

<b>Case Number:</b>	CM14-0020256		
<b>Date Assigned:</b>	04/25/2014	<b>Date of Injury:</b>	08/03/2004
<b>Decision Date:</b>	07/18/2014	<b>UR Denial Date:</b>	01/27/2014
<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 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:

This is a 62 year-old female who has reported low back pain after an injury on 08/03/04. The recent diagnoses include lumbar degenerative disc disease and radiculopathy. Per the primary treating physician's progress report (PR2) of 1/30/13, there were no changes in pain. No specific medications were discussed. The injured worker is stated to be able to work part-time, yet is also placed on "off work" status through "11/15/12". Diazepam 10mg #60, oxycodone 30mg #120, and Zolpidem 10mg #30 were prescribed. On 5/1/13, pain was stable, work status was "off work", and medications were unchanged: Diazepam 10mg #60, oxycodone 30mg #120, Lyrica 75mg #120, and Zolpidem 10mg #30 were prescribed. On 7/18/13, pain is ongoing at 7/10. Butrans was started. Diazepam 10mg #60, oxycodone 30mg #180, and Zolpidem 10mg #60 were prescribed. Decreasing oxycodone to #90 was mentioned. Work status was "off work". On 9/19/13 the Butrans has had minimal benefit and an increase is recommended. Work status is "retired". On 11/21/13 the primary treating physician stated that the injured worker says the patches were not strong enough. Butrans was increased to 20mg. Oxycodone 30mg #120, Oxycodone 30mg #90, Zolpidem 10mg #60, Lyrica 75mg #120 were prescribed. Work status was full duty per one page of the report, and "retired" per another page. A drug test of 7/18/13 was stated to be positive for oxycodone and benzodiazepines. Butrans was stated to be used as a long acting medication while oxycodone was decreased, per the report of 12/6/13. Per the PR2 of 2/7/14, pain was 7/10 and woke her from sleep. She was treated with the same medications. Work status is "retired". Oxycodone 30mg #120, Zolpidem 10mg #30, Lyrica 75mg #60, and diazepam #60, were prescribed. There was no mention of prescribing Butrans. On 4/4/14, the injured worker was having trouble sleeping without zolpidem and trazodone was started. Oxycodone and Lyrica were also prescribed. On 1/23/14 zolpidem was listed as for insomnia and oxycodone for pain. On 2/10/14, the primary treating physician stated that the injured worker

was working full-time, that medications have been adjusted to treat pain, that Lyrica is for neuropathic pain, and that medications control her pain. Malpractice actions were threatened against those who harass the physician regarding pain medication. On 2/19/14 the primary treating physician stated that diazepam was for spasm caused by radiculopathy. On 1/27/14, Utilization Review non-certified the medications now under review, noting a recent one-time certification to allow for better documentation, possible aberrant use, minimal benefit, and overall inadequacy of documentation. The MTUS and the Official Disability Guidelines were cited in support of the decisions.

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

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

**BUTRANS PATCH 20MG, #4 WITH 3 REFILLS:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioid management, Opioids, steps to avoid misuse/addiction indications, Chronic back pain Mechanical and compressive etiologies Buprenorphine Page(s): 77-81, 94, 80, 81, 26.

**Decision rationale:** Per the MTUS, buprenorphine is recommended for treatment of opiate addiction and for treating chronic pain, especially after detoxification in patients who have a history of opiate addiction. This injured worker does not meet either of these criteria. She does have chronic pain but has not gone through detoxification or treatment of addiction. Buprenorphine is a partial agonist-antagonist. Since it partially blocks the opioid receptor, the use in combination with another opioid like oxycodone is questionable. There is no evidence in the medical records that Butrans was effective for pain relief or increasing function. The only statements about Butrans from the primary treating physician were that it was not effective as an analgesic. The treating physician stated that Butrans was to be used while oxycodone was decreased. There is no evidence in the records that oxycodone was decreased while Butrans was prescribed. Based on these factors, Butrans is not medically necessary. (See the discussion below for oxycodone for additional reasons for the decisions regarding opioids).

**LYRICA 75MG:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 99.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy Drugs Page(s): 16-21.

**Decision rationale:** Per the MTUS, pregabalin is recommended for neuropathic pain. There is no good evidence in this case for neuropathic pain. There are no physician reports which adequately address the specific symptomatic and functional benefit from the Lyrica used to date. Note the criteria for a "good" response per the MTUS. Function has not been adequately

addressed. The only mentions of function are with respect to work status, and the reports provide conflicting evidence of this. Work status ranges from retired, to off work, to full duty; with no further explanation. This is not an adequate assessment of function. Pregabalin is not medically necessary based on the lack of any clear indication, and the lack of significant symptomatic and functional benefit from its use to date.

**ZOLPIDEM 10MG:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, Insomnia treatment.

**Decision rationale:** The MTUS does not address the use of hypnotics other than benzodiazepines. The Official Disability Guidelines were used instead. No physician reports describe the specific criteria for a sleep disorder. The only reference to a sleep problem is that the patient is awakened by back pain. This is an insufficient basis on which to prescribe chronic zolpidem. The treating physician has not addressed other major issues affecting sleep in this patient, including the use of other psychoactive agents like opioids and diazepam, which significantly impair sleep architecture. Zolpidem, a benzodiazepine agonist, is habituating and recommended for short term use only. This injured worker has been given this hypnotic for duration in excess of what is recommended in the guidelines cited above. This patient has also been given a benzodiazepine, which is additive with the hypnotic, and which increases the risk of side effects and dependency. Treatment of a sleep disorder, including prescribing hypnotics, should not be initiated without a careful diagnosis. There is no evidence of that in this case. Note the ODG citation which recommends short term use of zolpidem, a careful analysis of the sleep disorder, and caution against using zolpidem in the elderly. Prescribing in this case meets none of the guideline recommendations. Zolpidem is not medically necessary based on lack of a sufficient analysis of the patient's condition, the ODG citation, and overuse of habituating and psychoactive medications without clear benefit or indication.

**OXYCODONE 30MG:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids-short acting.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioid management, Opioids, steps to avoid misuse/addiction indications, Chronic back pain Mechanical and compressive etiologies Page(s): 77-81, 94, 80, 81.

**Decision rationale:** There is no evidence that the treating physician is prescribing opioids according to the MTUS, which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract, and there should be a prior failure of non-opioid therapy. Function has been very minimally addressed, as noted above, and

the references to function are conflicting. Only one drug test was mentioned, and it is not at all clear that it was random, as it occurred on the day of the office visit. The actual lab results were not presented. Per the MTUS, opioids are minimally indicated, if at all, for chronic non-specific pain, osteoarthritis, "mechanical and compressive etiologies", and chronic back pain. Aberrant use of opioids is common in this population. The MTUS notes the lack of significant benefit for both pain and function from chronic opioids. The medical reports to date show ongoing high pain levels while on opioids and no specific functional benefit. And as noted above, oxycodone was given while the injured worker was prescribed an opioid agonist-antagonist. There is no evidence that the treating physician has utilized a treatment plan NOT using opioids, and that the injured worker "has failed a trial of non-opioid analgesics". Oxycodone is not medically necessary based on lack of benefit from opioids to date, and lack of a treatment plan for chronic opioid therapy consistent with the MTUS.