

<b>Case Number:</b>	CM15-0002484		
<b>Date Assigned:</b>	01/13/2015	<b>Date of Injury:</b>	09/17/1993
<b>Decision Date:</b>	03/17/2015	<b>UR Denial Date:</b>	12/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/06/2015

### 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: New Jersey  
 Certification(s)/Specialty: Family Practice

### 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 56 year old female, who sustained an industrial injury on 09/17/1993. She has reported subsequent lower back pain radiating to the bilateral lower extremities. The diagnoses have included lumbar radiculopathy and lumbar disc disease, status post-laminectomy, lumbar fusion and hardware removal. Treatment to date has included oral pain medication. Currently the IW complains of lower back pain that was rated as an 8/10. The pain was noted to have increased since the last visit and was documented as severe and constant. There was associated numbness and tingling in the bilateral lower extremities. Medications were noted to assist with reducing pain and the IW was noted to tolerate them well. Objective examination was notable for an antalgic gait and diffuse tenderness to palpation over the lumbar paraspinal muscles with guarding and spasm. Refills of Oxycontin, Fentanyl patches, Cymbalta, Ativan and Lyrica medications were requested. On 12/08/2014, Utilization Review non-certified requests for Oxycontin, Cymbalta, Lyrica, Ativan and Fentanyl Patches noting that there was no evidence of objective functional improvement with the use of these medications. MTUS Chronic Pain Treatment Guidelines were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**5 Oxycontin 30 Mg, 1 tablet by mouth three times a day #90: 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, there was insufficient documentation of the measurable positive functional gains and pain reduction directly related to the Oxycontin use in order to justify continuation. A report of "medications are helping" is not detailed enough to make an accurate assessment for medical necessity. Therefore, the Oxycontin will be considered medically unnecessary without this measurable evidence of independent benefit.

**Cymbalta 15 Mg, 1 tablet by mouth once daily #30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Anti-Depressants

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-depressants for chronic pain, pp. 13-16, AND Cymbalta, p. 43.

**Decision rationale:** The MTUS Chronic Pain Treatment Guidelines state that antidepressants used for chronic pain may be used as a first line option for neuropathic pain and possibly for non-neuropathic pain. Tricyclics are generally considered first-line within the antidepressant choices, unless they are not effective, poorly tolerated, or contraindicated. A trial of 1 week should be long enough to determine efficacy for analgesia and 4 weeks for antidepressant effects. Documentation of functional and pain outcomes is required for continuation as well as an assessment of sleep quality and duration, psychological health, and side effects. It has been suggested that if pain has been in remission for 3-6 months while taking an anti-depressant, a gradual tapering may be attempted. Duloxetine, a norepinephrine and serotonin reuptake inhibitor antidepressant (SNRI), specifically is recommended by the MTUS as a first-line treatment option for neuropathic pain. It is not to be used by those with hepatic insufficiency or substantial alcohol use. It may be used for the treatment of depression, anxiety, fibromyalgia, and neuropathic pain. In the case of this worker, it was not clear if the worker was using this medication primarily for its anti-depressant effects or its anti-pain effects. Regardless, there was insufficient documentation of the measurable positive functional gains and/or pain reduction

directly related to the Cymbalta use in order to justify continuation. A report of "medications are helping" is not detailed enough to make an accurate assessment for medical necessity. Therefore, the Cymbalta will be considered medically unnecessary without this measurable evidence of independent benefit.

**Lyrica 75mg, 1 tablet by mouth twice a day #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epileptic drug.

**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, although there was some evidence of persistent nerve pain, there was insufficient documentation of the measurable positive functional gains and pain reduction directly related to the Lyrica use in order to justify continuation. A report of "medications are helping" is not detailed enough to make an accurate assessment for medical necessity. Therefore, the Lyrica will be considered medically unnecessary without this measurable evidence of independent benefit.

**Ativan 1 Mg, 1 tablet by mouth twice a day as needed #60: Upheld**

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

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

**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. In the case of this worker, it appears that the worker was using Ativan chronically leading up to this request for renewal. It is not clear, however, why or how it was used, according to the notes submitted for review. There was insufficient reporting found relating to Ativan use and its direct effect on the worker functionally and measurably. Regardless, however, the chronic use of Ativan is generally not recommended (for any indication) and therefore, will be considered medically unnecessary. Weaning may be necessary.

**Fentanyl Patches 50 mcg, one transdermally every 48 hours #15, related to low back symptoms, as outpatient: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs. Decision based on Non-MTUS Citation ODG

**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, there was insufficient documentation of the measurable positive functional gains and pain reduction directly related to the Fentanyl use in order to justify continuation. A report of "medications are helping" is not detailed enough to make an accurate assessment for medical necessity. Therefore, the Fentanyl will be considered medically unnecessary without this measurable evidence of independent benefit.