

<b>Case Number:</b>	CM14-0195207		
<b>Date Assigned:</b>	12/02/2014	<b>Date of Injury:</b>	07/27/2011
<b>Decision Date:</b>	01/14/2015	<b>UR Denial Date:</b>	11/07/2014
<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 Family 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 injured worker is a 28 year-old man who was injured at work on 7/27/2011. The injury was primarily to his right arm/elbow/wrist and neck. He is requesting review for denial of the following: Oxycodone 10/325 mg -2 Tablets po Every 6 Hours prn #60, Lyrica 75 mg 2 Tablets po tid for Nerve Pain #180 and Alprazolam 0.5 mg 1-2 po bid prn Anxiety/Spasms/Panic #40. Medical records corroborate ongoing care for his injuries. His last documented office visit with his primary treating physician was on 11/7/2014. He presented for clearance for disc surgery on his cervical spine. The injured worker described ongoing pain in his neck and back. His current medication regimen included: Alprazolam, Oxycodone/APAP, and Trazodone. Physical examination was remarkable for tenderness to palpation in the right upper neck/back. He had a positive Spurling's test on examination of the right shoulder and a positive Tinel's test on the right elbow. Gait was normal and was the deep tendon reflexes of the patella. Ongoing diagnoses include: Cervical Sprain; Right Upper Extremity Neuropathy; Right Cubital Tunnel Syndrome; Right Ulnar Neuritis; Chronic Pain Syndrome; Mood Disorder with Depression; and Binge Alcohol Use. The injured worker was cleared for surgery and was advised to follow-up for his depression/anxiety with a neurologist or a psychiatrist. In the Utilization Review Process the MTUS Guidelines were referenced. Each drug was denied based on lack of documentation of clinical improvement.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Oxycodone 10/325mg 1/2-2 tab po every 6hrs prn #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Oxycodone (Oxycodone), Criteria For Use of Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-78, 80.

**Decision rationale:** Per MTUS/Chronic Pain Medical Treatment Guidelines, there should be evidence of documentation of the "4 A's for Ongoing Monitoring." These four domains include: pain relief, side effects, physical and psychological functioning, and the occurrence of any potentially aberrant drug-related behaviors. Further, there should be consideration of a consultation with a multidisciplinary pain clinic if doses of opioids are required beyond what is usually required for the condition or pain that does not improve on opioids in 3 months. There should be consideration of an addiction medicine consult if there is evidence of substance misuse. Finally, the guidelines indicate that for chronic pain, the long-term efficacy of opioids is unclear. Failure to respond to a time-limited course of opioids has led to the suggestion of reassessment and consideration of alternative therapy. Based on the review of the medical records, there is insufficient documentation in support of these stated MTUS/Chronic Pain Medical Treatment Guidelines for the ongoing use of opioids. There is insufficient documentation of the "4 A's for Ongoing Monitoring." The treatment course of opioids in this patient has extended well beyond the timeframe required for a reassessment of therapy. In summary, there is insufficient documentation to support the chronic use of an opioid in this injured worker. The request for Oxycodone/APAP 10/325mg is not considered as medically necessary.

**Lyrica 75mg 2tab po tid Nerve Pain #180 refills: 2: 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 Antiepilepsy Drugs Page(s): 16-20.

**Decision rationale:** Per MTUS/Chronic Pain Medical Treatment Guidelines, Anti-epilepsy drugs (AEDs) are also referred to as anti-convulsants. Recommended for neuropathic pain. Pregabalin (Lyrica, no generic available) has been documented to be effective in treatment of diabetic neuropathy and postherpetic neuralgia, has FDA approval for both indications, and is considered first-line treatment for both. This medication is designated as a Schedule V controlled substance because of its causal relationship with euphoria. This medication also has an anti-anxiety effect. Pregabalin is being considered by the FDA as treatment for generalized anxiety disorder and social anxiety disorder. In June 2007 the FDA announced the approval of pregabalin as the first approved treatment for fibromyalgia. The antiepileptic agents' Gabapentin and Pregabalin have attained widespread usage in the treatment of painful diabetic peripheral neuropathy (DPN). In this case there is insufficient evidence to support the continued use of Lyrica. The medical records do not indicate the specific reason why Lyrica has been prescribed. Based on a review of the problem list, the injured worker does not have any of the specific

studied disease states for which Lyrica is a recommended treatment. Further, there is no documentation in the records that indicate that use of Lyrica has been associated with an improvement in outcomes; e.g. reduction in pain or functional improvement. Therefore, Lyrica is not medically necessary.

**Alprazolam 0.5mg 1-2 po bid prn Anxiety, Spasms, Panic #40:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment For Workers' Compensation, Online Edition, Chapter: Pain (Chronic)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

**Decision rationale:** The MTUS/Chronic Pain Medical Treatment Guidelines comment on the use of benzodiazepine. Benzodiazepines, including Alprazolam, are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. 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. 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. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. In summary, the MTUS Guidelines do not support the long-term use of a benzodiazepine. The request for Alprazolam is not medically necessary.