

<b>Case Number:</b>	CM14-0207927		
<b>Date Assigned:</b>	12/19/2014	<b>Date of Injury:</b>	04/23/2007
<b>Decision Date:</b>	05/22/2015	<b>UR Denial Date:</b>	11/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/12/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative Medicine

### 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 54-year-old gentleman with a date of injury of 04/23/2007. The submitted and reviewed documentation did not identify the mechanism of injury. Treating physician notes dated 09/22/2014 and 11/03/2014 indicated the worker was experiencing neck and diffuse back pain, decreased sleep, sexual dysfunction, pain in both knees that went into the feet, indigestion with nausea, depressed mood, and episodes of leg weakness. Documented examinations consistently described an anxious and depressed mood, moderate lower back muscle spasm, decreased motion in the lower back and upper back joints, positive testing involving raising each straightened leg, tenderness in the mid-back with muscle spasm, slight tenderness in the upper back with spasm, positive right Spurling's sign, and a slow and painful walking pattern using a cane with a single point. The submitted and reviewed documentation concluded the worker was suffering from lumbar radiculopathy after surgeries with failed back syndrome, cervical strain with right cervical radiculopathy, insomnia due to pain, erectile and sexual dysfunction, and GI upset with GERD symptoms due to medications. A urinary drug screen testing report dated 09/19/2014 indicated the presence of an illicit substance in the worker's urine, and one of the restricted medications prescribed as per the reviewed documentation was not found in the urine. Treatment recommendations included medications, psychiatric treatment, repeat urinary drug screen testing, a cane for problems walking when the worker has a future pain flare to avoid falls, and follow up care. A Utilization Review decision was rendered on 11/24/2014 recommending non-certification for thirty tablets of Lunesta (eszopiclone) 3mg, sixty tablets of Soma (carisoprodol) 350mg, 120 tablets of Percocet

(oxycodone with acetaminophen) 10/325mg, ninety tablets of Lyrica (pregabalin) 75mg, an adjustable walking cane, random urine drug screen testing, sixty tablets of Remeron (mirtazapine) 15mg with one to two tablets taken per dose, and fifteen tablets of Cialis (tadalafil) 20mg.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Lunesta 3mg #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 Other Medical Treatment Guideline or Medical Evidence: Schutte-Rodin S, et al. Clinical guideline for the evaluation and management of chronic insomnia in adults. *J Clin Sleep Med*. Oct 15 2008; 4(5): 487-504. (American Academy of Sleep Medicine (AASM) Guideline); and on Chawla J, et al. Reference Topic Insomnia, Medscape. <http://emedicine.medscape.com/article/1187829-overview#aw2aab6b2b2>, accessed 02/09/2015.

**Decision rationale:** The MTUS Guidelines are silent on the topic of insomnia. The 2008 AASM Guideline and literature stress the importance of a thorough history in order to establish the type and evolution of insomnia, perpetuating factors, and pertinent concurrent issues. Monitoring data from a sleep diary before and during active treatment is strongly encouraged. Treatment goals should be aimed at improving both the quality and quantity of sleep as well as decreasing daytime impairments. Initial treatment should include at least one behavioral intervention, and all patients should adhere to rules of good sleep hygiene in combination with other therapies. When long-term treatment with medication is needed, consistent follow up, ongoing assessments of benefit, monitoring for adverse effects and evaluation of new or exacerbative issues should occur. Lunesta (eszopiclone) is included in the classes of drugs that are recommended for initial pharmacotherapy when medications are necessary. However, the use for longer than two to four weeks should be avoided if possible. The submitted and reviewed documentation reported the worker was experiencing sleep problems, among other issues. These records indicated this medication had been taken long-term. There was no suggestion that a behavioral intervention had not been effective, detailed sleep assessment, description of benefit from the use of this medication, or exploration of the presence of possible negative effects. There was no discussion indicating special circumstances that sufficiently supported this request. In the absence of such evidence, the current request for thirty tablets of Lunesta (eszopiclone) 3mg is not medically necessary. While the Guidelines support the use of an individualized taper to avoid withdrawal effects, the risks of continued use significantly outweigh the benefits in this setting, and a wean should be able to be completed with the medication available to the worker.

**Soma 350mg #60: 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 Muscle Relaxants; Carisoprodol (Soma) Page(s): 63-66; 29.

**Decision rationale:** Soma (carisoprodol) is in the antispasmodic muscle relaxant class of medications. The MTUS Guidelines support the use of muscle relaxants with caution as a second-line option for short-term use in the treatment of a recent flare-up of long-standing lower back pain. Some literature suggests these medications may be effective in decreasing pain and muscle tension and in increasing mobility, although efficacy decreases over time. In most situations, however, using these medications does not add additional benefit over the use of non-steroidal anti-inflammatory drugs (NSAIDs), nor do they add additional benefit in combination with NSAIDs. Negative side effects, such as sedation, can interfere with the worker's function, and prolonged use can lead to dependence. The submitted and reviewed records concluded the worker was suffering from lumbar radiculopathy after surgeries with failed back syndrome, cervical strain with right cervical radiculopathy, insomnia due to pain, erectile and sexual dysfunction, and GI upset with GERD symptoms due to medications. These records indicated the worker had been prescribed this medication for a prolonged period of time. There was no discussion describing special circumstances that would sufficiently support this request. In the absence of such evidence, the current request for sixty tablets of Soma (carisoprodol) 350mg is not medically necessary.

**Percocet 10/325mg #120:** Overturned

**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 Opioids; Weaning of Medications Page(s): 74-95; 124.

**Decision rationale:** Percocet (oxycodone with acetaminophen) is a combination of an opioid medication with another pain reliever. The MTUS Guidelines stress the lowest possible dose of opioid medications should be prescribed to improve pain and function, and monitoring of outcomes over time should affect treatment decisions. Documentation of pain assessments should include the current pain intensity, the lowest intensity of pain since the last assessment, the average pain intensity, pain intensity after taking the opioid medication, the amount of time it takes to achieve pain relief after taking the opioid medication, the length of time the pain relief lasts. An ongoing review of the overall situation should be continued with special attention paid to the continued need for this medication, potential abuse or misuse of the medication, and non-opioid methods for pain management. Acceptable results include improved function, decreased pain, and/or improved quality of life. The MTUS Guidelines recommend opioids be continued when the worker has returned to work and if the worker has improved function and pain control. Consideration for consultation with a multidisciplinary pain clinic or weaning off the medication is encouraged if the pain does not improve with opioid therapy within three months or when these criteria are not met. An individualized taper of medication is recommended to avoid

withdrawal symptoms. The submitted and reviewed documentation concluded that the worker was suffering from lumbar radiculopathy after surgeries with failed back syndrome, cervical strain with right cervical radiculopathy, insomnia due to pain, erectile and sexual dysfunction, and GI upset with GERD symptoms due to medications. The documented pain assessments detailed the majority of the elements encouraged by the Guidelines and described improved pain intensity and function with the use of this medication. While a recent urinary drug screen testing report indicated results inconsistent with the active treatment plan and the presence of an illicit drug, the reviewed records described a plan of increased monitoring and vigilance as a result, and the worker did not have a history of aberrant behaviors. In light of this supportive evidence, the current request for 120 tablets (a one-month supply) of Percocet (oxycodone with acetaminophen) 10/325mg is medically necessary.

**Lyrica 75mg #90:** 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): 16-22.

**Decision rationale:** Lyrica (pregabalin) is a medication in the antiepilepsy class. The MTUS Guidelines and FDA support its use in treating diabetic neuropathy, postherpetic neuralgia, fibromyalgia, and partial seizures. It can have euphoric and anti-anxiety side effects. When this medication is no longer providing benefit, the Guidelines support weaning over one week to avoid withdrawal effects. The submitted and reviewed documentation concluded the worker was suffering from lumbar radiculopathy after surgeries with failed back syndrome, cervical strain with right cervical radiculopathy, insomnia due to pain, erectile and sexual dysfunction, and GI upset with GERD symptoms due to medications. There was no suggestion the worker had any of the above conditions. Further, there was no discussion describing special circumstances that sufficiently supported this request. In the absence of such evidence, the current request for ninety tablets of Lyrica (pregabalin) 75mg is not medically necessary.

**Cialis 20mg #15:** 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 Other Medical Treatment Guideline or Medical Evidence: Tadalafil: Drug information. Topic 10108, version 104.0. UpToDate, accessed 02/09/2015.

**Decision rationale:** Cialis (tadalafil) is a medication in the phosphodiesterase-5 enzyme inhibitor class. The MTUS Guidelines are silent on this issue. Tadalafil is FDA-approved for the treatment of benign prostate hyperplasia (a large prostate gland that is not due to cancer), erectile dysfunction, and pulmonary hypertension. The submitted and reviewed documentation

concluded the worker was suffering from erectile and sexual dysfunction, among other issues. However, there was no recorded assessment of this issue, suggestion of benefit from tadalafil, or exploration of its potential negative effects. In the absence of such evidence, the current request for fifteen tablets of Cialis (tadalafil) 20mg is not medically necessary.

**Remeron 15mg 1-2 tabs #60: Overturned**

**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 Other Medical Treatment Guideline or Medical Evidence: Mirtazapine: Drug information. Topic 9656, version 132.0. UpToDate, accessed 02/09/2015.

**Decision rationale:** Remeron (mirtazapine) is a medication in the alpha-2 antagonist antidepressant class. The MTUS Guidelines are silent on this issue. Mirtazapine is FDA-approved for the treatment of major depressive disorder. The submitted and reviewed documentation indicated the worker was experiencing depressed and anxious moods, and the documented examinations described findings consistent with depression. These records reported this condition was improved with the on-going use of mirtazapine. In light of this supportive evidence, the current request for sixty tablets of Remeron (mirtazapine) 15mg with one to two tablets taken per dose is medically necessary.

**Random urine drug screen: Overturned**

**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 Opioids, Criteria for Use; Opioids, Steps to Avoid Misuse/Addiction Page(s): 76-80; 94-95.

**Decision rationale:** The MTUS Guidelines encourage the use of urinary drug screen testing before starting a trial of opioid medication and as a part of the on-going management of those using controlled medications who have issues with abuse, addiction, or poor pain control. The Guidelines support the use of random urinary drug screens as one of several important steps to avoid misuse of these medications and/or addiction. The submitted and reviewed records indicated the worker was experiencing neck and diffuse back pain, decreased sleep, sexual dysfunction, pain in both knees that went into the feet, indigestion with nausea, depressed mood, and episodes of leg weakness. Treatment recommendations included the use of three restricted medications, including an opioid. A urinary drug screen testing report dated 09/19/2014 indicated the presence of an illicit substance in the worker's urine, and one of the restricted medications prescribed as per the reviewed documentation was not found in the urine, suggesting the worker was at high risk for abuse and/or diversion. Attentive monitoring is supported by the Guidelines. In light of this supportive evidence, the current request for random urine drug screen testing is medically necessary.

**Adjustable walking cane:** 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 Other Medical Treatment Guideline or Medical Evidence: Hoenig H, et al. Overview of geriatric rehabilitation: Program components and settings for rehabilitation. Topic 16852, version 7.0. UpToDate. Accessed 02/09/2015.

**Decision rationale:** The MTUS Guidelines are silent on this issue in this clinical situation. Mobility devices may be used for physical limitations affecting mobility, such as weakness, problems with balance, limited endurance, and/or sensory issues. Devices are intended to improve mobility and independence and to provide some protection against falls. However, there is limited research on the impact of these devices. Canes require good hand and arm strength to use them safely and provide only minimal support. Canes are most effective when the walking problem is minimal and/or involves an issue on only one side. The submitted and reviewed documentation indicated the worker was experiencing neck and diffuse back pain, decreased sleep, sexual dysfunction, pain in both knees that went into the feet, indigestion with nausea, depressed mood, and episodes of leg weakness. Documented examinations described a slow and painful walking pattern using a cane with a single point. There was no discussion suggesting the worker's problem with walking was minimal or that it involved only one side. Further, these records did not indicate the reason the worker's current cane was insufficient. In the absence of such evidence, the current request for an adjustable walking cane is not medically necessary.