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| <b>Case Number:</b>   | CM15-0166228 |                              |            |
| <b>Date Assigned:</b> | 09/03/2015   | <b>Date of Injury:</b>       | 01/06/1998 |
| <b>Decision Date:</b> | 10/26/2015   | <b>UR Denial Date:</b>       | 07/29/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 08/24/2015 |

### 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: Pediatrics, Internal 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:

This 62 year old male sustained an industrial injury on 1-06-98. He subsequently reported low back pain. Diagnoses include chronic low back pain, chronic spondylosis with myelopathy and lumbar post laminectomy syndrome. Treatments to date include MRI testing, injections, surgery, physical therapy and prescription pain medications. The injured worker has continued complaints of neck pain with radiation to the right upper extremity. Upon examination it was noted that his brief pain inventory interface score is 41 of 70. A request for Methadone 5mg #90 with 2 refills, Pregabalin (Lyrica) 150mg #60 x2 refills, Cialis 20mg #8 x2 refills and Duloxetine 30mg #90 x3 months was made by the treating physician.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Methadone 5mg #90 with 2 refills:** 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): Methadone. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain - methadone.

**Decision rationale:** Per ODG & MTUS, methadone is recommended as a second-line drug for moderate to severe pain, only if the potential benefit outweighs the risk, unless methadone is prescribed by pain specialists with experience in its use and by addiction specialists, where first-line use may be appropriate. The FDA reports that they have received reports of severe morbidity and mortality with this medication. Due to the complexity of dosing and potential for adverse effects including respiratory depression and adverse cardiac events, experienced practitioners (i.e. pain medicine or addiction specialists) should reserve this drug for use. Documentation did not include 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. This request is not medically necessary.

**Pregabalin (Lyrica) 150mg #60 x2 refills:** 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): Antiepilepsy drugs (AEDs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain - pregabalin (Lyrica).

**Decision rationale:** Per MTUS pregabalin (Lyrica) has been documented to be effective in treatment of diabetic neuropathy and postherpetic neuralgia, has FDA approval for both indications, and is considered first-line treatment for both. Pregabalin was also approved to treat fibromyalgia. Per ODG, pregabalin is recommended in neuropathic pain conditions and fibromyalgia, but not for acute pain. Pregabalin (Lyrica), an anticonvulsant, has been documented to be effective in treatment of diabetic neuropathy and post-herpetic neuralgia, has FDA approval for both indications, and is considered first-line treatment for both. Pregabalin was also approved to treat fibromyalgia. There is documentation of pain radiating from the neck to the left arm but the physical exam does not note any sensory or strength loss consistent with neuropathy. This request is not medically necessary and appropriate.

**Cialis 20mg #8 x2 refills:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation UpToDate.com - Tadalafil: Drug information.

**Decision rationale:** Per UptoDate Cialis is indicated for erectile dysfunction.at 10 mg at least 30 minutes prior to anticipated sexual activity as one single dose and not more than once daily. Dose may be adjusted based on tolerability (dosing range: 5 to 20 mg). Note: Erectile function may be improved for up to 36 hours following a single dose. According to the documentation provided the IW had tried other medication but had the best response with Cialis. Treatment for chronic pain is known to suppress libido which may require treatment with medication such as Cialis. This request is medically necessary and appropriate.

**Duloxetine 30mg #90 x3 months:** 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): Duloxetine (Cymbalta).

**Decision rationale:** Per MTUS duloxetine is recommended as an option in first-line treatment option in neuropathic pain. Duloxetine (Cymbalta) is a norepinephrine and serotonin reuptake inhibitor anti-depressant (SNRIs). It has FDA approval for treatment of depression, generalized anxiety disorder, and for the treatment of pain related to diabetic neuropathy, with effect found to be significant by the end of week 1. The notes provided do not make notation of any improvement in pain level or in functional status after 2 months of treatment. The request is not medically necessary and appropriate.