

<b>Case Number:</b>	CM15-0163107		
<b>Date Assigned:</b>	08/31/2015	<b>Date of Injury:</b>	06/18/2009
<b>Decision Date:</b>	10/16/2015	<b>UR Denial Date:</b>	08/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/19/2015

### 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: Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management

### 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 45-year-old male, who sustained an industrial injury on 8-18-2009. The injured worker was diagnosed as having cervical fusion and revision, cervical discogenic pain, cervicogenic neck pain, chronic headache and lumbar discogenic pain. There are associated diagnoses of insomnia, depression and past suicidal ideation. Treatment to date has included cervical fusion surgery in 2009 and revision in 2011, injections, non-successful spinal cord stimulator trial, physical therapy and medications management. Psychiatrists with behavioral therapy, Abilify, Cymbalta and Provigil, treated the IW. There was no documentation of abnormal sleep study finding. The IW had discontinued chiropractic PT and declined acupuncture treatments. In a progress note dated 7-8-2015, the injured worker complains of neck pain radiating to the left shoulder blade, mid back and head with headaches and low back pain with bilateral feet pain. Physical examination showed cervical tenderness, low back tenderness and left shoulder tenderness. The treating physician is requesting Norco 10-325mg #60, Lyrica 75mg #60, Prilosec 20mg #30, Celebrex 200mg #180, Nucynta ER 250mg #60, Trazadone 100mg #30, Urine test, TENS (transcutaneous electrical nerve stimulation) unit purchase with batteries and patches. The UDS dated 7/8/2015 was noted to be consistent with prescribed medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325 mg, sixty count:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antidepressants for chronic pain, Behavioral interventions, Medications for chronic pain, Opioids for chronic pain, Opioids, psychological intervention, Opioid hyperalgesia, Weaning of Medications. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Opioids Mental Illness and Stress.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that opioids can be utilized for the exacerbation of musculoskeletal pain when standard treatment with NSAIDs, non opioid co-analgesics and PT have failed. The chronic utilization of high dose opioid medications can be associated with the development of tolerance, dependency, addiction, sedation, opioid induced hyperalgesia and adverse interactions with psychiatric and sedative medications. The guidelines recommend that chronic pain patients with significant psychosomatic disorders be treated with physical treatments and anticonvulsant and antidepressant medications with analgesic effects. The records indicate that the patient has a significant psychiatric history. It is unclear if the psychiatric management by providers outside the IW system is currently active. The presence of significant psychiatric condition is associated with decreased compliance and efficacy of PT, intervention pain procedures and surgical interventions. The records indicate that the patient either has failed or had declined several non-medication treatment measures. The presence of significant pain in patients on chronic high dose opioid medications is indicative of opioid induced hyperalgesia. The criteria for the use of Norco 10/325mg #60 were not medically necessary.

**Lyrica 75 mg, sixty count:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs), Medications for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Anticonvulsants.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that anticonvulsant medications can be utilized for the treatment of neuropathic and chronic pain syndrome. The utilization of anticonvulsant can be associated with pain relief, mood stabilizing and reduction in medications requirements. The records indicate that the patient is compliant with utilization of Lyrica. There is documentation of functional restoration without adverse medication effect. The criteria for the use of Lyrica 75mg #60 were medically necessary.

**Prilosec 20 mg, thirty count:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs), NSAIDs, GI symptoms & cardiovascular risk. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter NSAIDs.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that proton pump inhibitors can be utilized for the prevention and treatment of NSAIDs induced gastrointestinal disease in high-risk patients. The records did not show that the patient was more than 60 years of age or a past history of significant gastritis or gastrointestinal disease. The criteria for the use of were not medically necessary.

**Celebrex 200 mg, 180 count:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs), NSAIDs, GI symptoms & cardiovascular risk, NSAIDs, specific drug list & adverse effects. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter NSAIDs.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that NSAIDs can be utilized for the treatment of exacerbation of musculoskeletal pain. The chronic use of NSAIDs can be associated with the development of cardiovascular, renal and gastrointestinal complication. The guidelines recommend that the of NSAIDs be limited to the lowest dose for the shortest time periods. There is lack of guidelines support for prescriptions of 3 to 6 months supplies of medications. The guidelines require regular clinic documentations of compliance, efficacy, absence of adverse effects and functional restoration before refills of medications. The criteria for the use of Celebrex 200mg #180 were not medically necessary.

**Nucynta ER 250 mg, sixty count:** 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 Stress-Related Conditions 2004, Section(s): Treatment, and Chronic Pain Medical Treatment 2009, Section(s): Antidepressants for chronic pain, Antiepilepsy drugs (AEDs), Chronic pain programs, opioids, Medications for chronic pain, Opioids for chronic pain, Opioids, differentiation: dependence & addiction, Opioids, psychological intervention, Opioid hyperalgesia. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Opioids Mental Illness and Stress.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that opioids can be utilized for the exacerbation of musculoskeletal pain when standard treatment with NSAIDs, non-opioid co-analgesics and PT has failed. The chronic utilization of high dose opioid medications can be associated with the development of tolerance, dependency, addiction, sedation, opioid induced hyperalgesia and adverse interactions with psychiatric and sedative medications. The guidelines recommend that chronic pain patients with significant psychosomatic disorders be treatment with physical treatments and anticonvulsant and antidepressant medications with analgesic effects. The records indicate that the patient has a significant psychiatric history. It is unclear if the psychiatric management by providers outside the IW system is currently active. The presence of significant psychiatric condition is associated with decreased compliance and efficacy of PT, intervention pain procedures and surgical interventions. The records indicate that the patient either has failed or had declined several non- medication treatment measures. The presence of significant pain in patients on chronic high dose opioid medications is indicative of opioid induced hyperalgesia. The criteria for the use of Nucynta ER 250mg #60 were not medically necessary.

**Trazadone 100 mg, thirty count:** 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), Pain Chapter.

**MAXIMUS guideline:** Decision based on MTUS Stress-Related Conditions 2004, Section(s): Treatment, and Chronic Pain Medical Treatment 2009, Section(s): Antidepressants for chronic pain, Medications for chronic pain, Psychological treatment. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Mental Illness and Stress.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that the use of sleep medications be limited to the short-term periods of less than 4 weeks, which the sleep disorder is being investigated for correctable cause. The chronic use of sleep medications can be associated with the development of tolerance, dependency, addiction, daytime somnolence and adverse interaction with other sedative medications. The guidelines recommend that multidisciplinary approach including behavioral therapy, antidepressant and physical treatments be utilized in chronic pain patients with significant psychosomatic disorders. The records indicate the patient was previously on chronic treatment with Ambien. There was no documentation of comprehensive sleep studies or current comprehensive psychiatric treatment. The criteria for the use of Trazodone 100mg #30 were not medically necessary.

**Urine test:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, screening for risk of addiction (tests), Opioids, steps to avoid

misuse/addiction, Drug testing. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Opioids Urine Toxicology Tests.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that Urine Drug Screen (UDS) can be utilized for compliance monitoring during chronic opioid and sedatives medications utilization. The recommended frequency of UDS was 3 times a year with frequency increased in the presence of red flag conditions or aberrant drug behaviors. The record did not show indications of aberrant behavior or red flag condition. The last UDS report was noted to be consistent. The criteria for Urine Drug Screen were not medically necessary.

**TENS unit purchase:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Electrical stimulators (E-stim), Transcutaneous electrotherapy. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter TENS.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that TENS unit can be utilized for the treatment of musculoskeletal pain. The utilization of TENS unit can be associated with pain relief, reduction in medication utilization and functional restoration. The guidelines recommend that a supervised 1 month trial period be conducted to establish efficacy before purchase of the TENS unit. The records did not show that a 1-month trial period had been completed to establish efficacy. The criteria for the use of TENS unit purchase was not medically necessary.

**TENS batteries:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter TENS.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that TENS unit can be utilized for the treatment of musculoskeletal pain. The utilization of TENS unit can be associated with pain relief, reduction in medication utilization and functional restoration. The guidelines recommend that a supervised 1 month trial period be conducted to establish efficacy before purchase of the TENS unit. The records did not show that a 1-month trial period had been completed to establish efficacy. The criteria for the TENS unit batteries purchase was not medically necessary.

**TENS patches:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter TENS.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that TENS unit can be utilized for the treatment of musculoskeletal pain. The utilization of TENS unit can be associated with pain relief, reduction in medication utilization and functional restoration. The guidelines recommend that a supervised 1 month trial period be conducted to establish efficacy before purchase of the TENS unit. The records did not show that a 1-month trial period had been completed to establish efficacy. The criteria for the TENS unit patches purchase was not medically necessary.