

<b>Case Number:</b>	CM14-0081602		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	05/31/1994
<b>Decision Date:</b>	10/15/2014	<b>UR Denial Date:</b>	04/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/02/2014

### 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 Texas. 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 patient is a 65 year old female who sustained an industrial injury on 5/31/1994. She has been under care of her treating physicians for cervical discopathy, right shoulder rotator cuff tendinitis/bursitis; right elbow lateral epicondylitis, lumbar discopathy, and status post left knee total arthroplasty February 2010, psychiatric diagnoses, and internal medicine diagnoses. According to PR-2 dated 12/23/2013, the patient reports Butrans is extremely effective for much better pain control. As consequence, no longer needs to receive Demerol injections, also BP is better controlled due to decreased pain levels. She is more active and can sleep better. Uses Hydrocodone sparingly for breakthrough pain. Utilizing Butrans 20mcg/hr strength. Could not tolerate Crestor. Only taking Welchol for cholesterol lowering. For the most part, continues to tolerate medications well. No cardiac complaints, GI tract symptoms wax and wane. Still suffering from much depression and anxiety. Objective findings document anxious appearing, alert and well-oriented, mentation normal and neurologically coordination grossly normal. There are 10 diagnoses are listed. Treatment plan requests authorization for orthopedic and psychiatric consults and 21 medications. Urine drug screen performed on 2/25/2014 was noted to be inconsistent, as the patient's sample tested negative for Lorazepam, Buprenorphine, and Soma, although all of these were prescribed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Metaxalone 800mg #100:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Metaxalone (Skelaxin), Page(s): 61.

**Decision rationale:** The guidelines state Metaxalone is recommended with caution as a second-line option for short-term pain relief in patients with chronic LBP. The medical records do not establish the patient presents with an exacerbation of chronic pain that has failed to respond to first-line measures. Furthermore, chronic use of muscle relaxants is not recommended. The request is not medically necessary.

**Estazolam 2mg #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines, Page(s): 24. Decision based on Non-MTUS Citation ODG Pain, Estazolam

**Decision rationale:** According to the guidelines, Estazolam is not recommended. This medication is in the class of Benzodiazepines. Benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of psychological and physical dependence or frank addiction. Most guidelines limit use to 4 weeks. Benzodiazepines are a major cause of overdose, particularly as they act synergistically with other drugs such as opioids (mixed overdoses are often a cause of fatalities). The medical records do not establish Estazolam is appropriate and medically necessary for the management of this patient's chronic condition.

**Lorazepam 1mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24. Decision based on Non-MTUS Citation (ODG) Pain, Lorazepam

**Decision rationale:** According to the evidence-based guidelines, Lorazepam is not recommended. With benzodiazepines, there is risk of dependence, addiction, and it is a major cause of overdose use of Benzodiazepines is generally limited to 4 weeks. Continued use of Lorazepam is not supported by the guidelines and is not medically necessary. The medical records do not establish the patient presents with any subjective complaints and corroborative objective findings that substantiate relevant extenuating circumstances that establishes the medical necessity of the prescription and ongoing use of Lorazepam, a medication that is not recommended under the evidence-based guidelines.

**Diphenoxylate/Atropine 2.5/0.025 mg #120:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation

<http://www.nlm.nih.gov/medlineplus/druginfo/meds/a601045.html>

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS.

Decision based on Non-MTUS Citation

[http://www.medicinenet.com/diphenoxylate\\_and\\_atropine/article.htm](http://www.medicinenet.com/diphenoxylate_and_atropine/article.htm)

**Decision rationale:** ODG and CA MTUS guidelines do not address the request. According to the references, Lomotil is a combination of two drugs, Diphenoxylate and atropine. It is used to treat acute diarrhea (diarrhea of limited duration). Diphenoxylate is a man-made narcotic chemically related to Meperidine (Demerol). Like other narcotics, Diphenoxylate reduces diarrhea by interfering with the propulsion of intestinal contents through the intestines. The medical records do not establish that the medication is prescribed to address acute diarrhea. There is no evidence that the patient presents with complaint of acute diarrhea unresponsive to self-care and OTC interventions. Chronic use is not supported. The medical necessity of this medication is not established.

**Ultracet 37.5/325 #180:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Opioids for chronic pain Page(s): 74-96.

**Decision rationale:** According to the CA MTUS Guidelines, Tramadol (Ultram) is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic, it is indicated for moderate to severe pain. The CA MTUS Guidelines indicate "four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids; pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors)." The patient has not returned to work. There is no evidence that notable pain relief and functional improvement have been obtained as result of ongoing use of Ultracet 37.5mg. The guidelines state opioids may be continued: (a) if the patient has returned to work and (b) if the patient has improved functioning and pain. The medical records have not demonstrated the requirements per the guidelines, for this particular opioid therapy have been met. Long-term use of opioids for non-malignant pain is not generally recommended. The medical necessity for Ultracet has not been established.

**Butrans 20mcg #4:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Buprenorphine Page(s): 26-27.

**Decision rationale:** According to CA MTUS, Buprenorphine is recommended for treatment of opiate addiction. Also recommended as an option for chronic pain, especially after detoxification in patients who have a history of opiate addiction. This does not appear to be the case of this patient. The medical records do not document pain levels. The medical records do not establish Butrans is appropriate and medically necessary.

**Carisoprodol 350mg #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol Page(s): 65.

**Decision rationale:** According to the guidelines, Soma is not recommended. This medication is not indicated for long-term use. Carisoprodol is a commonly prescribed, centrally acting skeletal muscle relaxant whose primary active metabolite is Meprobamate (a schedule-IV controlled substance). Abuse has been noted for sedative and relaxant effects. In addition, there is no evidence of muscle spasms on examination. Regardless, Soma is not recommended under the guidelines. Furthermore, chronic and ongoing use of muscle relaxants is not supported.

**Lyrica 200mg #75:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy Drugs.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pregabalin (Lyrica) Page(s): 99.

**Decision rationale:** According to the CA MTUS guidelines, Lyrica is effective in treatment of diabetic neuropathy and postherpetic neuralgia, and is considered a first-line treatment for these conditions. This patient does not have either of these conditions. The medical records do not document any objective or diagnostic evidence of any neuropathic condition. Furthermore, no discernible benefit has been identified in the medical records with Lyrica. The medical necessity of Lyrica has not been established.

**Lidocaine 5% #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch) Page(s): 56-57.

**Decision rationale:** The guidelines state topical Lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as Gabapentin or Lyrica). This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. However, the medical records do not establish this patient has post-herpetic neuralgia or diabetic neuropathy. Additionally, there is no clinical evidence in the progress report to support a neuropathic pain condition exists. Finally, medical records reflect that the patient has been using Lidoderm patches, however records do not demonstrate any clinically relevant improvement or benefit with this medication. Objective functional improvement has not been demonstrated. The medical necessity of Lidoderm patches has not been established.