

<b>Case Number:</b>	CM14-0208515		
<b>Date Assigned:</b>	12/19/2014	<b>Date of Injury:</b>	05/08/2003
<b>Decision Date:</b>	02/13/2015	<b>UR Denial Date:</b>	11/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/11/2014

### 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 Practice, has a subspecialty in ENTER SUBSPECIALTY and is licensed to practice in New Jersey. 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 worker is a 41 year old male who was injured on 5/8/2003. He was diagnosed with lumbosacral neuritis and myalgia/myositis. He was treated with surgery (lumbar) and medications. On 11/18/14, the worker was seen by his primary treating physician reporting frequent and persistent upper back pain travelling to his neck, rated 5/10 on the pain scale and with occasional numbness/tingling in his upper back. He reported his medications reducing his pain to 4-5/10. He also reported low back pain which travelled to his left leg/foot, rated at 8/10 on the pain scale and 6-7/10 with medications and associated with frequent numbness/tinging in his legs. He reported having taken his medications that day. He reported having difficulty falling asleep due to the pain and anxiety. He reported taking Lyrica, Ambien, Clonazepam, Cymbalta, phentermine, Buspirone, Opana ER, Opana IR, and Soma. Physical findings included decreased sensation of the left leg L1, L2, L3, L4, L5, S1 dermatomes, tenderness of the lumbar paraspinal muscles, lumbar spinal tenderness, tenderness of the buttocks, and negative straight leg raise test. He was then recommended to take Opana ER, Opana IR, Lyrica, Dalmare (new, for sleep), phentermine, and Soma.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Opana IR 5mg quantity 100:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-96.

**Decision rationale:** The MTUS Chronic Pain Medical Treatment Guidelines state that opioids may be considered for moderate to severe chronic pain as a secondary treatment, but require that for continued opioid use, there is to be ongoing review and documentation of pain relief, functional status, appropriate medication use with implementation of a signed opioid contract, drug screening (when appropriate), review of non-opioid means of pain control, using the lowest possible dose, making sure prescriptions are from a single practitioner and pharmacy, and side effects, as well as consultation with pain specialist if after 3 months unsuccessful with opioid use, all in order to improve function as criteria necessary to support the medical necessity of opioids. Long-term use and continuation of opioids requires this comprehensive review with documentation to justify continuation. In the case of this worker, who was using very high doses of opioids, including Opana IR for breakthrough pain, the documentation provided did not show evidence of this complete review taking place with the worker during the appointments. In particular, the resulted pain levels were modest at best with all of his medications used together, including the Opana IR. There was also no report which showed the independent measurable and direct functional benefits of the Opana IR. Without this evidence of benefit, the Opana IR cannot be justified and therefore the request is not medically necessary.

**Dalmane 30mg quantity 30 with 4 refills:** 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 (Chronic).

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

**Decision rationale:** The MTUS Guidelines for Chronic Pain state that benzodiazepines are not recommended for long-term use due to their risk of dependence, side effects, and higher tolerance with prolonged use, and as the efficacy of use long-term is unproven. The MTUS suggests that up to 4 weeks is appropriate for most situations when considering its use for insomnia, anxiety, or muscle relaxant effects. The MTUS Guidelines do not address the use of sedative hypnotics generally. However, the ODG states that sedative hypnotics are not recommended for long term use, but may be considered in cases of insomnia for up to 6 weeks duration in the first two months of injury only in order to minimize the habit-forming potential and side effects that these medications produce. In the case of this worker, who had been using benzodiazepines and other sedative hypnotics for his insomnia, it seems inappropriate to add on another sedative hypnotic with the intention to use it chronically, which was inferred from the request for 5 months of Dalmane. Chronic use of these medications is not recommended and therefore, the request for Dalmane is not medically necessary.

**Lyrica 150mg quantity 90 with 4 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy Drugs (AEDs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic ).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy Drugs Page(s): 16-22.

**Decision rationale:** The MTUS Guidelines state that antiepilepsy drugs (or anti-convulsants) are recommended as first line therapy for neuropathic pain as long as there is at least a 30% reduction in pain. If less than 30% reduction in pain is observed with use, then switching to another medication or combining with another agent is advised. Documentation of pain relief, improvement in function, and side effects is required for continual use. Preconception counseling is advised for women of childbearing years before use, and this must be documented. In the case of this worker, there was insufficient evidence to show functional benefit from Lyrica use. The reported pain levels with the use of Lyrica plus opioids together show a modest <30% reduction in pain, which is not sufficient to warrant continuation of this medication at the current dose. Therefore, the request for Lyrica 150 mg is not medically necessary.

**Phentermine 30mg quantity 30 with 4 refills:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Bloomington (MN): Institute for Clinical Systems Improvement (ICSI); page 99

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medscape: phentermine (<http://reference.medscape.com/drug/adipex-p-phentermine-343002>)

**Decision rationale:** The MTUS Guidelines do not address phentermine use. Phentermine is a stimulant medication as an optional treatment for obesity. It is recommended only as an adjunct to a weight-reduction regimen based on exercise, behavioral modification and dietary restrictions for patients with a BMI index of greater than or equal to 30 kg/m<sup>2</sup> or 27 kg/m<sup>2</sup> if with risk factors. It is recommended to be used only for short-term (a few weeks) and not as a long-term strategy for weight loss. In the case of this worker, there was no weight or documentation of any discussion on the worker's weight loss strategies and success included in the most recent progress note. At least some follow-up while taking phentermine is required to justify any continuation. Regardless, beyond a few weeks of this medication, which the worker far surpassed, it is not recommended anyway. Therefore, the phentermine is not recommended to continue and the request is not medically necessary.

**Soma 350mg quantity 120 with 4 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma)..

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-66.

**Decision rationale:** The MTUS Guidelines state that using muscle relaxants for muscle strain may be used as a second-line option for short-term treatment of acute exacerbations of chronic pain, but provides no benefit beyond NSAID use for pain and overall improvement, and are likely to cause unnecessary side effects. Efficacy appears to diminish over time, and prolonged use may lead to dependence. The MTUS also states that carisoprodol specifically is not recommended as it is not indicated for long-term use, mostly due to its side effect profile and its potential for abuse. Weaning may be necessary for patients using high doses of carisoprodol. In the case of this worker, he had been using Soma chronically for many months leading up to this request which is not recommended. There was also insufficient evidence to suggest the worker was experiencing a flare-up of his muscle spasm at the time of his most recent follow-up before this request, which might have warranted a short course of a muscle relaxant. However, the request for 5 months of daily use of Soma suggests that this was not the intention anyway and that it was to be continued chronically as before. Therefore, the request for Soma is not medically necessary.