

Case Number:	CM14-0071945		
Date Assigned:	07/16/2014	Date of Injury:	06/19/2006
Decision Date:	09/22/2014	UR Denial Date:	05/14/2014
Priority:	Standard	Application Received:	05/19/2014

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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of June 19, 2006. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties, adjuvant medications; reported diagnosis with posttraumatic stress disorder, psychotropic medications; opioid therapy; lumbar laminectomy and discectomy surgeries in 2007; and unspecified amounts of physical therapy over the life of the claim. In a Utilization Review Report dated May 14, 2014, the claims administrator partially certified a request for Lyrica, partially certified request for Morphine, partially certified request for OxyContin, partially certified request for Viagra, and denied a request for Methadone. The applicant's attorney subsequently appealed. On May 8, 2013, the applicant apparently presented with issues associated with agitation, obsessive compulsive tendencies, and posttraumatic stress disorder. The applicant was asked to employ Wellbutrin, Risperdal, and Medi-Doze. The applicant did not appear to be working. In a medical-legal evaluation of October 4, 2013, the applicant was described as using Lyrica, Ambien, Wellbutrin, OxyContin, Levoxyl, and AndroGel. The applicant was off of work, it was suggested. The applicant had ongoing issues with sexual dysfunction and sleep disturbance. The applicant was given a 30% whole-person impairment rating from the sexual dysfunction perspective. In a May 6, 2014 progress note, the applicant reported 9/10 pain, heightened, increased since the last visit. The applicant had no change in activities of daily living. The applicant has a poor quality of life, it was stated, and remains sad, anxious, and irritable, despite ongoing medication usage. The attending provider then stated that the medications and TENS unit were somewhat beneficial but did not quantify or elaborate upon the same. The applicant was using Lyrica, AndroGel, Viagra, morphine, OxyContin, and Wellbutrin, it was stated. The

applicant's BMI was 32. Methadone was started. In a medical-legal evaluation of April 14, 2014, the medical-legal evaluator noted that the applicant was off of work, was using a cane, and had been poorly educated as to the nature and extent of his chronic pain. The medical-legal evaluator stated that he had recommended that the applicant taper off of the opioid drugs in question. The applicant was using OxyContin, Wellbutrin, AndroGel, Viagra, Quazepam, Lyrica, and Levoxyl, it was stated. The medical-legal evaluator suggested that the applicant use Suboxone to try and wean off of the opioids in question. The medical-legal evaluator stated that the applicant was using the medications without any clear functional benefit. Referral questions: 1. No, the request for Lyrica, an anticonvulsant adjuvant medication, is not medically necessary, medically appropriate, or indicated here. While page 99 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that Lyrica, an anticonvulsant adjuvant medication, is a first-line treatment for neuropathic pain, this recommendation is qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. In this case, however, the applicant is off of work. The applicant's pain complaints are heightened, at the 9/10 level, despite ongoing Lyrica usage. The applicant remains highly reliant and highly dependent on various opioid agents. All of the above, taken together, suggest a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing usage of Lyrica. Therefore, the request is not medically necessary. References: 1. MTUS Chronic Pain Medical Treatment Guidelines, page 99, Pregabalin topic. 2. MTUS Chronic Pain Medical Treatment Guidelines, page 7. 3. MTUS 9792.20f. 2. Similarly, the request for extended release morphine is likewise not medically necessary, medically appropriate, or indicated here. The attending provider posed the request as morphine sulfate extended release 60 mg #90 with six refills. Morphine, however, is a Schedule II medication. As noted by the Drug Enforcement Administration (DEA), Schedule II medications such as extended release morphine cannot be refilled. It is further noted that the applicant fails to meet criteria set forth on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines for continuation of opioid therapy. Specifically, the applicant has failed to return to work. The applicant's pain complaints are heightened, in the 9/10 range, despite ongoing usage of morphine. The applicant is having difficulty performing even basic activities of daily living, such as walking, it is further noted. All of the above, taken together, do not make a compelling case for continuation of morphine. Therefore, the request is not medically necessary. References: 1. MTUS Chronic Pain Medical Treatment Guidelines, page 80, When to Continue Opioids topic. 2. Drug Enforcement Administration (DEA). 3. The request for OxyContin, a long-acting opioid, is likewise not medically necessary, medically appropriate, or indicated here. As noted on page 78 of the MTUS Chronic Pain Medical Treatment Guidelines, the lowest possible dose of opioids should be prescribed to improve pain and function. In this case, the attending provider has furnished the applicant with several different long-acting opioids, including morphine and OxyContin. It is unclear why two separate long-acting opioids need to be employed here. It is further noted that OxyContin is a Schedule II substance. As noted by the Drug Enforcement Administration (DEA), Schedule II substances cannot be refilled. The attending provider, however, has seemingly sought authorization for OxyContin with six refills. Finally, the applicant failed to meet criteria set forth on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines for continuation of opioid therapy. Namely, the applicant has failed to return to work. The applicant continues to report 9/10 pain, despite ongoing opioid therapy with OxyContin. There has been no concrete description of improvements in function achieved as a result of ongoing

OxyContin usage. For all of the stated reasons, then, the request is not medically necessary. References: 1. MTUS Chronic Pain Medical Treatment Guidelines, page 78, Opioids, Ongoing Management topic. 2. Opioids, Ongoing Management topic (DEA). 3. MTUS Chronic Pain Medical Treatment Guidelines, page 80. 4. Similarly, the request for Viagra 100 mg #20 with six refills is likewise not medically necessary, medically appropriate, or indicated here. The MTUS does not address the topic. While the American Urologic Association (AUA) notes that 5-phosphodiesterase inhibitors such as Viagra are a first-line therapy for erectile dysfunction, the AUA qualifies the recommendation by noting that applicants on 5-inhibitor therapy should be periodically followed upon to determine efficacy, side effects, and/or significant changes in health status, including changes in medications. In this case, then, the six-refill supply of Viagra being sought by implication, does not afford the attending provider an opportunity to re-evaluate the applicant to ensure ongoing medication efficacy. It is further noted that the request in question does represent a renewal request. The attending provider has not stated whether or not ongoing usage of Viagra has been effective in ameliorating the applicant's allegations of and/or issues with sexual dysfunction. Therefore, the request is not medically necessary. References: American Urologic Association (AUA), Management of Erectile Dysfunction Guideline. 5. The request for methadone 10 mg #120 with two refills is likewise not medically necessary, medically appropriate, or indicated here. While page 61 of the MTUS Chronic Pain Medical Treatment Guidelines does recommend methadone as a second-line drug for moderate-to-severe pain, methadone, however, is a Schedule II controlled substance. As noted by the Drug Enforcement Administration (DEA), Schedule II substances cannot be refilled. The request, as written, then, runs counter to DEA rules and regulations. It is acknowledged that the request for methadone is a first-time request and that page 61 of the MTUS Chronic Pain Medical Treatment Guidelines would seemingly have supported a trial of methadone here, given the failure of numerous other opioid and non-opioid therapies, the request, as written, for methadone 10 mg #120 with two refills cannot be approved as written as it runs counter to DEA regulations. Therefore, the request is not medically necessary. References: 1. MTUS Chronic Pain Medical Treatment Guidelines, page 61, Methadone topic. 2. Drug Enforcement Administration (DEA).

IMR ISSUES, DECISIONS AND RATIONALES

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

Lyrica 300 mg #60 with 6 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pregabalin topic Page(s): 99,7.

Decision rationale: While page 99 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that Lyrica, an anticonvulsant adjuvant medication, is a first-line treatment for neuropathic pain, this recommendation is qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. In this

case, however, the applicant is off of work. The applicant's pain complaints are heightened, at the 9/10 level, despite ongoing Lyrica usage. The applicant remains highly reliant and highly dependent on various opioid agents. All of the above, taken together, suggest a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing usage of Lyrica. Therefore, the request is not medically necessary.

Morphine sulf ER 60mg #90 with 6 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids topic Page(s): 80. Decision based on Non-MTUS Citation Drug Enforcement Administration (DEA).

Decision rationale: The attending provider posed the request as Morphine Sulfate extended release 60 mg #90 with six refills. Morphine, however, is a Schedule II medication. As noted by the Drug Enforcement Administration (DEA), Schedule II medications such as extended release Morphine cannot be refilled. It is further noted that the applicant fails to meet criteria set forth on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines for continuation of opioid therapy. Specifically, the applicant has failed to return to work. The applicant's pain complaints are heightened, in the 9/10 range, despite ongoing usage of Morphine. The applicant is having difficulty performing even basic activities of daily living, such as walking, it is further noted. All of the above, taken together, do not make a compelling case for continuation of Morphine. Therefore, the request is not medically necessary.

Oxycontin 60mg #120 with 6 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Ongoing Management topic Page(s): 78,80. Decision based on Non-MTUS Citation Opioids, Ongoing Management topic (DEA).

Decision rationale: As noted on page 78 of the MTUS Chronic Pain Medical Treatment Guidelines, the lowest possible dose of opioids should be prescribed to improve pain and function. In this case, the attending provider has furnished the applicant with several different long-acting opioids, including Morphine and OxyContin. It is unclear why two separate long-acting opioids need to be employed here. It is further noted that OxyContin is a Schedule II substance. As noted by the Drug Enforcement Administration (DEA), Schedule II substances cannot be refilled. The attending provider, however, has seemingly sought authorization for OxyContin with six refills. Finally, the applicant failed to meet criteria set forth on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines for continuation of opioid therapy. Namely, the applicant has failed to return to work. The applicant continues to report 9/10 pain, despite ongoing opioid therapy with OxyContin. There has been no concrete description of

improvements in function achieved as a result of ongoing OxyContin usage. For all of the stated reasons, then, the request is not medically necessary.

Viagra 100mg #20 with 6 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Assessment Subcommittee of the American college of Physicians.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Urologic Association (AUA), Management of Erectile Dysfunction Guideline ERECTILE DYSFUNCTIONDownload the unabridged version of this guideline [pdf]THE MANAGEMENT OF ERECTILE DYSFUNCTION (2005)Panel Members:Drogo K. Montague, MD, Co-Chair; Jonathan P. Jarow, MD, Co-Chair; Gregory A. Broderick, MD; Roger R. Dmochowski, MD; Jeremy P.W. Heaton, MD; Tom F. Lue, MD; Aaron J. Milbank, MD; Ajay Nehra, MD; Ira D. Sharlip, MDPhosphodiesterase Type 5 (PDE5) InhibitorsStandard: Oral phosphodiesterase type 5 inhibitors, unless contraindicated, should be offered as a first-line of therapy for erectile dysfunction.[Based on review of data and Panel consensus.]Recommendation: The monitoring of patients receiving continuing phosphodiesterase type5 inhibitor therapy should include a periodic follow-up of efficacy, side effects, and any significant change in health status including medications.[Based on Panel consensus.]

Decision rationale: The MTUS does not address the topic. While the American Urologic Association (AUA) notes that 5 phosphodiesterase inhibitors such as Viagra are a first-line therapy for erectile dysfunction, the AUA qualifies the recommendation by noting that applicants on 5 inhibitor therapy should be periodically followed upon to determine efficacy, side effects, and/or significant changes in health status, including changes in medications. In this case, then, the six-refill supply of Viagra being sought by implication, does not afford the attending provider an opportunity to re-evaluate the applicant to ensure ongoing medication efficacy. It is further noted that the request in question does represent a renewal request. The attending provider has not stated whether or not ongoing usage of Viagra has been effective in ameliorating the applicant's allegations of and/or issues with sexual dysfunction. Therefore, the request is not medically necessary.

Methadone 10mg #120 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines no specific citation noted.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Methadone topic Page(s): 61. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence Drug Enforcement Administration (DEA).<http://www.dea.gov/diversion/faq/prescriptions.htm>Question: Can controlled substance prescriptions be refilled?Answer: Prescriptions for schedule II controlled substances cannot be refilled.

Decision rationale: While page 61 of the MTUS Chronic Pain Medical Treatment Guidelines does recommend Methadone as a second-line drug for moderate-to-severe pain, methadone, however, is a Schedule II controlled substance. As noted by the Drug Enforcement Administration (DEA), Schedule II substances cannot be refilled. The request, as written, then, runs counter to DEA rules and regulations. It is acknowledged that the request for methadone is a first-time request and that page 61 of the MTUS Chronic Pain Medical Treatment Guidelines would seemingly have supported a trial of Methadone here, given the failure of numerous other opioid and non-opioid therapies, the request, as written, for Methadone 10 mg #120 with two refills cannot be approved as written as it runs counter to DEA regulations. Therefore, the request is not medically necessary.