

<b>Case Number:</b>	CM15-0181808		
<b>Date Assigned:</b>	09/23/2015	<b>Date of Injury:</b>	07/01/2005
<b>Decision Date:</b>	11/18/2015	<b>UR Denial Date:</b>	09/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/15/2015

### 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 64 year old female who sustained an industrial injury July 1, 2005. Past history included status post TLIF (transforaminal lumbar interbody fusion) on June 23, 2015 and previous lumbar surgery 2008. Diagnoses are post-laminectomy syndrome; right knee sprain, strain; right shoulder sprain, strain; right elbow olecranon bursitis According to a physician's supplemental report dated July 15, 2015, the injured worker presented still recovering after surgery and too early for formal outpatient physiotherapy. She was performing simple home exercises, wearing a back brace and bone growth stimulator post operatively. According to a primary treating physician's progress report dated August 24, 2015, the injured worker presented with complaints of pain and tenderness of the lumbar spine radiating to the bilateral lower extremities, swelling right greater than left lower extremity with numbness and tingling. She is currently attending aqua physical therapy, completing (3) of (6) visits. Some handwritten notes are difficult to decipher. Objective findings included; lumbar spine-using wheeled walker, de-conditioned with limited gait; decreased sensory right L4-5 and S1 dermatomes; significant weakness right ankle, can't extend big toe. Treatment plan included adjustment to medications, continue aqua therapy, and at issue, a request for authorization for Norco, Oxycontin, Axid, and Zanaflex. A drug toxicology report dated August 24, 2015 is present in the medical record. According to utilization review dated September 3, 2015, the request for 90 tablets of Norco 10-325mg between August 27, 2015 and October 11, 2015 was modified to 19 tablets of Norco 10-325mg between August 27, 2015 and October 11, 2015. The request for 60 tablets of Axid 150mg between August 27, 2015 and October 11, 2015 is non-certified. The request for 90

tablets of Oxycontin 30mg between August 27, 2015 and October 11, 2015 was modified to 19 tablets of Oxycontin 30mg between August 27, 2015 and October 11, 2015. The request for 120 tablets Zanaflex 2mg between August 27, 2015 and October 11, 2015 was modified to 19 tablets of Zanaflex 2mg between August 27, 2015 and October 11, 2015.

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

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

**Norco 10/325 mg #90:** 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), Antidepressants for chronic pain, Chronic pain programs, opioids, Medications for chronic pain, Opioids, criteria for use, Opioids for chronic pain, Opioids for neuropathic pain, Opioids, dosing, Opioid hyperalgesia, Weaning of Medications. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Opioids.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that opioids can be utilized for short term treatment of exacerbation of musculoskeletal pain when standard NSAIDs, non opioid co-analgesic and PT have failed. The chronic use of high dose opioids can be associated with the development of tolerance, dependency, addiction, sedation, opioid induced hyperalgesia and adverse interactions with other sedative agents. The records indicate that the patient had significant neuropathic type pain which is poorly responsive to opioid medications. There is no indication of failure of first line NSAIDs or anticonvulsant co-analgesic medications. The lack of significant improvement in subjective and objective findings as well as lack of functional restoration is indicative of opioid induced hyperalgesia. The guidelines recommend that chronic pain patients of high dose opioids be referred to Pain Programs or Addiction centers for safe weaning protocol. The criteria for the use of Norco 10/325mg #90 was not met, therefore is not medically necessary.

**Axid 150 mg #60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk, Medications for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Antihistamines.

**Decision rationale:** The CA MTUS and the ODG guidelines did not recommend that utilization of chronic antihistamine H-2 antagonist utilization for prophylaxis of medication induced gastritis except in patients with significant history of gastrointestinal disease. The records did not

show the indication for the chronic utilization of the Axid medications. There is no documentation of significant gastrointestinal disease or medication induced gastritis. The criteria for the use of Axid 150mg #60 were not met, therefore is not medically necessary.

**Oxycontin 30 mg #90: 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), Chronic pain programs, opioids, Medications for chronic pain, Opioids, criteria for use, Opioids for chronic pain, Opioids for neuropathic pain, Opioids, long-term assessment, Opioids, specific drug list, Opioid hyperalgesia, Weaning of Medications. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Opioids.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that opioids can be utilized for short term treatment of exacerbation of musculoskeletal pain when standard NSAIDs, non opioid co-analgesic and PT have failed. The chronic use of high dose opioids can be associated with the development of tolerance, dependency, addiction, sedation, opioid induced hyperalgesia and adverse interactions with other sedative agents. The records indicate that the patient had significant neuropathic type pain which is poorly responsive to opioid medications. There is no indication of failure of first line NSAIDs or anticonvulsant co-analgesic medications. The lack of significant improvement in subjective and objective findings as well as lack of functional restoration is indicative of opioid induced hyperalgesia. The guidelines recommend that chronic pain patients of high dose opioids be referred to Pain Programs or Addiction centers for safe weaning protocol. The criteria for the use of Oxycontin 30mg #90 was not met, therefore is not medically necessary.

**Zanaflex 2 mg #120: 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): Medications for chronic pain, Muscle relaxants (for pain). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Muscle Relaxants.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that muscle relaxants can be utilized for the short term treatment of exacerbation of musculoskeletal pain when standard treatment with NSAIDs and PT have failed. The chronic use of muscle relaxants and antispasmodics can be associated with the development of tolerance, dependency, addiction, sedation and adverse interaction with opioids or sedative agents. The records indicate that the duration of utilization of Zanaflex had exceeded the guidelines recommended maximum period of 4 to 6 weeks. There is no documentation of objective findings of persistent spasm or failure of physical treatment measures. The criteria for the use of Zanaflex 2mg #120 was not met, therefore is not medically necessary.

