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| <b>Case Number:</b>   | CM14-0041365 |                              |            |
| <b>Date Assigned:</b> | 08/01/2014   | <b>Date of Injury:</b>       | 11/18/2003 |
| <b>Decision Date:</b> | 09/09/2014   | <b>UR Denial Date:</b>       | 03/20/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 04/07/2014 |

### 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 42-year-old-female, who sustained injury on 11/18/2003. She states her injury occurred while lifting a box, when she felt a pop and pain in her low back. Patient had micro-discectomy in 2007. In 2008, she had an interbody fusion at L5-S1 level. Patient states she developed a foot drop on the right as a result of the last surgery. She currently has difficulty sleeping, depression, arm/shoulder pain, back stiffness, neck pain, leg pain (right), neck stiffness, and numbness in the feet and toes, urinary dysfunction with incontinence and bowel dysfunction with occasional incontinence, saddle anesthesia. Patient states the pain is now constant and worsening. She states that opioids are helping with ADLs (Activities of Daily Living) and return to work. No aberrant behavior is noted. Examination of low back shows a healed surgical scar. Palpation shows moderate paralumbar muscle spasm bilaterally. Active ROM (Range of Motion), flexion 75% of normal; extension 60% of normal; Right Lateral Flexion 60% of normal; Left Lateral Flexion 70% of normal. SLR (Straight Leg Raising) testing was positive on the right at 70%. On right knee exam, there was slight tenderness over the posterior right knee. Dorsiflexion and plantar flexion were 3-/5; ankle eversion was 2+/5 and inversion is 3-/5. There is 0-1/5 motor strength of toe flexion extension with atrophy of the small muscles of the foot and visible atrophy of the calf, hamstring and gluteal muscles exam unchanged. Left lower extremity strength appeared to be normal. Medications are Xanax 0.5 mg, Lyrica 675mg per day, which she says works best with no side effects. Neurontin was not helpful. Trial of Lunesta 3mg was given. She had urine toxicology which showed appropriate use of medications. MRI of the L/S spine dated 8/24/12 has showed posterior fusion at L4-5, clumping of cauda equina nerve roots at L4-5, mild diffuse disc bulge and facet arthropathy at L5-S1. Diagnoses: Status post lumbar fusion on 09/18/08; cervical strain with intermittent right-sided cervical radicular symptoms; right knee pain; cervicogenic headaches; depression due to chronic pain; right knee and hip pain,

right foot drop. UR request for Oxycodone 30mg quantity of 210 modified to Oxycodone 30mg, one tablet three times a day, #100; Miralax powder was modified to Miralax powder 527 g jar for one-month supply; Senokot modified to Senokot 8.6mg for one-month supply; Xanax 0.5mg, quantity of 120 denied; Lyrica 675mg modified to 225mg, one tablet, three times a day x one month supply; Lunesta 3mg denied due to lack of medical necessity.

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

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

#### **Oxycodone 30mg, #210: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use for a Therapeutic Trial of Opioids.

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

**Decision rationale:** According to CA MTUS guidelines, Oxycodone as a short acting Opioid is recommended for chronic pain management under certain criteria. The guidelines state the following for continuation of management with Opioids; "(c) Office: 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". In this case, the medical records indicate that the injured worker has disabling chronic pain. She is noted that the opioids help her to function, and perform her ADLs (Activities of Daily Living) and work duties. It appears that the patient is taking Oxycodone 30mg x 7, which exceeds the recommended dosing of 10-30mg every 4-6 hours as needed. Furthermore, it should be used for breakthrough pain. Instead, long acting opioids would be appropriate and reasonable with once or twice a day dosing. Therefore, the request for Oxycodone 30mg #210 is not medically necessary and appropriate.

#### **Miralax Powder 527g jar: 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-TWC), Pain Chapter, Procedure Summary (last updated 03/18/14), Opioid-induced Constipation.

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

**Decision rationale:** Per CA MTUS guidelines, prophylactic treatment of constipation should be initiated with opioid therapy. In this case, there is no documentation of persistent constipation to warrant therapy. There is no evidence of bowel hygiene in this patient. Therefore, the request of Miralax Powder 527g jar is not medically necessary and appropriate.

**Senokot: 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-TWC), Pain Chapter, Procedure Summary (last updated 03/18/14), Opioid-induced Constipation.

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

**Decision rationale:** Per CA MTUS guidelines, prophylactic treatment of constipation should be initiated with opioid therapy. In this case, there is no documentation of persistent constipation to warrant therapy. There is no evidence of bowel hygiene in this patient. Therefore, the request of Senokot is not medically necessary and appropriate.

**Xanax 0.5mg, #120: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG-TWC), Pain Chapter, Procedure Summary (last updated 03/18/14), Anxiety Medications.

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

**Decision rationale:** According to the guidelines, Benzodiazepines are not recommended. These medications are 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. Furthermore, if a diagnosis of an anxiety disorder exists, a more appropriate treatment would be an antidepressant. Therefore, the request for Xanax 0.5mg #120 is not medically necessary and appropriate.

**Lyrica 675mg: 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 Lyrics Page(s): 99.

**Decision rationale:** As per CA MTUS guidelines, Lyrica has been documented to be effective in treatment of diabetic neuropathy and postherpetic neuralgia, has FDA approval for both indications, and is considered first-line treatment for both. It is also FDA approved for treatment for generalized anxiety disorder and social anxiety disorder. Other indications are considered off-label and are not FDA approved. In this case, there is no documentation that the patient has been diagnosed with diabetic neuropathy, postherpetic neuralgia, or anxiety disorder. Thus, the medical necessity has not been established and the request of Lyrica 675mg is not medically necessary and appropriate.

**Lunesta 3mg: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Med Lett Drugs Ther. 2005 Feb 28;47 (1230):17-9, Eszopicone.

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

**Decision rationale:** MTUS guidelines do not address the issue. Per ODG guidelines, Lunesta (Eszopiclone) is a new hypnotic that is effective for treatment of insomnia of at least 6 months duration, but not recommended for long term use. The injured worker complains of lack of sleep. However, there is no documentation of a thorough evaluation to rule out other etiologies of sleep disturbance or proper sleep hygiene that is critical to the individual with chronic pain. Additionally, it is unclear from the records for how long he has been prescribed this medication since guidelines recommend short-term use only. Therefore, the request of Lunesta 3mg is not medically necessary and appropriate.