

<b>Case Number:</b>	CM14-0089706		
<b>Date Assigned:</b>	09/19/2014	<b>Date of Injury:</b>	01/22/1998
<b>Decision Date:</b>	10/20/2014	<b>UR Denial Date:</b>	05/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/13/2014

### 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 57-year-old female who sustained an injury on 01/22/98. She complained of pain in the left shoulder rated at 6-8/10. She also complained of swelling of the feet, allodynia, hyperalgesia, burning of the feet, left-sided hip pain, and pain to the low back, which gave way to weakness on the left ankle. She was having suicidal thoughts and reported that she was "at the end of her rope". She had lost 30 pounds over the last year due to depression. She also complained of cramping in both hands and feet. She has continuous migraines due to trauma. On exam, she was depressed and tearful. She had decreased pain around the peripatellar area. There was limited ROM of the low back with 75% extension and 50% of flexion, left shoulder to 50% of abduction, positive rotator cuff sign, and positive Adson's and EAST maneuver on the left. Palms of the hand turned blue with EAST maneuver. Current medications include Topamax, Maxalt, Oxycontin, Lunesta, trazodone, Percocet, Nasonex, Cymbalta, Valium, Lisinopril and Tizanidine. She indicated that Cymbalta was helping her a lot. Diagnoses included status post left scapular fracture, brachial plexus injury- on the left side, status post left shoulder dislocation, CRPS, sleep disturbance, dysphoria, left sided knee injury, rule out internal derangement and chronic lumbar strain. No significant improvement of pain and function with Oxycontin, Percocet, Valium and Lunesta was documented in the clinical records submitted with this request. The request for Oxycontin 80 mg #60, Percocet 10/325 mg #150, Valium 10 mg #30, and Lunesta 3 mg #30 were denied on 05/29/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Oxycontin 80 mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 91-92.

**Decision rationale:** Per CA MTUS guidelines, Oxycontin tablets are a controlled release formulation of Oxycodone Hydrochloride 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 a prn analgesic. 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 non-adherent) 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 medical records do not establish failure of non-opioid analgesics, such as NSAIDs or Acetaminophen, and there is no mention of ongoing attempts with non-pharmacologic means of pain management. There is little to no documentation of any significant improvement in pain level (i.e. VAS) or function with prior use to demonstrate the efficacy of this medication. There is no evidence of urine drug test in order to monitor compliance. The medical documents do not support continuation of opioid pain management and is thus not medically necessary.

**Percocet 10/325 mg #150:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Percocet Page(s): 92, 97.

**Decision rationale:** According to CA MTUS guidelines, Percocet (Oxycodone & Acetaminophen) as a short acting Opioid is recommended for chronic pain management, indicated for moderate to severe pain. 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 non-adherent) 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 guidelines state continuation of opioids is recommended if the patient has returned to work and if the patient has improved functioning and pain. The medical records do not establish failure of non-opioid analgesics, such as NSAIDs or acetaminophen, and there is no mention of ongoing attempts with non-pharmacologic means of pain management. There is little to no documentation of any significant improvement in pain level (i.e. VAS) or function with prior use to demonstrate the efficacy of this medication. There is no evidence of urine drug test in order to monitor

compliance. Therefore, the medical necessity for Percocet has not been established based on guidelines and lack of documentation.

**Valium 10 mg #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 (ODG), Pain Chapter

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

**Decision rationale:** Per ODG, benzodiazepines (such as Diazepam) 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). Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly (3-14 day). Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant. Benzodiazepines are not recommended as first-line medications by ODG. Criteria for use if provider & payor agree to prescribe anyway: 1) Indications for use should be provided at the time of initial prescription. 2) Authorization after a one-month period should include the specific necessity for ongoing use as well as documentation of efficacy. In this case, there is no documentation of any significant improvement with its use. The medical records do not show a clinical rationale that establishes Diazepam is appropriate and medically necessary for this patient. Long-term use of benzodiazepines is not recommended per guidelines. The request is therefore, considered not medically necessary.

**Lunesta 3 mg #30:** Upheld

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

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

**Decision rationale:** MTUS guidelines do not address the issue. 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, with no evidence of tolerance, dependence or abuse. Not recommended for long term use. 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. No significant benefit is noted with its continuous use. 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 is not medically necessary.