

<b>Case Number:</b>	CM14-0155531		
<b>Date Assigned:</b>	09/25/2014	<b>Date of Injury:</b>	03/15/2004
<b>Decision Date:</b>	12/08/2014	<b>UR Denial Date:</b>	09/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/23/2014

### 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 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:

There were 64 pages provided for this review. The application for independent medical review was for multiple medicines and was signed on September 22, 2014. There was a peer review that was done on September 5, 2014. Per the records provided, the claimant was born in 1947. There is a reported diagnosis of complex regional pain syndrome of the upper extremity. On August 4, 2014 the claimant was seen by [REDACTED]. She presented for the treatment of hand pain. The claimant was felt to be stable. The patient was taking medicines as prescribed and did not have any concerns in that regard. The claimant reported pain at seven out of 10 and reported medications improve the function. No aberrant medicines behaviors were noted. The medicines were refilled. In the review, it was felt that the alprazolam should be weaned as long-term efficacy is unproven. The bupropion also should be non certified because it is a third line medication and there was no clear evidence of trials and failure of first and second line medicines. The dextromethorphan-quinidine was also non certified based only on the opiate guideline.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective request for alprazolam 0.5 mg tablet #90 (DOS 8/4/2014): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

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

**Decision rationale:** The current California web-based MTUS collection was reviewed in addressing this request. The guidelines are silent in regards to this request. Therefore, in accordance with state regulation, other evidence-based or mainstream peer-reviewed guidelines will be examined. Regarding benzodiazepine medications, the ODG notes in the Pain section: Not recommended for long-term use because long-term efficacy is unproven and there is a risk of psychological and physical dependence or frank addiction. Most guidelines limit use to 4 weeks. In this case, it appears the usage is long term, which is unsupported in the guidelines. The objective benefit from the medicine is not disclosed. The side effects are not discussed. The request is appropriately not medically necessary following the evidence-based guideline.

**Retrospective request for bupropion HCL 150 mg tablet #90 (DOS 8/4/2014): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Buprenorphine Page(s): 26.

**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, under Antidepressants

**Decision rationale:** The current California web-based MTUS collection was reviewed in addressing this request. The guidelines are silent in regards to this request. Therefore, in accordance with state regulation, other evidence-based or mainstream peer-reviewed guidelines will be examined. Regarding antidepressants, the ODG notes: Recommended for initial treatment of presentations of Major Depressive Disorder (MDD) that are moderate, severe, or psychotic, unless electroconvulsive therapy is part of the treatment plan. Not recommended for mild symptoms. In this case, it is not clear what objective benefit has been achieved out of the antidepressant usage, how the activities of daily living have improved, and what other benefits have been. It is not clear if this claimant has a major depressive disorder. If used for chronic pain, the objective, functional benefit out of its use is not noted. The request is not medically necessary.

**Retrospective request for dextromethorphan-quinidine 20-10 mg capsule #30 (DOS 8/4/2014): Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Physician Desk Reference under Dextromethorphan/Quinidine.

**Decision rationale:** Per the Physician Desk Reference, this combination is used for treating pseudobulbar affect (PBA) in certain patients. Dextromethorphan/quinidine is a CYP2D6 inhibitor and a sigma-1 receptor agonist/uncompetitive N-methyl-D-aspartate (NMDA) receptor antagonist combination. Exactly how it works to treat PBA is not known. The CYP2D6 inhibitor increases the amount of the sigma-1 receptor agonist/NMDA receptor antagonist in your body, which is the active component of dextromethorphan/quinidine. It is not clear if the appropriate criteria are met, or if there has been objective functional improvement out of the medicine use. Again, there is no evidence for the condition for which this medicine combination is typically prescribed. The request is not medically necessary.

**Retrospective request for oxycodone 5 mg tablet #30 (DOS 8/4/2014): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 Page(s): 88 OF 127.

**Decision rationale:** In regards to the long term use of opiates, the MTUS poses several analytical questions such as has the diagnosis changed, what other medications is the patient taking, are they effective, producing side effects, what treatments have been attempted since the use of opioids, and what is the documentation of pain and functional improvement and compare to baseline. These are important issues, and they have not been addressed in this case. There especially is no documentation of functional improvement with the regimen. The request for long-term opiate usage is not medically necessary per MTUS guideline review.

**Retrospective request for pennsaid 2% # 224 grams (DOS 8/4/2014): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 111 OF 127.

**Decision rationale:** Per the Chronic Pain Medical Treatment Guidelines MTUS (Effective July 18, 2009) Page 111 of 127, the MTUS notes topical analgesic compounds are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Experimental treatments should not be used for claimant medical care. MTUS notes they are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed, but in this case, it is not clear what primary medicines had been tried and failed. Also, there is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended, is not certifiable. This compounded medicine contains several medicines untested in the peer review literature for effectiveness of use topically. Moreover, the MTUS notes that the use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required. The provider did not describe

each of the agents, and how they would be useful in this claimant's case for specific goals. Finally, it is not clear why oral NSAID, if necessary, would not be sufficient. The request is not medically necessary.