

<b>Case Number:</b>	CM14-0059331		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	10/02/2009
<b>Decision Date:</b>	09/05/2014	<b>UR Denial Date:</b>	04/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/30/2014

### 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:

Injured worker is a 52-year-old female who has submitted a claim for lumbar sprain / strain, thoracic sprain / strain, myofascial pain syndrome, lumbar radicular syndrome, major depressive disorder, somatoform disorder, and chronic pain syndrome associated with an industrial injury date of 10/02/2009. Medical records from 2009 to 2014 were reviewed. Patient complained of thoracic and lumbar pain described as stabbing, radiating to bilateral toes. Aggravating factors included lifting, bending, prolonged walking, standing, and sitting. Patient reported depression but no suicidal thoughts. Patient had poor sleep quality with frequent interruptions at night. Physical examination of the lumbar spine showed restricted range of motion, with tender paraspinal muscles. Gait was normal. Straight leg raises test was equivocal bilaterally. Motor strength of bilateral ankle dorsiflexors was graded 4/5. Dysesthesia was noted at bilateral L5 and S1 dermatomes. Reflexes were intact. Treatment to date has included lumbar epidural steroid injection, trigger point injection, acupuncture, home exercise program, aquatic therapy, and medications such as Lyrica, Vicodin, Cymbalta, naproxen, Colace, omeprazole, insulin, metformin, simvastatin, and lisinopril. Previous utilization review was not made available in the records submitted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lyrica 100 mg #60, one twice daily, 4 refills: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy Drugs Page(s): 16-17.

**Decision rationale:** As stated on pages 16 - 17 of CA MTUS Chronic Pain Medical Treatment Guidelines, antidepressants, such as pregabalin and gabapentin, are recommended as a first line option for neuropathic pain, i.e., painful polyneuropathy. In this case, patient's manifestation of chronic low back pain radiating to bilateral lower extremities associated with numbness, is consistent with neuropathic pain. Patient has been on Lyrica since 2013 and reported symptom relief. However, there was no documentation concerning objective functional improvement derived from its use. Moreover, patient had two emergency room visits from January and March 2014 due to low back pain - signifying lack of pain control from medication regimen. Therefore, the request for Lyrica 100 mg #60, one twice daily, 4 refills is not medically necessary.

**Zofran 4 mg #30, one once daily, 4 refills:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://dailymed.nlm.nih.gov/dailymed/lookup.cfm?setid=d9a71b42-ddfc-49d5-7280-0fc0041dba41#nlm34067-9>.

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

**Decision rationale:** The CA MTUS does not address ondansetron specifically. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines, (ODG), Pain Chapter, Antiemetics (for opioid nausea) and Ondansetron was used instead. ODG states that ondansetron is indicated for prevention of nausea and vomiting caused by cancer chemotherapy, radiation therapy and surgery. It is not recommended for nausea and vomiting secondary to chronic opioid use. In this case, patient has been on Zofran since 2013; however, there was no clear indication for its use. There were no subjective complaints of nausea or vomiting. Patient likewise is not on chemotherapy, radiotherapy, or in post-operative state. Therefore, the request for Zofran 4 mg #30, one once daily, 4 refills is not medically necessary.

**Cymbalta 100 mg #30, one once daily, 4 refills:** 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 Duloxetine (Cymbalta) Page(s): 43-44.

**Decision rationale:** The CA MTUS Chronic Pain Medical Treatment Guidelines state that duloxetine is recommended as an option in first-line treatment option in neuropathic pain, as well as depression. In this case, patient's clinical manifestations are consistent with neuropathic pain. Patient likewise reported depression but no suicidal thoughts. Cymbalta was prescribed since 2013 and patient reported symptom relief from its use. However, there was no documentation concerning objective functional improvement to support this request. Moreover, patient had two emergency room visits from January and March 2014 due to low back pain - signifying lack of pain control from medication regimen. Therefore, the request for Cymbalta 100 mg #30, one once daily, 4 refills is not medically necessary.

**Colace 100 mg #30, one once daily, 4 refills:** 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, Initiating Therapy Page(s): 77.

**Decision rationale:** According to Page 77 of CA MTUS Chronic Pain Medical Treatment Guidelines states that with opioid therapy, prophylactic treatment of constipation should be initiated. Docusate is a stool softener. In this case, the patient has been on chronic opioid therapy since 2012; hence, docusate may be warranted. However, a simultaneous request for Vicodin had been deemed not medically necessary; thus, there is no current indication for continuing Colace treatment. Therefore, the request for Colace 100 mg #30, one once daily, 4 refills is not medically necessary.

**Vicodin 5/325 mg #60, one twice daily, no refills:** 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 Page(s): 78.

**Decision rationale:** As stated on page 78 of CA MTUS Chronic Pain Medical Treatment Guidelines, there are 4 A's for ongoing monitoring of opioid use: pain relief, side effects, physical and psychosocial functioning and the occurrence of any potentially aberrant 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. In this case, patient has been on opioids since 2012. However, the medical records do not clearly reflect continued analgesia, continued functional benefit, or a lack of adverse side effects. Moreover, patient had two emergency room visits from January and March 2014 due to low back pain - signifying lack of pain control from medication regimen. Therefore, the request for Vicodin 5/325 mg #60, one twice daily, no refills is not medically necessary.