

Case Number:	CM14-0181313		
Date Assigned:	11/06/2014	Date of Injury:	06/14/2005
Decision Date:	12/11/2014	UR Denial Date:	10/03/2014
Priority:	Standard	Application Received:	10/31/2014

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 Family 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:

This is a 35-year-old female patient who reported an industrial injury on 6/14/2005, 9 years ago, attributed to the performance of her usual and customary job tasks. The patient is not working. The patient was being treated for the diagnoses of repetitive stress injury resulting in cumulative trauma; cervicgia and radiculopathy nonindustrial; myofascial syndrome; medial and lateral epicondylitis; right carpal tunnel syndrome; s/p CTR x2; bilateral biceps tendinitis; complex regional pain syndrome (CRPS) right upper extremities; reactive sleep disturbance; reactive depression and anxiety; cognitive impairment; and cervicogenic headaches. The patient was reported to have difficulty with the position of her spinal cord stimulator due to weight loss and had significant pain over the stimulator site. The objective findings on examination were documented as dysesthesias; allodynia; hyperesthesias in the right upper extremity with significant motor weakness 4/5; sensory deficit to light touch, thermal, and vibratory sensation over the dermatome C5 to C6 in the right upper extremity; milder issues in the left upper extremities; myofascial findings and pain and spasm in the neck area; trigger points identified to the trapezius on the right; changes in skin temperature and color; swelling as well as hyperalgesia; range of motion of the right upper extremities decreased; tenderness over the stimulator site. The patient was reported to have stable functional status. The patient was being prescribed Oxymorphone ER 40 mg B.I.D. #60; Oxymorphone ER 30 mg B.I.D. #60; Methadone 10 mg for tablets B.I.D. #40; oxycodone 30 mg 1 to 2 tabs PO q 3 to four hours PRN pain #120; clonidine 0.2 mg three tabs q HS #90; Zanaflex 4 mg 1-2 tablets B.I.D. for spasms #120; Lyrica 150 mg one tab PO B.I.D. #60 for neuropathic pain; Trazodone 50 mg 1-2 tablets PO q HS #60 for sleep issues; Cymbalta 60 mg one PO q day for mood and neuropathic pain #60; Terocin 4% Lidocaine patches QHS for peripheral neuropathic pain #30; and monarch pain cream two (2) tubes use for topical treatment of peripheral neuropathic pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxymorphone HCL ER 40mg, Qty: 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Therapeutic Trial of Opioids.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-306, Chronic Pain Treatment Guidelines Opioids Page(s): 74-97. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) chapter 6 pages 114-116, Official Disability Guidelines (ODG) Chapter on Pain, Opioids, Criteria for Use.

Decision rationale: Evidence-based guidelines recommend short-term use of opioids for the management of chronic nonmalignant moderate to severe pain. Long-term use is not recommended for nonmalignant pain due to addiction, dependency, intolerance, abuse, misuse, and/or side effects. Ongoing opioid management criteria are required for long-term use with evidence of reduce pain and improve function as compared to baseline measurements or a return to work. The patient is being treated with opioids for reported right upper extremity (RUE) pain. The CA MTUS Chronic Pain Medical Treatment Guidelines section on Opioids; Ongoing Management recommends, "Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects." The medical records provided for review do not contain the details regarding the above guideline recommendations. The diagnoses do not support the poly pharmacy prescribed with greater than 120 MEDs per day. There is no objective evidence provided to support the continued prescription of opioid analgesics for the cited diagnoses and effects of the industrial claim. There is no documented sustained functional improvement. There is no medical necessity for opioids directed to chronic mechanical neck and back pain. The prescription for Oxymorphone ER 40 mg #60 is being prescribed as opioid analgesics for the treatment of chronic RUE pain against the recommendations of the ACOEM Guidelines. There is no objective evidence provided to support the continued prescription of opioid analgesics for chronic back pain over nine (9) years after the initial DOI. There is no demonstrated medical necessity for the continuation of Oxymorphone for chronic RUE pain. The chronic use of Oxymorphone is not recommended by the CA MTUS; the ACOEM Guidelines, or the Official Disability Guidelines for the long-term treatment of chronic pain and is only recommended as a treatment of last resort for intractable pain. The prescription of opiates on a continued long-term basis is inconsistent with the CA MTUS and the Official Disability Guidelines recommendations for the use of opiate medications for the treatment of chronic pain. There is objective evidence that supports the use of opioid analgesics in the treatment of this patient over the use of NSAIDs for the treatment of chronic pain. The current prescription of opioid analgesics is not consistent with evidence-based guidelines based on intractable pain. The ACOEM Guidelines updated chapter on chronic pain states, "Opiates for the treatment of mechanical and compressive etiologies: rarely beneficial. Chronic pain can have a mixed physiologic etiology of both neuropathic and nociceptive components. In most cases, analgesic treatment should begin with acetaminophen, aspirin, and NSAIDs (as suggested by the WHO

step-wise algorithm). When these drugs do not satisfactorily reduce pain, opioids for moderate to moderately severe pain may be added to (not substituted for) the less efficacious drugs. A major concern about the use of opioids for chronic pain is that most randomized controlled trials have been limited to a short-term period (70 days). This leads to a concern about confounding issues; such as, tolerance, opioid-induced hyperalgesia, long-range adverse effects, such as, hypogonadism and/or opioid abuse, and the influence of placebo as a variable for treatment effect." ACOEM guidelines state that opioids appear to be no more effective than safer analgesics for managing most musculoskeletal and eye symptoms; they should be used only if needed for severe pain and only for a short time. The long-term use of opioid medications may be considered in the treatment of chronic musculoskeletal pain, If: The patient has signed an appropriate pain contract; Functional expectations have been agreed to by the clinician and the patient; Pain medications will be provided by one physician only; The patient agrees to use only those medications recommended or agreed to by the clinician. ACOEM also note, "Pain medications are typically not useful in the sub-acute and chronic phases and have been shown to be the most important factor impeding recovery of function." There is no clinical documentation by with objective findings on examination to support the medical necessity of Oxymorphone for this long period of time or to support ongoing functional improvement. There is no provided evidence that the patient has received benefit or demonstrated functional improvement with the prescribed Oxymorphone. There is no demonstrated medical necessity for the prescribed Opioids. There is no demonstrated medical necessity for the continued prescription of Oxymorphone ER 40 mg #60.

Oxymorphone HCL ER 30mg. Qty. 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Therapeutic Trial of Opioids.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-306, Chronic Pain Treatment Guidelines Opioids Page(s): 74-97. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) chapter 6 pages 114-116, Official Disability Guidelines (ODG) Chapter on Pain, Opioids, Criteria for Use

Decision rationale: Evidence-based guidelines recommend short-term use of opioids for the management of chronic nonmalignant moderate to severe pain. Long-term use is not recommended for nonmalignant pain due to addiction, dependency, intolerance, abuse, misuse, and/or side effects. Ongoing opioid management criteria are required for long-term use with evidence of reduce pain and improve function as compared to baseline measurements or a return to work. The patient is being treated with opioids for reported RUE pain. The CA MTUS Chronic Pain Medical Treatment Guidelines, section on Opioids; Ongoing Management recommends; "ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects." The medical records provided for review do not contain the details regarding the above guideline recommendations. The diagnoses do not support the poly pharmacy prescribed with greater than 120 meds per day. There is no objective evidence provided to support the continued prescription of opioid analgesics for the cited diagnoses and effects of the industrial claim. There is no documented sustained functional improvement. There is no

medical necessity for opioids directed to chronic mechanical neck and back pain. The prescription for Oxymorphone ER 30 mg #60 is being prescribed as opioid analgesics for the treatment of chronic RUE pain against the recommendations of the ACOEM Guidelines. There is no objective evidence provided to support the continued prescription of opioid analgesics for chronic back pain over nine (9) years after the initial DOI. There is no demonstrated medical necessity for the continuation of Oxymorphone for chronic RUE pain. The chronic use of Oxymorphone is not recommended by the CA MTUS; the ACOEM Guidelines, or the Official Disability Guidelines for the long-term treatment of chronic pain and is only recommended as a treatment of last resort for intractable pain. The prescription of opiates on a continued long-term basis is inconsistent with the CA MTUS and the Official Disability Guidelines recommendations for the use of opiate medications for the treatment of chronic pain. There is objective evidence that supports the use of opioid analgesics in the treatment of this patient over the use of NSAIDs for the treatment of chronic pain. The current prescription of opioid analgesics is not consistent with evidence-based guidelines based on intractable pain. The ACOEM Guidelines updated chapter on chronic pain states, "Opiates for the treatment of mechanical and compressive etiologies: rarely beneficial. Chronic pain can have a mixed physiologic etiology of both neuropathic and nociceptive components. In most cases, analgesic treatment should begin with acetaminophen, aspirin, and NSAIDs (as suggested by the WHO step-wise algorithm). When these drugs do not satisfactorily reduce pain, opioids for moderate to moderately severe pain may be added to (not substituted for) the less efficacious drugs. A major concern about the use of opioids for chronic pain is that most randomized controlled trials have been limited to a short-term period (70 days). This leads to a concern about confounding issues; such as, tolerance, opioid-induced hyperalgesia, long-range adverse effects, such as, hypogonadism and/or opioid abuse, and the influence of placebo as a variable for treatment effect." ACOEM guidelines state that opioids appear to be no more effective than safer analgesics for managing most musculoskeletal and eye symptoms; they should be used only if needed for severe pain and only for a short time. The long-term use of opioid medications may be considered in the treatment of chronic musculoskeletal pain, If: The patient has signed an appropriate pain contract; Functional expectations have been agreed to by the clinician and the patient; Pain medications will be provided by one physician only; The patient agrees to use only those medications recommended or agreed to by the clinician. ACOEM also note, "Pain medications are typically not useful in the sub-acute and chronic phases and have been shown to be the most important factor impeding recovery of function." There is no clinical documentation by with objective findings on examination to support the medical necessity of Oxymorphone for this long period of time or to support ongoing functional improvement. There is no provided evidence that the patient has received benefit or demonstrated functional improvement with the prescribed Oxymorphone. There is no demonstrated medical necessity for the prescribed Opioids. There is no demonstrated medical necessity for the continued prescription of Oxymorphone ER 30 mg #60.

Methadone 10mg, Qty: 240: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Therapeutic Trial of Opioids.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-306, Chronic Pain Treatment Guidelines Opioids Page(s): 74-97. Decision based on

Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) chapter 6 pages 114-116, Official Disability Guidelines (ODG) Pain Chapter Opioids.

Decision rationale: The prescription for Methadone 10 mg #240 for short acting pain is being prescribed as an opioid analgesic for the treatment of chronic pain to the back for the date of injury over nine (9) years ago. The objective findings on examination do not support the medical necessity for continued opioid analgesics for chronic RUE pain. The patient is noted to take Methadone without a demonstrated functional improvement. The patient is being prescribed opioids for chronic RUE pain, which is inconsistent with the recommendations of the CA MTUS. There is no objective evidence provided to support the continued prescription of opioid analgesics for the cited diagnoses and effects of the industrial claim. The patient should be titrated down and off the prescribed Methadone 10 mg #240. The patient is over nine (9) years s/p DOI with reported continued issues. There is no demonstrated medical necessity for the continuation of opioids for the effects of the industrial injury. The chronic use of Methadone 10 mg #240 is not recommended by the CA MTUS; the ACOEM Guidelines, or the Official Disability Guidelines for the long-term treatment of chronic pain. The prescription of opiates on a continued long-term basis is inconsistent with the CA MTUS and the Official Disability Guidelines recommendations for the use of opiate medications for the treatment of chronic pain. There is objective evidence that supports the use of opioid analgesics in the treatment of this patient over the use of NSAIDs for the treatment of chronic pain. The current prescription of opioid analgesics is inconsistent with evidence-based guidelines. The prescription of opiates on a continued long-term basis is inconsistent with the Official Disability Guidelines recommendations for the use of opiate medications for the treatment of chronic pain. There is objective evidence that supports the use of opioid analgesics in the treatment of this patient over the use of NSAIDs for the treatment of chronic pain issues. Evidence-based guidelines necessitate documentation that the patient has signed an appropriate pain contract, functional expectations have been agreed to by the clinician, and the patient, pain medications will be provided by one physician only, and the patient agrees to use only those medications recommended or agreed to by the clinician to support the medical necessity of treatment with opioids. The ACOEM Guidelines updated chapter on chronic pain state, "Opiates for the treatment of mechanical and compressive etiologies: rarely beneficial. Chronic pain can have a mixed physiologic etiology of both neuropathic and nociceptive components. In most cases, analgesic treatment should begin with acetaminophen, aspirin, and NSAIDs (as suggested by the WHO step-wise algorithm). When these drugs do not satisfactorily reduce pain, opioids for moderate to moderately severe pain may be added to (not substituted for) the less efficacious drugs. A major concern about the use of opioids for chronic pain is that most randomized controlled trials have been limited to a short-term period (70 days). This leads to a concern about confounding issues; such as, tolerance, opioid-induced hyperalgesia, long-range adverse effects, such as, hypogonadism and/or opioid abuse, and the influence of placebo as a variable for treatment effect." ACOEM guidelines state that opioids appear to be no more effective than safer analgesics for managing most musculoskeletal symptoms; they should be used only if needed for severe pain and only for a short time. The long-term use of opioid medications may be considered in the treatment of chronic musculoskeletal pain, If: The patient has signed an appropriate pain contract; Functional expectations have been agreed to by the clinician and the patient; Pain medications will be provided by one physician only; The patient agrees to use only those medications recommended

or agreed to by the clinician. ACOEM also note, "Pain medications are typically not useful in the sub-acute and chronic phases and have been shown to be the most important factor impeding recovery of function." There is no clinical documentation by with objective findings on examination to support the medical necessity of Methadone 10 mg #240 for this long period of time or to support ongoing functional improvement. There is no provided evidence that the patient has received benefit or demonstrated functional improvement with the prescribed Methadone 10 mg. There is no demonstrated medical necessity for the prescribed Opioids as there is no demonstrated functional improvement for the prescribed high dose opioids. The continued prescription for Methadone 10 mg #240 is not demonstrated to be medically necessary. There is no demonstrated medical necessity for the prescribed meds over 120 mg per day.

Oxycodone 30mg, Qty. 120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Therapeutic Trial of Opioids. .

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-306,Chronic Pain Treatment Guidelines Opioids Page(s): 74-97. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2ndEdition, (2004) chapter 6 pages 114-116

Decision rationale: California MTUS Chronic Pain Medical Treatment Guidelines section on Opioids; Ongoing Management recommends; "ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects." The medical records provided for review do not contain the details regarding the above guideline recommendations. The opportunity for weaning was provided. There is no objective evidence provided to support the continued prescription of opioid analgesics for the cited diagnoses and effects of the industrial claim. There is no documented sustained functional improvement. There is no medical necessity for opioids directed to chronic mechanical RUE pain. The prescription for Oxycodone 30 mg #120 is being prescribed as opioid analgesics for the treatment of chronic RUE against the recommendations of the ACOEM Guidelines. There is no objective evidence provided to support the continued prescription of opioid analgesics for chronic back pain over nine (9) years after the initial DOI and for a period of time longer than 6-8 weeks post operatively. There is no demonstrated medical necessity for the continuation of oxycodone for chronic pain. The chronic use of Oxycodone is not recommended by the CA MTUS; the ACOEM Guidelines, or the Official Disability Guidelines for the long-term treatment of chronic pain and is only recommended as a treatment of last resort for intractable pain. The prescription of opiates on a continued long-term basis is inconsistent with the CA MTUS and the Official Disability Guidelines recommendations for the use of opiate medications for the treatment of chronic pain. There is objective evidence that supports the use of opioid analgesics in the treatment of this patient over the use of NSAIDs for the treatment of chronic pain. The current prescription of opioid analgesics is not consistent with evidence-based guidelines based on intractable pain. The ACOEM Guidelines updated chapter on chronic pain state, "Opiates for the treatment of mechanical and compressive etiologies: rarely beneficial. Chronic pain can have a mixed physiologic etiology of both neuropathic and nociceptive components. In most cases, analgesic

treatment should begin with acetaminophen, aspirin, and NSAIDs (as suggested by the WHO step-wise algorithm). When these drugs do not satisfactorily reduce pain, opioids for moderate to moderately severe pain may be added to (not substituted for) the less efficacious drugs. A major concern about the use of opioids for chronic pain is that most randomized controlled trials have been limited to a short-term period (70 days). This leads to a concern about confounding issues; such as, tolerance, opioid-induced hyperalgesia, long-range adverse effects, such as, hypogonadism and/or opioid abuse, and the influence of placebo as a variable for treatment effect."ACOEM guidelines state that opioids appear to be no more effective than safer analgesics for managing most musculoskeletal and eye symptoms; they should be used only if needed for severe pain and only for a short time. The long-term use of opioid medications may be considered in the treatment of chronic musculoskeletal pain, If: The patient has signed an appropriate pain contract; Functional expectations have been agreed to by the clinician and the patient; Pain medications will be provided by one physician only; The patient agrees to use only those medications recommended or agreed to by the clinician. ACOEM also note, "Pain medications are typically not useful in the sub-acute and chronic phases and have been shown to be the most important factor impeding recovery of function." There is no demonstrated medical necessity for the continued prescription of oxycodone 30 mg #120.

Clonidine 0.2mg, Qty 90: 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 in Workers' Compensation: Pain Procedure Summary

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Complex Regional Pain Syndrome Page(s): 35-40. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter-Medications For Sub-Acute And Chronic Pain; CRPS Medications.

Decision rationale: The treating physician has not provided an appropriate rationale for the prescription of Clonidine for the effects of the industrial injury. The patient has reported CRPS without an independent confirmation of the diagnosis. The Clonidine can be prescribed to reduce the sympathetically mediated pain issues. The diagnosis of CRPS is appropriately treated with Clonidine; however, there is no documented functional improvement with the prescribed Clonidine along with the high dose opioids. Clonidine has been prescribed historically as an antihypertensive agent. It has found new uses, including treatment of some types of neuropathic pain, opioid detoxification, sleep hypohidrosis, anesthetic use, and off-label, to counter the side effects of stimulant medications, such as, methylphenidate or amphetamine. It is becoming a more accepted treatment for insomnia, as well as for relief of menopausal symptoms. Clonidine is increasingly used in conjunction with stimulants to treat attention-deficit hyperactivity disorder (ADHD), for which it is administered in late afternoon or evening for sleep, and because it sometimes helps moderate ADHD-associated impulsive and oppositional behavior, and may reduce tics. Clonidine can be used in the treatment of Tourette syndrome. Its epidural use for pain during heart attack, postoperative and intractable pain has also been studied extensively. Clonidine is also a mild sedative, and can be used as premedication before surgery or procedures. Clonidine treats high blood pressure by stimulating 2 receptors in the brain, which decreases

cardiac output and peripheral vascular resistance, lowering blood pressure. It has specificity towards the presynaptic 2 receptors in the vasomotor center in the brainstem. This binding decreases presynaptic calcium levels, and inhibits the release of norepinephrine (NE). The net effect is a decrease in sympathetic tone. This medication may also be used to ease withdrawal symptoms associated with the long-term use of narcotics, alcohol, and nicotine (smoking). In addition, clonidine has also been used for migraine headaches, hot flashes associated with menopause, and attention deficit hyperactivity disorder. Clonidine is regularly prescribed to opiate addicts to help alleviate their withdrawal symptoms. It is mainly used to combat the sympathetic nervous system response to opiate withdrawal, namely tachycardia and hypertension, in the initial days of withdrawals. It helps take away the sweating, hot/cold flashes, and general restlessness. The sedation effect is also useful although its side effects can include insomnia, thus exacerbating an already common feature of opiate withdrawal. There is no demonstrated medical necessity for the continuation of the prescribed Clonidine as there is no documented efficacy or functional benefit.

Zanaflex 4mg, Qty. 120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for Pain)..

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47;128,Chronic Pain Treatment Guidelines Muscle Relaxants for Pain Page(s): 63-64. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter-Medications for Chronic Pain; Muscle Relaxants; Cyclobenzaprine.

Decision rationale: The patient has been prescribed muscle relaxers for chronic pain on a routine basis as there are muscle spasms documented by the requesting provider while treating chronic pain attributed to the effects of the industrial injury. The patient is prescribed Tizanidine 4 mg #120 on a routine basis for which there is no medical necessity in the treatment of chronic pain. The routine prescription of muscle relaxers for chronic pain is not supported with objective medical evidence and is not recommended by the CA MTUS. The use of the Tizanidine for chronic muscle spasms is not supported by evidence-based medicine; however, an occasional muscle relaxant may be appropriate in a period of flare up or muscle spasm. The prescription for Tizanidine (Zanaflex) is recommended by the CA MTUS or the Official Disability Guidelines for the short-term treatment of muscle spasms, but not for chronic treatment. The chronic use of muscle relaxants is not recommended by the CA MTUS; the ACOEM Guidelines, or the Official Disability Guidelines for the treatment of chronic pain. The use of muscle relaxants are recommended to be prescribed only briefly for a short course of treatment and then discontinued. There is no recommendation for Tizanidine as a sleep aid. The patient is prescribed Zanaflex for muscle spasms to the lower back. The CA MTUS does not recommend Tizanidine 4 mg #120 for the treatment of chronic pain as a centrally acting adrenergic agonist approved for spasticity but unlabeled or off label use for chronic pain. The prescription for Tizanidine 4 mg #120 is not demonstrated to be medically necessary.

Lyrica 150mg, Qty. 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy Drugs (AEDs)..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pregabalin (Lyrica) Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Anti-Epilepsy Drugs (AEDs).

Decision rationale: The patient was prescribed Lyrica 150 mg #60 based on chronic pain without evidence of neuropathic pain. There are no documented objective findings consistent with neuropathic pain on physical examination related to the RUE and the diagnosis of CRPS appears to be speculated and does not meet the criteria established by evidence-based guidelines. The patient was not demonstrated to have been previously prescribed Gabapentin (Neurontin) and there is no documented neuropathic pain issue. The patient is not documented to have neuropathic pain. There is no documented nerve impingement radiculopathy or neurological deficits along a dermatomal distribution. The patient has been treated for chronic pain issues reported to be due to the DOI over nine (9) years ago. The PTP has speculated that the subjective symptoms are consistent with neuropathic pain; however, does not provide objective findings on examination to support the presence of neuropathic pain for the cited diagnoses. The diagnoses do not support the medical necessity for prescribed Lyrica. The treating physician has provided this medication for the daily management of this patient's chronic pain reported as neuropathic pain. The prescription of Lyrica is recommended for neuropathic pain; however, the ACOEM Guidelines does not specifically recommend Lyrica for the treatment of chronic non-neuropathic pain. Gabapentin or Pregabalin is not recommended for treatment of chronic, non-neuropathic pain by the ACOEM Guidelines. It is clear that there is no documentation of significant neuropathic pain for this patient. The ACOEM Guidelines revised chronic pain chapter states that there is insufficient evidence for the use of Gabapentin or Lyrica for the treatment of axial neck and bilateral upper extremity pain. The CA MTUS and the Official Disability Guidelines state that there is insufficient evidence to support the use of Gabapentin or Lyrica for the treatment of chronic non-neuropathic pain. The use of Lyrica is for neuropathic pain; however, evidence based guidelines do not recommend the prescription of Lyrica for chronic neck and upper back pain with a subjective or objective radiculopathy and favors alternative treatment. There is no demonstrated medical necessity for the prescribed Lyrica 150 mg #60 for the treatment of the effects of the industrial injury.

Trazodone 50mg, Qty. 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SSRIs; Tri Cyclic Antidepressants Page(s): 107;15. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter-Antidepressants for Chronic Pain.

Decision rationale: The prescription of the antidepressant Trazodone 50 mg #60 for the treatment of reported chronic pain or insomnia is consistent with the recommendations of the CA MTUS; the ACOEM Guidelines, and the Official Disability Guidelines. The Official Disability

Guidelines recommend the use of Trazodone as a first line treatment for chronic pain with sleep issues/insomnia. The patient was reported to be prescribed a tricyclic like medication although it is not clear why Elavil or Nortriptyline was not prescribed over the Trazodone for insomnia without first trying the readily available OTC sleep remedies. There is no mental status examination or demonstrated objective findings of depression documented. There is no documented insomnia or trial of OTC medications to remedy issues. The Trazodone is prescribed routinely without demonstrated medical necessity or a rationale to support medical necessity. There is no demonstrated medical necessity for the prescription of Trazodone as a sleeping agent or antidepressant. There was no documented failure of OTC medications. There is no documented persistent depression or insomnia for which OTC medications would not be appropriate or effective. The treating physician does not provide any rationale to support the medical necessity of Trazodone for insomnia or documented the treatment of insomnia to date. The patient is being prescribed the Trazodone for insomnia without any attempt to use the multiple sleep aids available OTC. There is no provided subjective or objective evidence to support the use of Trazodone on an industrial basis for this patient. There is no documentation of alternatives other than Trazodone has provided for insomnia or that the patient actually requires sleeping pills. The patient is not documented with objective evidence to have insomnia or a sleep disorder at this point in time or that conservative treatment is not appropriate for treatment. There is no evidence that diet and exercise have failed for the treatment of sleep issues. There is no evidence that sleep hygiene, diet and exercise have failed for the treatment of sleep issues. There is no demonstrated failure of the multiple sleep aids available OTC. There is no medical necessity for a hypnotic/antidepressant agent for sleep over the available OTC sleep remedies. There was no demonstrated medical necessity for the prescribed Trazodone 50 mg #60.

Cymbalta 60mg, Qty 60.: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cymbalta Page(s): 42. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Medications for Chronic Pain; Antidepressants; Duloxetine

Decision rationale: The prescription of the antidepressant Cymbalta for the treatment of chronic pain is consistent with the recommendations of the Official Disability Guidelines for the treatment of neuropathic pain. The Official Disability Guidelines recommend the use of Cymbalta as a first line treatment for neuropathic pain. There is no documented neuropathic pain documented for this patient as she is treated for issues reported to have been due to RSI with no demonstrated objective evidence consistent with a nerve impingement radiculopathy or consistent with chronic regional pain syndrome. There is no demonstrated nerve impingement radiculopathy. The treating physician did not provide a rationale supported with objective evidence to support the medical necessity of the prescribed Cymbalta 60mg #60. There is no demonstrated nexus to the cited mechanism of injury due to reported RSI. The patient is diagnosed with knee, ankle, and hand pain. There is no clinical documentation by the provider to support the prescription for Cymbalta 60 mg bid for the effects of the industrial injury. There was no trial with the recommended tricyclic antidepressants. The patient has not been

demonstrated to have functional improvement based on the prescribed significant dose of Cymbalta. The prescribing provider did not provide a rationale for the use of the Cymbalta for the treatment of chronic pain and the clinical documentation provided did not note depression or neuropathic pain. There was no documentation of any functional improvement attributed to Cymbalta. There was no objective evidence to support the medical necessity of the prescription for Cymbalta. The patient is given a nonspecific diagnosis and has been prescribed Cymbalta for a prolonged period time without demonstrated functional improvement. There is no documented mental status examination and no rationale to support medical necessity. There is no provided nexus to the stated mechanism of injury over nine (9) years ago for the current symptoms. Cymbalta is an antidepressant in a group of drugs called selective serotonin and norepinephrine reuptake inhibitors (SSNRIs). Cymbalta is used to treat major depression disorder and general anxiety disorder. Cymbalta is used to treat chronic pain disorder called fibromyalgia, treat pain caused by nerve damage in people with diabetes, and to treat chronic muscular skeletal pain including discomfort from osteoarthritis and chronic lower back pain. The California MTUS guidelines state that Cymbalta is FDA approved for anxiety, depression, diabetic neuropathy, and fibromyalgia. This medication is often used off label for neuropathic pain and radiculopathy. Cymbalta is recommended as a first-line option for diabetic neuropathy. The patient does not have a diagnosis of specific neuropathic pain. There is no demonstrated medical necessity for the continued prescription of Cymbalta 60 mg #60 for the treatment of the effects of the cited industrial injury.

Terocin 4% Lidocaine patch Qty. 30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Salicylate; Topical Analgesics; Anti-Inflammatory Medications Page(s): 105;111-113; 67. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Salicylate Topical.

Decision rationale: The prescription for Terocin patches #30 is not medically necessary for the treatment of the patient for pain relief for the orthopedic diagnoses of the patient. There is no Orthopedic clinical documentation submitted to demonstrate the use of the topical patches for appropriate diagnoses or for the recommended limited periods of time. It is not clear that the topical NSAID medications are medically necessary in addition to prescribed oral medications. There is no provided subjective/objective evidence that the patient has failed or not responded to other conventional and recommended forms of treatment for relief of the effects of the industrial injury. Only if the subjective/objective findings are consistent with the recommendations of the ODG, then topical use of topical preparations is only recommended for short-term use for specific orthopedic diagnoses. There is no demonstrated medical necessity for the prescription of Terocin patches #30 for the treatment of chronic low back pain due to degenerative disc disease. The request for Terocin patches is not medically necessary for the treatment of the patient for the diagnosis of chronic back pain. The patient is over nine (9) years s/p DOI and has exceeded the time period recommended for topical treatment. There are alternatives available OTC for the prescribed topical analgesics. The volume applied and the times per day that the

patches are applied are variable and do not provide consistent serum levels consistent with effective treatment. There is no medical necessity for the addition of patches to the oral medications in the same drug classes. There is no demonstrated evidence that the topical are more effective than generic oral medications. The prescription for Terocin patches is not medically necessary for the treatment of the patient's pain complaints. The prescription of Terocin patches is not recommended by the CA MTUS and the Official Disability Guidelines. The continued use of topical NSAIDs for the current clinical conditions is not otherwise warranted or appropriate - noting the specific comment, "There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip, or shoulder." The objective findings in the clinical documentation provided do not support the continued prescription for the treatment of chronic pain, as there is no demonstrated efficacy or functional improvement. There is no documented medical necessity for the prescribed Terocin patches #30 for the effects of the industrial injury.

Monarch pain cream, 2 tubes: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47; 128, Chronic Pain Treatment Guidelines Anti-Inflammatory Medications, Muscle Relaxants ; Topical Analgesics Page(s): 22,67-68;63;111. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Cyclobenzaprine; Muscle Relaxants; Topical Analgesics; Topical Analgesics Compounded.

Decision rationale: The prescription for the topical compounded analgesic Monarch pain cream 2 tubes is not medically necessary for the treatment of the patient for pain relief for the orthopedic diagnoses of the patient. There is clinical documentation submitted to demonstrate the use of the topical gels for appropriate diagnoses or for the recommended limited periods of time. It is not clear that the topical compounded medications are medically necessary in addition to prescribed oral medications. There is no provided subjective/objective evidence that the patient has failed or not responded to other conventional and recommended forms of treatment for relief of the effects of the industrial injury. Only if the subjective/objective findings are consistent with the recommendations of the ODG, then topical use of topical preparations is only recommended for short-term use for specific orthopedic diagnoses. There is no provided rationale supported with objective evidence to support the prescription of the topical compounded cream. There is no documented efficacy of the prescribed topical compounded analgesics with no assessment of functional improvement. The patient is stated to have reduced pain with the topical creams; however, there is no functional assessment and no quantitative decrease in pain documented. Evidence-based guidelines report that compounded drugs are not evaluated for safety or efficacy by the federal FDA. According to the FDA, compounded drugs carry significant health risk that can lead to permanent injury or death. The California state legislature stated: "The legislature hereby declares the need to remove the financial incentive for prescribing costly and questionable compounded drugs, co-packs, and medical foods and create a new process for the prescription of compounded drugs, co-packs, and medical foods." The prescribed topical analgesic is not demonstrated to be medically necessary for the treatment of the cited diagnoses

of this patient. The use of topical compounded analgesics is documented to have efficacy for only 2-4 weeks subsequent to injury and thereafter is not demonstrated to be as effective as oral NSAIDs. There is less ability to control serum levels and dosing with the topical. The patient is not demonstrated to have any GI issue at all with NSAIDs or the prescribed analgesics. There is no demonstrated medical necessity for topical NSAIDs for chronic pain for a prolonged period of time. The request for the topical compounded analgesics is not medically necessary for the treatment of the patient for the diagnosis of the chronic pain. The use of the topical gels does not provide the appropriate therapeutic serum levels of medications due to the inaccurate dosing performed by rubbing variable amounts of gels on areas that are not precise. The volume applied and the times per day that the gels are applied are variable and do not provide consistent serum levels consistent with effective treatment. There is no medical necessity for the addition of gels to the oral medications in the same drug classes. There is no demonstrated evidence that the topical are more effective than generic oral medications. The use of the topical compounded analgesic Monarch pain cream 2 tubes are not supported by the applicable evidence-based guidelines as cited above. The continued use of topical NSAIDs for the current clinical conditions is not otherwise warranted or demonstrated to be appropriate. There is no documented objective evidence that the patient requires both the oral medications and the topical analgesic medication for the treatment of the industrial injury. The prescription for the topical compounded analgesic Monarch pain cream 2 tubes is not medically necessary for the treatment of the patient's chronic pain complaints. The prescription of Monarch pain cream 2 tubes is not recommended by the CA MTUS; ACOEM guidelines, and the Official Disability Guidelines. The continued use of topical NSAIDs for the current clinical conditions is not otherwise warranted or appropriate - noting the specific comment that "There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip, or shoulder." The objective findings in the clinical documentation provided do not support the continued prescription of Monarch pain cream 2 tubes for the treatment of chronic pain. There is no demonstrated medical necessity for the topical compounded cream Monarch pain cream 2 tubes.