

<b>Case Number:</b>	CM15-0001279		
<b>Date Assigned:</b>	01/12/2015	<b>Date of Injury:</b>	03/24/1999
<b>Decision Date:</b>	03/09/2015	<b>UR Denial Date:</b>	12/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/05/2015

### 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:

The injured worker is a 37-year-old male, who sustained an industrial injury on 03/24/1999. He has reported mid-back and low back pain. The diagnoses have included lumbosacral sprain/strain, myofascial pain syndrome, a compression fracture of L1-L2, multi-level thoracic disc injury, and lumbosacral disc injury. Treatment to date has included Methadone, Norco, Cymbalta, Prilosec, home exercises, and a functional restoration program. Currently, the injured worker complains of a severe flare-up of pain and discomfort in the mid-back and low back. The objective findings included lumbosacral tenderness to palpation with painful range of motion, and positive straight leg raise on the right side. The treating physician requested Norco, Cymbalta for depression, Prilosec for stomach upset, and Methadone. It was noted that the injured worker stated that the medications helps him to function and control pain without any side effects. Of note, a drug urine screen in Oct 2014 revealed two medications (morphine and meprobamate) which were not expected based on prescribed medications. On 12/26/2014, Utilization Review (UR) non-certified the request for Norco 2 tablets per day, Cymbalta, Prilosec, Methadone 3 tablets per day, noting that there was no documentation of recent behavioral evaluation, pain contract, CURES report, or drug screen to suggest lack of drug misuse/abuse; no evidence of subjective complaints or objective evidence of depression; and no evidence of neuropathy. The MTUS Chronic Pain Guidelines, Non-MTUS Food and Drug Administration (FDA), and Non-MTUS Official Disability Guidelines were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 2 tabs a day:** 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): 60, 74-96.

**Decision rationale:** Norco is an mixed medication made up of the opioid, hydrocodone, and acetaminophen, better known as Tylenol. It is recommended for moderate to moderately severe pain with usual dosing of 5-10 mg hydrocodone per 325 mg of acetaminophen taken as 1-2 tablets every 4-6 hours. Maximum dose according to the MTUS is limited to 4 gm of acetaminophen per day which is usually 60-120 mg/day of hydrocodone (60-120 mg of morphine equivalent narcotic dose). 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. 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 prevent this morbidity and mortality from occurring. The present provider is appropriately monitoring this patient with urine drug screen but did not document questioning the patient about an abnormally positive screen (for morphine and mebroamate). The notes also do not show improvement in pain control pain but rather worsening with the need for adding Norco to methodone therapy. The morphine equivalent daily dose for this patient is 240 mg before adding Norco therapy. The maximum morphine equivalent dose recommended by the MTUS is 120 mg. Safe use of continued opioid therapy is not apparent. Medical necessity for use of this medication has not been established and does not appear to be appropriate.

**Cymbalta:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions, Chapter 12 Low Back Complaints Page(s): Chp 12 pg 308, Chp 15 pg 388, 402, Chronic Pain Treatment Guidelines Antidepressants for Chronic Pain, Cymbalta Page(s): 13-6, 42-4.

**Decision rationale:** Cymbalta (duloxetine) is a serotonin-norepinephrine reuptake inhibitor (SNRI) indicated for the treatment of major depressive disorder, generalized anxiety disorder (GAD), fibromyalgia and neuropathic pain. The MTUS recommends tricyclic and SNRI antidepressants as a first line option for control of neuropathic pain and tricyclics as a possibility for treatment of non-neuropathic pain. Studies have shown that pain relief from Cymbalta is greater in patients with comorbid depression. This patient has no diagnosis of neuropathic pain

although medical records from his functional restoration program indicate that he does have depression secondary to chronic pain and he is getting a benefit from current use of Cymbalta. It would be hard to separate whether the benefit from use of Cymbalta is due to its effect on the patient's depression, on his pain perception or both. At this point in his care it would probably be detrimental to stop this medication, especially in light of the recommendation to decrease his opioid pain medication. Medical necessity to continue use of this medication has been established.

**Prilosec:** 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 known side effect of opioid medications. Other pain guidelines do not address this issue either. Since the patient is taking chronic opioid preparations it follows that use of omeprazole in this patient is appropriate. Medical necessity for continue use of this medication has been established.

**Methadone 3 tabs a day:** 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 Opioids Page(s): 60, 74-96.

**Decision rationale:** Methadone is a synthetic opioid. It is used medically as an analgesic and a maintenance anti-addictive / reductive preparation for use by patients with opioid dependence. 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 morphine, including morphine equivalent dosing from use of other 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 this issue and has a number of recommendations to prevent morbidity or mortality from occurring. The present provider appears to be following these recommendations but did not document addressing the abnormal urine drug screen which showed use of medication (morphine and mebroamate) which were not expected based on the

patient's prescribed medications. Furthermore, the morphine equivalent dose of methadone is twice the MTUS recommended maximum opioid dosing. This patient appears to be addicted to opioids and is taking a significantly large dose of methadone. Patient safety is a concern. Medical necessity for continued use of this medication at the high dose is not established or appropriate. Weaning should be accomplished.