

<b>Case Number:</b>	CM14-0026039		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	07/21/2009
<b>Decision Date:</b>	07/21/2014	<b>UR Denial Date:</b>	01/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/28/2014

### 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 Physical Medicine and Rehabilitation 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:

The injured worker is a 35-year-old female who reported an injury on 07/21/2009 with the mechanism of injury not cited within the documentation provided. In the clinical notes dated 12/17/2013, the injured worker complained of lower back pain, left elbow pain, right elbow pain, and right wrist pain. She rated her pain level as 7/10 with the pain occurring intermittently. It was also noted that the injured worker's pain increased to 9 frequently. The injured worker reported that there had been no changes in location or characteristics of pain since the last visit. It was noted that the injured worker had been taking her prescribed medications and that they were helping. The injured worker denied any medication side effects. It was noted that the injured worker showed no evidence of developing medication dependence. Prior treatments included participation in home exercises, psychotherapy, diagnostic studies, medications and gym. The injured worker's prescribed medications included Lyrica 25 mg; Orudis 75 mg; Ultracet 37.5/325 mg; Relistor 8 mg; Lactulose 10 mg/15 mL solution; Amitiza 24 mcg; Zofran 4 mg sublingual 1 daily as needed; Levorphanol 2 mg tablet tablet in a.m., half tablet at noon, tablet at p.m., and tablet at bedtime with maximum of 2 per day; MS-Contin 15 mg 1 at bedtime. The diagnoses included TMJ tendinoligamentous injury; both elbows lateral epicondylitis; right wrist tendinoligamentous injury, right numbness/tingling/lower extremities; anxiety; depression; adjustment reaction with depression and anxiety secondary to chronic pain and disability; reflex sympathetic dystrophy/complex regional pain syndrome lower limb to the right; chronic pain and disability with delayed functional recovery; lumbar spine disc bulging; lumbar facet arthropathy; lumbar spine radiculopathy; bilateral trochanteric bursitis; scoliosis rotary; sacroiliac dysfunction; insomnia; sprain/strain sacroiliac ligament; musculoligamentous sprain/strain of the lower lumbar spine; sprains and strains of lumbar region; musculotendinoligamentous sprain/strain of the lumbar spine; and contusion of the right foot. The physical examination only

include vital signs. The treatment plan included a referral to psychotherapist, continuation of prescribed medications with discontinuation of MS-Contin to be replaced with OxyContin 10 mg. It was noted that a discussion was had with the injured worker pertaining to medication safety and possible side effects and benefits of taking the prescribed medication. The injured worker was also instructed to conduct all activities of daily living as normally as possible and continue with the current home exercise program, medication, psychotherapy, and gym. The injured worker was to return in 3 weeks to monitor response to the current treatment and for management. The request for authorization for Levorphanol 2 mg tab maximum 2 per day #60, Zofran 4 mg sublingual 1 daily #30, and OxyContin 10 mg tablet 2 times daily #60 with rationale was not submitted.

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

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

#### **LEVORPHANOL 2 MG TAB MAXIMUM 2/DAY #60: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list Page(s): 78, 80, 92.

**Decision rationale:** The California MTUS Guidelines state that opioids appear to be efficacious, but limited for short-term pain relief and long-term efficacy is unclear (greater than 16 weeks), but also appears limited. Failure to respond to a time-limited course of opioids has led the suggestion of 1 reassessment and consideration of an alternative therapy. The guidelines also address ongoing monitoring which includes pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of clinical use of these controlled drugs. Levorphanol is used for moderate to severe pain, when an opioid is appropriate for therapy. Levorphanol has been shown to be effective for neuropathic pain. Levorphanol is 4 to 8 times as potent as morphine and it has a much longer half life. Levorphanol is not recommended for breakthrough pain. In the clinical notes provided for review, it is annotated that the injured worker rated her pain at 7/10 with frequently increasing pain level status to a 9. However, the clinical notes do not address if this is with or without pain medication. There is also a lack of documentation of a physical examination to provide physical evidence of neuropathy and rationale for the request of Levorphanol. Furthermore, the request lacks the frequency of which the prescribed medication is to be taken. Therefore, the request for Levorphanol 2 mg tab maximum 2 per day #60 is not medically necessary and appropriate.

#### **ZOFRAN 4 MG SUBLINGUAL 1 DAILY #30: 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 (updated 1/7/14), Ondansetron (Zofran).

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

**Decision rationale:** The Official Disability Guidelines (ODG) state antiemetics are not recommended for nausea and vomiting secondary to chronic opioid use. They are recommended for acute use as noted for nausea and vomiting secondary to chemotherapy and radiation treatment. It is also FDA-approved for postoperative use and acute use as approved for gastroenteritis. Nausea and vomiting is common with the use of opioids. The side effects tend to diminish over days to weeks of continued exposure. If nausea and vomiting remains prolonged, other etiologies of these symptoms should be evaluated. In the clinical notes provided for review, there is lack of documentation or evidence to warrant the use of Zofran. It is annotated that the injured worker reported no side effects and that she is tolerating her medication. Furthermore, the guidelines state that Zofran is not recommended secondary to chronic opioid use. Therefore, the request for Zofran 4 mg sublingual 1 daily #30 is not medically necessary and appropriate.

**OXYCONTIN 10 MG TAB 2X DAILY #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 92.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list Page(s): 80, 92, 78.

**Decision rationale:** The California MTUS Guidelines state that opioids appear to be efficacious, but limited for short-term pain relief and long-term efficacy is unclear (greater than 16 weeks), but also appears limited. Failure to respond to a time-limited course of opioids has led to the suggestion of reassessment and consideration of alternative therapy. There is no evidence to recommend 1 opioid over another. The guidelines also state for ongoing monitoring for opioid use, 4 domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids to include pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related 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. OxyContin is indicated for the management of moderate to severe pain when a continuous, around-the-clock analgesic is needed for an extended period of time. OxyContin tablets are not intended for use as an as needed analgesic. The analgesic dose for Oxycodone in naive patients, the starting dose is 10 mg every 12 hours. In the clinical notes provided for review, it was annotated that the injured worker had been on MS-Contin 15 mg, Ultracet, and Levorphanol 2 mg. It was also annotated that the injured worker's pain level status was rated as 7/10; however, it was not annotated what the pain level status was with or without the prescribed medication. There is also a lack of documentation of the injured worker's physical examination to indicate the areas of pain and the efficacy of the medication. Therefore, the request for OxyContin 10 mg tab 2 times daily #60 is not medically necessary and appropriate.

