as a first line option for neuropathic pain, i.e., painful polyneuropathy. In this case, the patient has been on Lyrica as early as January 2014. The patient's manifestation of chronic neck pain radiating to bilateral upper extremities associated with numbness, is consistent with neuropathic pain. The patient, likewise, reported pain relief associated with the use of pregabalin. The medical necessity has been established. However, a simultaneous request for Lyrica has been certified already. There is no discussion as to why two similar requests are submitted for this review. Therefore, this request for Lyrica is not medically necessary.