

<b>Case Number:</b>	CM15-0141902		
<b>Date Assigned:</b>	07/31/2015	<b>Date of Injury:</b>	09/21/2001
<b>Decision Date:</b>	08/31/2015	<b>UR Denial Date:</b>	07/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/22/2015

### 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: North Carolina  
 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 59 year old female who sustained an industrial injury on 9-21-01. Her symptoms and the nature of the injury are not available in the record for review. Currently, the injured worker reports that her pain is unchanged. She continues to see a Psychiatrist and has decreased her use of Norco and Valium. The injured worker has a "significant substance abuse history" with documented use of alcohol, heroine, marijuana, and prescription opioids. Documentation reports that she has "lacked social supports to prevent post-treatment relapse". She was recommended for the following treatment plan, however, it was not carried out due to no authorization: Dual diagnosis day treatment program, transition from hydrocodone to suboxone, re-evaluation for inpatient SCIPP pending completion of first two recommendations, physical therapy for conditioning and restoring physical function, and clinical follow-up with psychiatry. Her current treatment plan is to transition her care and management of pain to psychiatry, for whom she has been seeing for psychiatric medication management and counseling. The transition of care and management has been denied due to the providing psychiatrist not being within the medical provider network. The injured worker was last seen by her attending provider on 7-10-15. At that time, she was given a one-month supply of her psychiatric medications "until she can be transitioned". The documentation reveals that she has been paying out of pocket for her Norco. The provider documented that this medication is "used in a stable manner for management of industrial injury-related symptoms and should be continued as part of a stable treatment plan". The injured worker has been currently weaning from the Norco-down to 3-4 per day from 6-8 per day. She uses Ibuprofen as needed. The

record states that the "medication is what she depends" and that she has weaned "as much as she feels". She has tried neuropathic agents, but adverse effects or allergies were noted. She was unable to tolerate suboxone due to somnolence. Recommendation was to continue with the CRPS (Complex Regional Pain Syndrome) group. Her diagnoses include: Knee pain, Degeneration of lumbar intervertebral disc, Reflex Sympathetic Dystrophy of lower extremities, Daily Smoker, Opioid Dependence, Fibromyositis, Displacement of lumbar intervertebral disc without myelopathy, Anxiety state, Neck pain, and Depressive Disorder.

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

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

#### **Remeron 30mg #30: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-depressants. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment in Workers Compensation Pain Procedure Summary, Remeron.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) insomnia.

**Decision rationale:** The California MTUS and the ACOEM do not specifically address this medication. Per the official disability guidelines recommend pharmacological agents for insomnia only is used after careful evaluation of potential causes of sleep disturbance. Primary insomnia is usually addressed pharmacologically. Secondary insomnia may be treated with pharmacological and/or psychological measures. Pharmacological treatment consists of four main categories: Benzodiazepines, Non-benzodiazepines, Melatonin and melatonin receptor agonists and over the counter medications. Sedating antidepressants have also been used to treat insomnia however there is less evidence to support their use for insomnia, but they may be an option in patients with coexisting depression. The patient does have the diagnosis of primary insomnia and depression, therefore the request is medically necessary.

#### **Norco 10/325mg: 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): 76-84.

**Decision rationale:** The California chronic pain medical treatment guidelines section on opioids states for ongoing management: On-Going Management. Actions Should Include: (a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy. (b) The lowest possible dose should be prescribed to improve pain and function. (c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid;

how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. (Passik, 2000)

(d) Home: To aid in pain and functioning assessment, the patient should be requested to keep a pain diary that includes entries such as pain triggers, and incidence of end-of-dose pain. It should be emphasized that using this diary will help in tailoring the opioid dose. This should not be a requirement for pain management.

(e) Use of drug screening or inpatient treatment with issues of abuse, addiction, or poor pain control.

(f) Documentation of misuse of medications (doctor-shopping, uncontrolled drug escalation, drug diversion).

(g) Continuing review of overall situation with regard to non-opioid means of pain control.

(h) Consideration of a consultation with a multidisciplinary pain clinic if doses of opioids are required beyond what is usually required for the condition or pain does not improve on opioids in 3 months. Consider a psych consult if there is evidence of depression, anxiety or irritability. Consider an addiction medicine consult if there is evidence of substance misuse.

When to Continue Opioids: (a) If the patient has returned to work; (b) If the patient has improved functioning and pain. (Washington, 2002) (Colorado, 2002) (Ontario, 2000) (VA/DoD, 2003) (Maddox-AAPM/APS, 1997) (Wisconsin, 2004) (Warfield, 2004) The long-term use of this medication class is not recommended per the California MTUS unless there documented evidence of benefit with measurable outcome measures and improvement in function. There is no documented significant improvement in VAS scores for significant periods of time. There are no objective measurements of improvement in function. Therefore, all criteria for the ongoing use of opioids have not been met and the request is not medically necessary.