

<b>Case Number:</b>	CM14-0194696		
<b>Date Assigned:</b>	12/02/2014	<b>Date of Injury:</b>	10/18/2002
<b>Decision Date:</b>	01/20/2015	<b>UR Denial Date:</b>	11/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/21/2014

### 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, has a subspecialty in Interventional Spine 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 53-year-old male with a date of injury of 10/18/2002. According to progress report dated 10/30/2014, the injured worker presents with nociceptive, neuropathic, muscle spasm, and inflammatory pain. Pain is stable with current medications. There is no evidence of drug abuse or diversion, no aberrant behavior observed, and no ADR's reported. Current medication regimen includes amitriptyline 25 mg, baclofen 10 mg, Cymbalta 60 mg, hydrochlorothiazide tablets 25 mg, Lyrica 300 mg, MS Contin 60 mg, omeprazole 20 mg, oxycodone 30 mg, and Testim 1% gel. The listed diagnosis is lumbar discopathy with facet syndrome. According to progress report dated 05/02/2014, the injured worker's continued symptoms are relieved by exercise, heat, lying down, injection, massage, movement, pain medications/drugs, and rest. The injured worker reports pain without medication as 10/10 and with medication 6/10. With medications, the injured worker is able to work and volunteer limited hours and take part in social activities on the weekends. Without medications, the injured worker is in bed all day and feels hopeless and helpless about life. Report 07/22/2014 notes a decrease in pain from 10/10 to 7/10 with current medication regimen. Without medications, the injured worker is "unable to carry on any activities." Treatment plan was for refill of medications and a urine drug screen. The utilization review denied the request on 11/13/2014. Treatment reports from 01/02/2013 through 10/30/2014 were provided for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

## **1 Prescription Oxycodone 30mg: Overturned**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids Page(s): 88, 89 76-78.

**Decision rationale:** Review of the medical file indicates the injured worker has been taking Oxycodone for pain since at least 01/02/2013. According to progress report dated 05/02/2014, the injured worker reports pain without medication as 10/10 and with medication 6/10. With medications, the injured worker is able to work and volunteer limited hours and take part in social activities on the weekends. Without medications, the injured worker is in bed all day and feels hopeless and helpless about life. Report 07/22/2014 notes a decrease in pain from 10/10 to 7/10 with current medication regimen. Without medications, the injured worker is "unable to carry on any activities." UDS was administered on 05/15/2014 which was consistent with the medications prescribed. A CURE was last addressed on 05/28/2014. Report 10/30/2014 notes that the injured worker is stable with current medication regimen, and there is no evidence of drug abuse or diversion, and no aberrant behaviors have been observed. In this case, the treating physician has provided adequate documentation addressing the 4 A's as required by MTUS for opiate management. Before-and-after pain scales are provided to denote a decrease in pain, and specific function improvements are noted. Urine drug screens are provided on a random basis, which have been consistent with the medications prescribed. Treating physician states that there are no aberrant behaviors and no adverse side effects are noted. The treating physician has provided adequate documentation for opiate management. The requested Oxycodone is medically necessary.

## **1 Prescription Baclofen 10mg: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63,64.

**Decision rationale:** The current request is for Baclofen 10 mg. For muscle relaxants for pain, the MTUS Guidelines page 63 states, "recommended non-sedating muscle relaxants with caution as second line option for short term treatment of acute exasperations of patients with chronic LBP. Muscle relaxants may be effective in reducing pain and muscle tension and increasing mobility; however, in most LBP cases, they show no benefit beyond NSAID and pain and overall improvement." In this case, a short course of muscle relaxant for injured worker's reduction of pain and muscle spasm may be indicated; however, the treating physician has prescribed this medication since at least 9/18/14 and MTUS does not recommend Baclofen for long term use. The requested Baclofen 10 mg is not medically necessary.

## **1 Urine Drug Screen (every 3 months): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Substance Abuse. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic), Criteria for Use of Urine Drug Testing

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Urine Drug Testing Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Urine Drug Screening

**Decision rationale:** The current request is for Urine Drug Screen (every 3 months). While MTUS Guidelines do not specifically address how frequent UDS should be obtained or various risks of opiate users, ODG Guidelines provide clear recommendation. ODG recommends once-yearly urine drug testing following initial screening within the first 6 months for management of chronic opiate use in low-risk patients. The injured worker has been taking Tramadol on a long term basis. In this case, review of the medical file indicates that the injured worker underwent 2 urine drug screenings in 2014 and 3 UDS in 2013. The current request is for UDS every 3 months, and ODG states once yearly UDS's may be appropriate if the patient is on any opiates and if the patient is low-risk. This request is not medically necessary.

#### **1 Prescription of Cymbalta 60mg: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines: Mental Illness & Stress, Duloxetine (Cymbalta)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy Drugs AEDs Page(s): 16,17.

**Decision rationale:** The current request is for Cymbalta 60mg. Review of the medical file indicates the injured worker has been using Cymbalta since at least 06/21/2013. For Cymbalta, the MTUS Guidelines page 16 and 17 states, "Duloxetine (Cymbalta) is FDA-approved for anxiety, depression, diabetic neuropathy, and fibromyalgia. It is also used for off-label neuropathic pain and radiculopathy. Duloxetine is recommended as a first line option for diabetic neuropathy." In this case, the injured worker presents with chronic low back and neuropathic pain. The injured worker has been utilizing Cymbalta with noted efficacy since 6/21/13. The treating physician has noted that the injured worker has a decrease in pain and is able to work part time with current medications. The requested Cymbalta is medically necessary.

#### **1 Prescription of Lyrica 300mg: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy Drugs (AEDs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin Page(s): 18 and 19.

**Decision rationale:** The current request is for Lyrica 300mg. The MTUS Guidelines page 18 and 19 has the following regarding gabapentin, "Gabapentin has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered the first-line treatment for neuropathic pain." In this case, the injured worker presents with chronic low back and neuropathic pain. The injured worker has been utilizing Lyrica with noted efficacy since 6/21/13. The treating physician has noted that the injured worker has a decrease in pain and is able to work part time with current medications. The requested Lyrica is medically necessary.