

<b>Case Number:</b>	CM14-0020181		
<b>Date Assigned:</b>	04/23/2014	<b>Date of Injury:</b>	09/01/2000
<b>Decision Date:</b>	07/10/2014	<b>UR Denial Date:</b>	02/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/18/2014

### 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 Anesthesiology Pain Medicine and is licensed to practice in Florida. 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 49 year old female with a reported date of injury on 09/01/2000. The mechanism of injury was while removing a dog from a police car she injured her neck and bilateral shoulder with associated numbness in the right upper extremity. The progress noted dated 12/04/2013 listed the diagnoses as major depression, recurrent, moderate, pain disorder associated with both psychological factors and a general medical condition. The progress note dated 01/30/2014 listed the injured worker's prior problems as headache, tension, cervicgia, cervical radiculopathy, chronic pain syndrome, myofascial pain syndrome, common migraine, postlaminectomy syndrome cervical region, C5-6 anterior/posterior fusion, combination opioid drug and other drug dependence continued. The progress note dated 01/30/2014 reported cervical range of motion as forward flexion was 40 degrees, right/left lateral flexion was 35 degrees, hyperextension was 40 degrees, and right/left lateral rotation was 70 degrees. There was also noted numbness in the bilateral ring and little fingers with cervical forward flexion, straight leg raises were negative, normal sensation to pin prick in upper and lower extremities, and deep tendon reflexes are normal bilaterally. The progress note also reported the injured worker's current pain rating on a good day was 4/10 and on a bad day was 8/10. The request of authorization was not submitted with the medical records. The request is for Imitrex injection 20mg/ACT solution QTY: 6, Imitrex statdose injections 6mg/0.5ml solution, Kadian 80mg XR 24 hr cap x60, Butalbitol/APAP/Caffeine 50-325-40mg tablets, Ibuprofen 800mgtablets, Carisoprodol 350mg tablets, Hydrocodone/APAP 10-325mg tablets, and Venefaxine 150mg tablets, Rozerem 8mg, Alprazolam 1mg, and Clonazepam 1mg.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**IMITREX INJECTION 20MG/ACT SOLUTION QTY: 6: Upheld**

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

**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 request of Imitrex 20mg/ACT solution QTY: 6 are non-certified. The injured worker has been diagnosed with migraines. The Official Disability Guidelines may recommend oral triptans for migraine sufferers. At marketed doses, all oral triptans (e.g., sumatriptan, brand name Imitrex) are effective and well tolerated. Differences among them are in general 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. The clinical information failed to provide sufficient details regarding the injured workers need for injectable Imitrex over the recommended oral medication. Further, the injured worker was noted to have good efficacy; however, significant documentation regarding the outcome, including quantifiable pain ratings, functional improvement, as adverse effects were not addressed. Therefore, the request is non-certified.

**IMITREX STAT DOSE INJECTION 6MG/0.5ML SOLN: Upheld**

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

**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 request of Imitrex Stat Dose Injection 6MG/0.5ML SOLN is non-certified. The injured worker has been diagnosed with migraines. The Official Disability Guidelines may recommend oral triptans for migraine sufferers. At marketed doses, all oral triptans (e.g., sumatriptan, brand name Imitrex) are effective and well tolerated. Differences among them are in general 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. The clinical information failed to provide sufficient details regarding the injured workers need for injectable Imitrex over the recommended oral medication. Further, the injured worker was noted to have good efficacy; however, significant documentation regarding the outcome, including quantifiable pain ratings, functional improvement, as adverse effects were not addressed. Therefore, the request is non-certified.

**KADIAN 80MG XR 24HR CAP X 60: Upheld**

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

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

**Decision rationale:** The request for Kadian 80mg XR 34HR cap X60 is non-certified. The injured worker has been taking this medication for over 6 months with unclear documentation regarding efficacy. The California Chronic Pain Medical Treatment guidelines states the proposed advantage of long-acting opioids is that they stabilize medication levels and provide around the clock analgesia. The guidelines recommend a pain assessment which should include current pain, the least reported pain over the period since last assessment, average pain, and intensity of pain after taking the opioid, how long it takes for pain relief, and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decrease pain, increased level of function, or improved quality of life. The injured worker has been taking this medication for more than 6 months with no clear documentation of relief or how long the relief lasts. Therefore, the request is non-certified.

**BUTALBITOL/APAP/CAFFEINE 50-325 40MG TABS:** Upheld

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

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

**Decision rationale:** The request for Butalbitol/APAP/Caffeine 50-325-40mg tablets is non-certified. The injured worker has been taking Fioricet for over 6 months without clear documentation of efficacy. The Official Disability Guidelines do not recommend for chronic pain. The potential for drug dependence is high and no evidence exists to show a clinically important enhancement of analgesic efficacy of barbiturate containing analgesic due to the barbiturate constituents. Fioricet is commonly used for acute headache, with some data to support it, but there is a risk of medication overuses as well as rebound headache. There is unclear documentation to the efficacy of this medication as well as the risk for drug dependence to which the injured worker has a history of opioid dependence. Therefore the request is non-certified.

**IBUPROFEN 800MG TABS:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, Back Pain-Chronic Low Back Page(s): 68.

**Decision rationale:** The request for Ibuprofen 800mg tablets is non-certified. The California Chronic Pain Medical Treatment guidelines recommend NSAIDS for short-term symptomatic relief. In addition, literature on drug relief for low back pain (LBP) suggested that NSAIDS were

no more effective than other drugs such as acetaminophen, narcotic analgesics, and muscle relaxants. The review also found that NSAIDs had more adverse effects than placebo and acetaminophen but fewer effects than muscle relaxants and narcotic analgesics. In addition, evidence from the review suggested that no one NSAID, including COX-2 inhibitors, was clearly more effective than another inflammatory. The guidelines state there is inconsistent evidence for the use of these medications to treat long-term neuropathic pain, but they may be useful to treat breakthrough and mixed pain conditions such as osteoarthritis (and other nociceptive pain) in with neuropathic pain. The injured worker complains of cervical pain and there is a lack of evidence of pain related osteoarthritis. The physician's rationale for this medication is unclear. The documentation submitted states the injured worker has cervical radiculopathy; however, NSAIDs are not supported for neuropathic pain. Therefore, the request is non-certified.

**CARISOPRODOL 350MG TABS:** Upheld

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

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

**Decision rationale:** The request for Carisoprodol 350mg tablets is non-certified. The injured worker has been taking Soma for over 6 months. According to the California Chronic Pain Medical Treatment guidelines this medication is not indicated for long-term use as it has a high incidence of abuse for its sedative and relaxant effects. The injured worker has been on this medication for over 6 months and there is unclear documentation regarding its efficacy. In addition, evidence based guidelines do not support long-term use. Therefore, the request is non-certified.

**HYDROCODONE/APAP 10-325MG TABS:** 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): 75.

**Decision rationale:** The request for Hydrocodone/APAP 10-325mg tablets is non-certified. The injured worker has been taking this medication as well as others with no evidence of efficacy. According to the California Chronic Pain Medical Treatment guidelines, ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. Four domains have been proposed as most relevant for ongoing

monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking 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. There is a lack of documentation regarding analgesia, activities of daily living, adverse side effects, however, there is documentation of opioid drug dependency. There is a lack of documentation regarding current pain, how long it takes for pain relief, and how long pain relief lasts. Therefore, the request is non-certified.

**VENAFAXINE 150MG:** Overturned

**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 Venlafaxine (Effexor) Page(s): 123.

**Decision rationale:** The request for Vanlafaxine 150mg is certified. The injured worker was shown to have weaned from 300mg to 150mg of Effexor. According to the California Chronic Pain Medical Treatment guidelines, Effexor is recommended as an option in the first-line treatment of neuropathic pain. It has FDA approval for treatment of depression and anxiety disorders. It is off-label recommended for treatment of neuropathic pain, diabetic neuropathy, fibromyalgia, and headaches. The injured worker has chronic pain and major depression and has been documented as in the process of weaning off of the Effexor. Therefore, continued use to allow for continued weaning as directed is supported. As such, the request is certified.

**ROZEREM 8MG:** Upheld

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

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

**Decision rationale:** The request for Rozerem 8mg is non-certified. The injured worker has been on this medication for over 6 months. The Official Disability Guidelines do not recommended for long-term use, but recommended for short-term use. The guidelines recommend limiting use of hypnotics to three weeks maximum in the first two months of injury only, and discourage use in the chronic phase. While sleeping pills are commonly prescribed in chronic pain, pain specialists rarely, if ever, recommend them for long-term use. They can be habit-forming, and they may impair function and memory more than opioid pain relievers. There is also concern that they may increase pain and depression over the long-term. The injured

worker has been on this medication for over 6 months and the physician's rationale is unclear to warrant this medication. Therefore, the request is non-certified.

**ALPRAZOLAN 1MG:** Upheld

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

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

**Decision rationale:** The request for Alprazolam 1mg is non-certified. The injured worker has been on this medication for over 6 months. Not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant. According to the guidelines tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. The injured worker has been on this medication for more than 6 months with unclear documentation regarding efficacy. Therefore, the request is non-certified.

**CLONAZEPAM 1MG:** Upheld

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

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

**Decision rationale:** The request for Clonazepam 1mg is non-certified. The injured worker has been on the medication for more than 6 months with a lack of documentation regarding efficacy. The California Chronic Pain Medical Treatment guidelines do not recommend Clonazepam for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant. According to the guidelines tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. The injured worker has been on this medication for more than 6 months with unclear documentation regarding efficacy. Therefore, the request is non-certified.