

<b>Case Number:</b>	CM15-0006368		
<b>Date Assigned:</b>	01/26/2015	<b>Date of Injury:</b>	09/14/2004
<b>Decision Date:</b>	03/23/2015	<b>UR Denial Date:</b>	12/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/12/2015

### 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 York  
 Certification(s)/Specialty: Anesthesiology

### 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 51-year-old male worker sustained multiple injuries on 9/14/04. As per the RFA dated 7/10/14, he is diagnosed with displacement of lumbar intervertebral disc without myelopathy, degeneration of lumbar or lumbosacral intervertebral disc, thoracic or lumbosacral neuritis or radiculitis and shingles. Previous treatments include pain medications, surgery and epidural stimulator. The treating provider requests lactulose 10g/15ml, #450, benadryl 50mg, #60, lyrica 200mg, #90, dilaudid 4mg #130, oxycontin 40mg #90, zanaflex 4mg #90 and urine/toxicology test. The Utilization Review on 12/8/14 non-certified lactulose 10g/15ml, #450, benadryl 50mg, #60, lyrica 200mg, #90, dilaudid 4mg #130, oxycontin 40mg #90, zanaflex 4mg #90 and urine/toxicology test, citing MTUS and ODG recommendations.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lactulose 10 G/15 mL #450:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medscape Internal Medicine 2014: Lactulose

**Decision rationale:** Lactulose is a synthretic non-digestible sugar used in the treatment of chronic constipation and hepatic encephalopathy. The documentation indicates the patient had constipation related to opioid therapy. Although opioids are very effective for treating and managing pain, their use frequently results in opioid-induced constipation. Treatment of constipation may include increasing dietary fiber, increasing fluid intake, increasing exercise and physical activity and using medications such a laxatives and/or cathartics. There is no specific indication for the use of lactulose. There is no documentation indicating other treatments have been used. Lactulose is not the standard medication for opioid induced constipation. Medical necessity for the requested item has not been established. The requested item is not medically necessary.

**Benadryl 50 MG #60:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medscape Internal Medicine 2014: Benadryl

**Decision rationale:** Benadryl is a brand name antihistamine used for the relief of seasonal and perennial allergy symptoms. According to the documentation the medication is being used for treatment of itching from the medications, Oxycontin and Dilaudid. Opioid medications are direct mast cell histamine-releasing agents. Between 20-25% of patients experience itching when they take opiates. The treatment is the use of antihistamines such as Benadryl. There is no documentation provided necessitating the regular use of Benadryl. The documentation indicates the patient has not refilled this medication. Medical necessity for the requested item has not been established. The requested medication is not medically necessary.

**Lyrica 200 MG #90:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CA MTUS (2009), Antiepilepsy Drugs (AEDs) Page(s): 16,-17, 19-20.

**Decision rationale:** According to the CA MTUS Guidelines (2009), anti-epilepsy drugs are recommended for neuropathic pain. Lyrica (Pregabalin), has been documented to be effective in treatment of diabetic neuropathy and post-herpetic neuralgia and, is considered first-line treatment for both. It is also the first approved treatment for fibromyalgia. In this case, there was documentation of neuropathic pain. The patient had been taking Lyrica and per the documentation the medication has proved beneficial. Medical necessity for the requested item has been established. The requested item is medically necessary.

**Dilaudid 4 MG #130: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CA MTUS, OPIOIDS Page(s): 91-97.

**Decision rationale:** According to ODG, chronic pain can have a mixed physiologic etiology of both neuropathic and nociceptive components. In most cases, analgesic treatment should begin with acetaminophen, aspirin, and NSAIDs. When these drugs do not satisfactorily reduce pain, opioids for moderate to moderately severe pain may be added. According to ODG and MTUS, Dilaudid is an opioid analgesic, and is in a class of drugs that has a primary indication to relieve symptoms related to pain. Opioid drugs are available in various dosage forms and strengths. They are considered the most powerful class of analgesics that may be used to manage both acute and chronic pain. These medications are generally classified according to potency and duration of dosage duration. The treatment of chronic pain with any opioid analgesic requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. A pain assessment should include current pain, intensity of pain after taking the opiate, and the duration of pain relief. In this case, there is no documentation of the medication's pain relief effectiveness, functional status, or response to ongoing opioid analgesic therapy. In addition, guidelines necessitate documentation that the prescriptions are from a single practitioner and taken as directed. This was not documented in the records. Medical necessity of the requested item has not been established. [Of note, discontinuance of an opioid analgesic should include a taper to discontinue, to avoid withdrawal symptoms.] The medical necessity for the requested item has not been established. The certification of the requested medication is not recommended.

**Oxycontin 40 MG #90: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CA MTUS, Opioids Page(s): 91-97.

**Decision rationale:** According to ODG, chronic pain can have a mixed physiologic etiology of both neuropathic and nociceptive components. In most cases, analgesic treatment should begin with acetaminophen, aspirin, and NSAIDs. When these drugs do not satisfactorily reduce pain, opioids for moderate to moderately severe pain may be added. According to ODG and MTUS, Oxycontin is an opioid analgesic, and is in a class of drugs that has a primary indication to relieve symptoms related to pain. Opioid drugs are available in various dosage forms and strengths. They are considered the most powerful class of analgesics that may be used to manage both acute and chronic pain. These medications are generally classified according to potency and duration of dosage duration. The treatment of chronic pain with any opioid analgesic requires

review and documentation of pain relief, functional status, appropriate medication use, and side effects. A pain assessment should include current pain, intensity of pain after taking the opiate, and the duration of pain relief. In this case, there is no documentation of the medication's pain relief effectiveness, functional status, or response to ongoing opioid analgesic therapy. In addition, guidelines necessitate documentation that the prescriptions are from a single practitioner and taken as directed. This was not documented in the records. Medical necessity of the requested item has not been established. [Of note, discontinuance of an opioid analgesic should include a taper to discontinue, to avoid withdrawal symptoms.] The medical necessity for the requested item has not been established. The certification of the requested medication is not recommended.

**Zanaflex 4 MG #90:** Upheld

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

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

**Decision rationale:** Zanaflex (Tizanidine) is a centrally acting alpha2-adrenergic agonist that is FDA approved for management of spasticity; unlabeled use for low back pain. It is indicated for the treatment of chronic myofascial pain and considered an adjunct treatment for fibromyalgia. According to CA MTUS Guidelines (2009), muscle relaxants have not been considered any more effective than non-steroidal antiinflammatory drugs (NSAIDs) for pain or overall improvement. There is, also, no additional benefit shown in combination with NSAIDs. In addition, sedation is the most commonly reported adverse effect of muscle relaxant medications. In this case, the patient had no reported lumbar spasm on physical exam. Medical necessity for the requested medication has not been established. Zanaflex is not medically necessary.

**Urine/Toxicology Test:** 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)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CA MTUS, Urine Drug Screen Page(s): 43.

**Decision rationale:** According to CA MTUS (2009), a urine drug screen is recommended as an option to assess for the use or the presence of illegal drugs. According to ODG, urine drug testing (UDT) is a recommended tool to monitor compliance with prescribed substances, identify use of undisclosed substances, and uncover diversion of prescribed substances. In this case, narcotic analgesics were not found to be medically necessary. Therefore, the requested urine drug screenings are not medically necessary.