

<b>Case Number:</b>	CM14-0164770		
<b>Date Assigned:</b>	10/09/2014	<b>Date of Injury:</b>	11/01/2000
<b>Decision Date:</b>	11/17/2014	<b>UR Denial Date:</b>	09/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/06/2014

### 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 Internal Medicine and is licensed to practice in Maryland. 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 employee was a 61 year old female who sustained an industrial injury on 11/01/2000. Her complaints included right hip pain radiating down to the right foot. She also had shoulder pain, arm and wrist pain. An MR arthrogram of right hip done in October 2013, showed early evidence of AVN without head collapse or total head involvement. In addition the MR arthrogram also showed degenerative joint changes of the right hip. Her prior treatments included medications, Chiropractic therapy and cognitive behavioral therapy. She reportedly had failed to improve with Nucynta, Exalgo and Dilaudid in past. The combination of Opana ER and IR gave her the best relief. She was evaluated by an orthopedic surgeon who suggested conservative management. She was awaiting second opinion regarding the need for total hip arthroplasty. The provider also indicated that if surgery was not indicated, he would refer her to NESP-R program for narcotic detoxification and functional restoration. While she was taking Opana IR and ER, she had a pain relief of 50% with her medications and was able to do her ADLs. Without medications she was noted to be bedridden. Her Opana ER was not authorized. She was noted to be unable to taper Opana ER since ongoing pain. But she had to stop it as it was not authorized. She was instead taking Opana IR to prevent withdrawal. She also had depression and was on Pristiq. Since her Pristiq was not authorized, she was given a prescription for 5HTP. The progress note from 09/04/2014 was reviewed. Subjective complaints included low back pain, left shoulder pain, right hip and leg pain. She reported taking Opana IR every 6 hours. She was having nausea and difficulty sleeping. She reported that after 5 hours her pain came back very strongly. Her pain was 9/10 on the day of presentation, 6/10 with medications and 10/10 without medications. Pertinent medications included Opana ER 40mg TID and Opana IR 2 tablets every 6 hours. The diagnoses included lumbar radiculopathy, chronic pain syndrome, insomnia, myofascial syndrome, neuropathic pain, depression and tension headaches. The plan of care included Opana

IR 10mg 2 tablets every 6 hours #240, Idrasil 25mg BID, Fluriflex ointment, 5HTP 100mg PO BID, Prilosec 20mg daily, Theramine BID, Opana ER TID, Pristiq 100mg daily and Orthopedic consultation. The urine toxicology screen was positive for Oxymorphone and Trazodone on 07/22/14.

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

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

#### **1 prescription of 5HTP 100mg #60: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation  
<http://umm.edu/health/medical/altmed/supplement/5hydroxytryptophan-5htp>

**Decision rationale:** According to evidence 5-HTP is a chemical that the body makes from tryptophan. 5-HTP dietary supplements help raise serotonin levels in the body. Since serotonin helps regulate mood and behavior, 5-HTP may have a positive effect on sleep, mood, anxiety, appetite and pain sensation. Small studies have indicated that it may work well for mild to moderate depression. However, these studies were too small to say for sure if 5-HTP works. In addition, it is recommended not to take 5-HTP with antidepressants due to risk of Serotonin syndrome. The employee had depression due to chronic pain and was on Pristiq. 5-HTP was given when Pristiq was denied temporarily. The current progress note reports that she was taking Pristiq. The request for 5-HTP is not medically necessary.

#### **1 prescription of Opana IR 10mg #240: Overturned**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77-88.

**Decision rationale:** According to MTUS Chronic Pain Guidelines four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on Opioids: pain relief, adverse effects, physical and psychosocial functioning and potential aberrant behaviors. In addition, MTUS recommends that dosing of opioids should not exceed 120mg oral morphine equivalents per day, and for patients taking more than one opioid, the morphine equivalent doses of the different opioids must be added together to determine the cumulative dose. Rarely and only after pain management consultation, should the total daily dose of opioid be increased above 120mg oral morphine equivalents. The employee was following up with a pain management physician. She was being evaluated and treated for right hip pain with abnormality in MR arthrogram. She was doing okay on Opana ER and IR. But her Opana ER had been denied. So she was taking Opana IR every 6 hours. The lack of medications was making her

depressed and have headaches. The medications were decreasing her pain by 50% according to one of the earlier notes. She had failed other Opiates including Nucynta, Exalgo and Dilaudid. She had severe 10/10 pain and was bedridden without medications. The physician was monitoring for misuse and aberrant behavior with random drug screens which have been consistent. The physician added that the higher dose of Opana IR at 10mg 2 tablets every 6 hours was due to denial of Opana ER. The plan was to await second surgical opinion and consider detoxification if she is not a surgical candidate. The use of Opana IR appears consistent with the MTUS Chronic Pain Medical Treatment guidelines for long-term users of Opioids. The request for Opana IR 10mg #240 is medically necessary and appropriate.