

<b>Case Number:</b>	CM15-0000170		
<b>Date Assigned:</b>	01/09/2015	<b>Date of Injury:</b>	03/18/2002
<b>Decision Date:</b>	03/09/2015	<b>UR Denial Date:</b>	12/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/01/2015

### 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: California

Certification(s)/Specialty: Preventive Medicine, Occupational 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:

This 64 year old female sustained a work related injury on 03/18/2002. According to a progress report dated 11/21/2014, Urine Drug Screening results were discussed. The injured worker reported that she was getting Tramadol from her primary physician due to different pain in the elbow. She complained of increased pain that she attributed to the cold weather. Pain was rated 4 on a scale of 1-10. Pain was characterized by throbbing, burning and aching. Pain was constant and intermittent. Pain was increased by walking and standing and was decreased by medication, rest and lying down. Previous treatment included medication. Physical examination revealed muscle pain/spasm, lumbar pain and lower extremity. Diagnoses included spinal stenosis, opioid type dependence, lumbalgia, pain in joint, encounter therapeutic drug, encounter long term use of other medications, bilateral knee pain left greater than right status post bilateral knee replacement with no further surgical options, opioid dependence and Chronic Obstructive Pulmonary Disease, non-industrial. According to the provider notes, the injured worker was educated on opioid contract and compliance. The provider noted that further inconsistencies may result in dismissal from practice. Treatment plan included an increase in Butrans, trial Nucynta, Skelaxin 800mg #90x 1 refill and discontinue Norco and Ultram. A urine drug screen dated 06/02/2014 was submitted for review. A signed Pain Medication Agreement dated 08/21/2013 was submitted for review. On 12/17/2014, Utilization Review modified Butrans Patches 10mcg/hour #4, noncertified Nucynta IR 50mg #120, Prilosec 20mg #100 x 2 bottles and modified Skelaxin 800mg #90 x 1 refill. In regards to Butrans, there was no supporting evidence of objective functional benefit with medication use. There was not documentation of CA MTUS

medication guidelines included a current urine drug test result, risk assessment profile and attempt at weaning/tapering. In addition, this medication is an "N" drug on the Official Disability Guidelines formulary. There was no documentation of failure of "Y" drugs in this class of medication or documentation indicating that this "N" drug is more beneficial to the claimant than a "Y" drug in this class of medication. CA MTUS Chronic Pain Medical Treatment Guidelines were cited. In regards to Nucynta, while there was subjective documentation indicating that the claimant's pain was reported as increased, there was no documentation of CA MTUS medication guidelines including a current urine drug test result and a risk assessment profile. There was no documentation of failure of "Y" drugs in this class of medication or documentation indicating that this "N" drug is more beneficial to the claimant than a "Y" drug in this class of medication. CA MTUS Chronic Pain Medical Treatment Guidelines were cited. In regards to Prilosec, without documentation of gastrointestinal complaints as well as nonsteroidal anti-inflammatory drug use, the medication necessity of this medication is not established. Official Disability Guidelines, Pain Procedure Summary, Proton Pump Inhibitors were cited. In regards to Skelaxin, there was no supporting evidence of objective functional benefit with medication use. Furthermore, cited guidelines do not recommend this medication to be use longer than 2-3 weeks. CA MTUS Chronic Pain Treatment Guidelines Chronic Pain Treatment Guidelines, Muscle Relaxants and Official Disability Guidelines, Muscle Relaxants were cited.

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

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

**Butrans patches 10mcg/hr #4:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 60-1, 74-96, 111-13.

**Decision rationale:** Butrans (buprenorphine) patch is classified as an opioid medication. As a patch it is formulated for use as a topical agent. It is recommended for moderate to moderately severe pain. According to the MTUS, opioid therapy for control of chronic pain, while not considered first line therapy, is considered a viable alternative when other modalities have been tried and failed. Use of topical analgesics is largely experimental and are primarily recommended for neuropathic pain when trials of antidepressants or anticonvulsants have failed. However, the MTUS does not address the topical use of opioids. It does note that success of opioid therapy is noted when there is significant improvement in pain or function. The risk with this therapy is the development of addiction, overdose and death. The pain guidelines in the MTUS directly addresses this issue and has a number of recommendations to identify when addiction develops and to prevent addiction from occurring. The present provider is appropriately monitoring this patient but notes worsening pain while using opioid preparations and documents non-compliance with the patients signed agreement to obtain her opiates from just one provider. Additionally, the records do not show any use of other first-line medication therapies (antidepressants, anticonvulsants) for neuropathic pain prior to initiation of opioid

treatment. Since the MTUS specifically recommends chronic use of opioids for neuropathic pain only after failure of the safer, first-line medications continued use of chronic opioid therapy is not indicated. Medical necessity for continued use of a topical opioid preparation for this patient has not been established.

**Nucynta IR 50mg #120:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 60-1, 74-96.

**Decision rationale:** Nucynta (tapentadol) is an opioid medication with a dual mode of action; simulates opioid receptors and inhibits norepinephrine reuptake. It is indicated for use to treat moderate to severe pain and comes in a short-acting preparation (Nucynta) and a long-acting, extended release preparation (Nucynta ER). According to the MTUS, opioid therapy for control of chronic pain, while not considered first line therapy, is considered a viable alternative when other modalities have been tried and failed. Success of this therapy is noted when there is significant improvement in pain or function. It is important to note, however, the maximum daily dose of opioids, calculated as morphine equivalent dosing from use of all opioid medications, is 120 mg per day. The major risks of opioid therapy is the development of addiction, overdose and death. The pain guidelines in the MTUS directly addresses opioid use by presenting a number of recommendations required for providers to document safe use of these medications. The present provider is appropriately monitoring this patient but notes worsening pain while using opioid preparations and documents non-compliance with the patients signed agreement to obtain her opiates from just one provider. Additionally, the records do not show any use of other first-line medication therapies (antidepressants, anticonvulsants) for neuropathic pain prior to initiation of opioid treatment. Since the MTUS specifically recommends chronic use of opioids for neuropathic pain only after failure of the safer, first-line medications continued use of chronic opioid therapy is not indicated. Medical necessity for use of an opioid preparation for this patient has not been established.

**Prilosec 20mg #100 x2 bottles DOS: 11/21/14:** 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 Page(s): 68.

**Decision rationale:** Omeprazole (Prilosec) is classified as a proton pump inhibitor and recommended for treatment of dyspepsia, peptic ulcer disease, gastroesophageal reflux disease, laryngopharyngeal reflux, and Zollinger-Ellison syndrome. The MTUS recommends its use to prevent dyspepsia or peptic ulcer disease secondary to longer term use of non-steroidal anti-inflammatory drugs (NSAIDs) but does not address its use to prevent or treat dyspepsia caused

by long term use of opioids, which is a know side effect of opioid medications. Other pain guidelines do not address the opioid issue either. This patient is being treated with an opioid preparation. Even though there is no comment on the presence or absence fo dyspepsia it makes sense to use a proton pump inhibitor to prevent dyspepsia from occurring. Medical necessity for use of this medication has been established.

**Skelaxin 800mg #90 x 1 refill:** 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 Page(s): 61, 63-6.

**Decision rationale:** Metaxalone (Skelaxin) is a moderately strong muscle relaxant used to relax muscles and relieve pain caused by strains, sprains, and other musculoskeletal conditions. This class of medications can be helpful in reducing pain and muscle tension thus increasing patient mobility but, as a group, are recommended for short-term use only, as their efficacy appears to diminish over time. In fact, the MTUS recommends use of metaxalone only for short-term pain relief from chronic low back pain. Muscle relaxants are considered no more effective at pain control than non-steroidal anti-inflammatory medication (NSAIDs) and there is no study that shows combination therapy of NSAIDs with muscle relaxants has a demonstrable benefit. This patient has been on muscle relaxant therapy for over 12 weeks. There are no indications that this medication has added to the patient's present level of function. Medical necessity for continued use of muscle relaxants (as a class) or metaxalone (specifically) has not been established.