

<b>Case Number:</b>	CM15-0189474		
<b>Date Assigned:</b>	10/01/2015	<b>Date of Injury:</b>	01/08/2002
<b>Decision Date:</b>	12/15/2015	<b>UR Denial Date:</b>	08/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/25/2015

### 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 49 year old male, who sustained an industrial injury on 01-08-2002. He has reported subsequent low back pain and was diagnosed with lumbosacral spondylosis, degeneration of lumbosacral intervertebral disc, lumbosacral neuritis and depressive disorder. Treatment to date has included pain medications, which were noted to have failed to significantly relieve the pain. OxyContin and Vicoprofen were prescribed at least since 2006, Nortriptyline and Lyrica were prescribed at least since 2013 and Trileptal was prescribed since 2014. Work status was documented as full time without restrictions. In a progress note dated 08-19-2015, the injured worker reported that symptoms had remained stable and unchanged since the last visit but continued to report severe symptoms and dysfunction as well as depression since insurance cut back on his opioid medications. The physician noted that the injured worker was hit by a care while riding a bike on 06-30-2015 with no serious injuries but was reported to still be recovering. The injured worker was noted to be working full-time without restrictions and the injured worker reported that Vicoprofen and OxyContin reduced pain and symptoms by greater than 50% and allowed him to function and work full time. The injured worker was noted to be taking Lyrica for severe bilateral lower extremity nerve pain and insomnia but reported poor symptoms relief and inquired about increasing the dose. Objective examination findings revealed mild distress, a slow antalgic gait and a tearful appearance. The physician noted that the injured worker was experiencing worsening pain and functional decline as well as depression, anxiety and insomnia on a daily basis. The physician noted that the injured worker was encouraged to taper or detox and transition onto Buprenorphine. Detox was noted as being deferred until he switched to ■■■

██████ the next month. OxyContin dose was reduced in half to prepare for outpatient detox or slow taper and Lyrica was increased for severe nerve pain in the lower extremities. A request for authorization of Vicoprofen 7.5-200mg 1 tab q 3-4H PRN pain (max 4 per day) 15 days' supply #60 with 1 refill, Lyrica 300mg 1 cap at bedtime for 30 days #30, OxyContin ER 10mg 1 tab BID as need for pain for 30 days #60, Trileptal 150mg 4 tabs at bedtime #120 Refills: 1 and Nortriptyline 10mg 3 tabs at bedtime #90 was submitted. As per the 08-27-2015 utilization review, the request for Lyrica was modified to certification of Lyrica 300 mg #15, the request for OxyContin was modified to certification of OxyContin #30, the request for Vicoprofen was modified to certification of Vicoprofen 7.5-200 mg #30 with 0 refills, the request for Trileptal was modified to certification of Trileptal 150 mg #60 with 0 refills and the request for Nortriptyline was non-certified.

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

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

**Vicoprofen 7.5/200mg 1 tab q 3-4H PRN pain (max 4/day) 15 day supply #60 with 1 refill:**  
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): Chronic pain programs, opioids, Medications for chronic pain, Opioids, criteria for use, Opioids for chronic pain, Opioids, dealing with misuse & addiction, Opioids, differentiation: dependence & addiction, Opioids, dosing, Opioids, indicators for addiction, Opioids, long-term assessment, Opioids, psychological intervention, Opioids, specific drug list, Opioids, steps to avoid misuse/addiction, 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 opioid medications can be utilized for the treatment of severe chronic pain when standard treatment with NSAIDs, non-opioid co-analgesics, exercise and PT. The chronic use of high dose opioids can be associated with the development of tolerance, dependency, addiction, sedation, opioid induced hyperalgesia and adverse interaction with psychiatric and sedative medications. The records did not show that the patient failed treatment with NSAIDs and non-opioid co-analgesic medications. There is indication that the patient was being referred to Pain Program for detoxification and safe weaning of opioid medication. The guidelines do not support the prescription of opioid refills because documentation of compliance monitoring measures, functional restoration and absence of adverse medication effect is required before each prescription is dispensed. The guidelines did support that chronic pain patient who are utilizing high dose opioid medication be referred to Addiction centers or Pain Program for safe weaning protocol. The criteria for the use of Vicoprofen 7.5/200mg 1 tab q 3-4hrly PRN for pain Maximum 4/day for 15 days supply #60 with 1 refill was not met. Therefore this request is not medically necessary.

**Lyrica 300mg 1 cap at bedtime for 30 days #30:** 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 pain, depression and psychiatric conditions associated with chronic pain syndrome. The presence of poorly controlled psychosomatic conditions is associated with decreased efficacy and compliance to PT, surgery and interventional pain procedures. The records indicate that the patient have significant psychiatric and neuropathic pain conditions. There is documentation of functional restoration and compliant with medications management. The records did not show adverse effects of medications management. It was noted that the chronic use of opioid medications was being adjusted or weaned. The criteria for the use of Lyrica 300mg 1 at bedtime for 30 days #30 was met. Therefore this request is medically necessary.

**Oxycontin ER 10mg 1 tab BID as need for pain for 30 days #60: 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): Chronic pain programs, opioids, Detoxification, Medications for chronic pain, Opioids, criteria for use, Opioids for chronic pain, Opioids, dealing with misuse & addiction, Opioids, differentiation: dependence & addiction, Opioids, dosing, Opioids, indicators for addiction, Opioids, long-term assessment, Opioids, psychological intervention, Opioids, screening for risk of addiction (tests), Opioids, specific drug list, Opioids, steps to avoid misuse. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Opioids.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that opioid medications can be utilized for the treatment of severe chronic pain when standard treatment with NSAIDs, non-opioid co-analgesics, exercise and PT. The chronic use of high dose opioids can be associated with the development of tolerance, dependency, addiction, sedation, opioid induced hyperalgesia and adverse interaction with psychiatric and sedative medications. The records did not show that the patient failed treatment with NSAIDs and non-opioid co-analgesic medications. There is indication that the patient was being referred to Pain Program for detoxification and safe weaning of opioid medication. The records show that the patient is utilizing high dose opioids and multiple sedative medications concurrently increasing the risk of opioid induced hyperalgesia and adverse medication interactions. The guidelines did support that chronic pain patient who are utilizing high dose opioid medication be referred to Addiction centers or Pain Program for safe weaning protocol. The criteria for the use of Oxycontin ER

10mg 1 tab BID as needed for pain for 30 days supply #60 was not met. Therefore this request is not medically necessary.

**Trileptal 150mg 4 tabs at bedtime #120 Refills: 1: 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, Pregabalin (Lyrica), Psychological treatment. 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 pain, depression and psychiatric conditions associated with chronic pain syndrome. The presence of poorly controlled psychosomatic conditions is associated with decreased efficacy and compliance to PT, surgery and interventional pain procedures. The records indicate that the patient have significant psychiatric and neuropathic pain conditions. There is documentation of functional restoration and compliant with medications management. The records did not show adverse effects of medication management. It was noted that the chronic use of opioid medications was being adjusted or weaned. The criteria for the use of Trileptal 300mg 1 at bedtime for 30 days #30 was met. Therefore this request is medically necessary.

**Nortriptyline 10mg 3 tabs at bedtime #90: Overturned**

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

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

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that antidepressant medications can be utilized for the treatment of neuropathic pain, depression and psychiatric conditions associated with chronic pain syndrome. The presence of poorly controlled psychosomatic conditions is associated with decreased efficacy and compliance to PT, surgery and interventional pain procedures. The records indicate that the patient have significant psychiatric and neuropathic pain conditions. There is documentation of functional restoration and compliant with medications management. The records did not show adverse effects of medication management. It was noted that the chronic use of opioid medications was being adjusted or weaned. The criteria for the use of Nortriptyline 10mg 3 tabs at bedtime #90 were met. Therefore this request is medically necessary.