

<b>Case Number:</b>	CM15-0201527		
<b>Date Assigned:</b>	10/16/2015	<b>Date of Injury:</b>	05/12/2007
<b>Decision Date:</b>	12/23/2015	<b>UR Denial Date:</b>	09/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/13/2015

### 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 35 year old female who sustained an industrial injury on 05/12/2007. Medical records indicated the worker was treated for lumbar degenerative disc disease, lumbar radiculopathy, and lumbar spondylosis. She also has myofascial pain, is disabled, and has sleep disturbance. The other co-existing conditions listed are diabetes, morbid obesity and sleep apnea. The past failed treatments are intrathecal morphine trial, spinal cord stimulator and pain injections. In the provider notes of 09-23-2015, the injured worker describes her pain level was noted as not that good. The worker has increased activity secondary to family health issues. Her medication intake is stable and no aberrant behavior was noted on the medications she takes. The medications listed are MS Contin 60mg BID #60, Dilaudid, Lyrica, gabapentin, Prilosec, Zanaflex, Ambien and Zanaflex. Urine drug screen of 04-23-2015 was noted to be OK but the detail report was not provided. She states carrying load leads to increased in lumbar pain and numbness. Her planned exercise had decreased at this interval. Her condition is permanent and stable. Her general exam was unremarkable. The treatment plan was to restart exercise as tolerated and discuss stress reduction, refill medications with a goal to decrease the Dilaudid, and follow-up as scheduled. A request for authorization was submitted for (1).120 Dilaudid 4mg (2). 60 MS Contin 60mg (3). 90 Lyrica 100mg (4). 30 Cymbalta 60mg (5). 30 Ambien 10mg (6). 1 continuation of prescription Senna 8.6mg (7). 30 Prilosec 20mg (8). 60 Zanaflex 4mg. A utilization review decision 09/30/2015 Authorized: 60 MS Contin 60mg between 09-25- 2015 and 11-12-2015; 90 Lyrica 100mg between 09-25-2015 and 11-12-2015; 30 Cymbalta 60mg between 09-25-2015 and 11-12-2015. Non-certified: 30 Ambien 10mg between 09-25-2015 and 11-12-2015; 1 continuation of prescription Senna 8.6mg between 09-25-2015 and 11-12-2015; 30 Prilosec 20mg between 09-25-2015 and 11-12-2015; 60 Zanaflex 4mg between

09-25-2015 and 11-12-2015; Modified: 120 Dilaudid 4mg to 90 Dilaudid 4mg between 09-25-2015 and 11-12-2015.

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

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

#### **120 Dilaudid 4mg: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Chronic pain programs, opioids, Opioids, criteria for use, Opioids for chronic pain, Opioids, dealing with misuse & addiction, Opioids, differentiation: dependence & addiction, Antidepressants for chronic pain, 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/addiction, Opioid hyperalgesia. 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 can be utilized for the treatment of severe musculoskeletal pain when standard treatment with NSAID, non opioid co-analgesic and physical treatments have failed. The chronic use of opioids can be associated with the development of tolerance, dependency, addiction, sedation, opioid induced hyperalgesia and adverse interaction with sedative agents. The records indicate that the patient is utilizing multiple high dose opioids and sedative medications concurrently. There is no documentation of guidelines required compliance monitoring with detailed UDS reports, CURES data reports, absence of aberrant behavior and objective findings of functional restoration. The presence of persistent subjective complaints of severe pain without objective findings of significant functional restoration despite utilization of high doses of opioid medications is indicative of opioid induced hyperalgesia state. The guidelines recommend that chronic pain patients with significant psychosomatic symptoms be referred to Opioid Programs or Addiction centers for safe weaning protocol. The criteria for the use of Dilaudid 4mg #120 was not met. The request is not medically necessary.

#### **30 Ambien 10mg: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Zolpidem (Ambien).

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

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that sedatives can be utilized for the short term treatment of insomnia associated with severe musculoskeletal pain when standard treatment with NSAID, non opioid co-analgesic and physical treatments have failed. The chronic use of sedatives can be associated with the development of tolerance, dependency, addiction, sedation, daytime somnolence and adverse interaction with sedative agents. The records indicate that the patient is utilizing multiple high dose opioids and sedative medications concurrently. There is no documentation of guidelines required compliance monitoring with detailed UDS reports, CURES data reports, absence of aberrant behavior and objective findings of functional restoration. The records did not show that the patient failed treatment with non medication measures such as sleep hygiene. The duration of utilization of Ambien had exceeded the guidelines recommended maximum duration of 4 to 6 weeks. The dosage is greater than the FDA recommended maximum dose of 5 mg for females. The guidelines recommend that chronic pain patients with significant psychosomatic symptoms be referred to Addiction centers for safe weaning protocol. The criteria for the use of Ambien 10mg #30 was not met. The request is not medically necessary.

### **1 continuation of prescription Senna 8.6mg: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Medications for chronic pain, Opioids for chronic pain, Opioids, specific drug list, Oral morphine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Opioids.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that medications can be utilized for prophylaxis and treatment of constipation during chronic opioid treatment. The chronic use of opioids can be associated with decreased gastrointestinal motility and constipation that can progress to intestinal obstruction if untreated. The records indicate that the patient is utilizing high doses of morphine and other medications. The criteria for continuation of prescription Senna 8.6mg was met. The request is medically necessary.

### **30 Prilosec 20mg: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

**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 Proton Pump Inhibitors.

**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 the elderly and patients with history of gastric disease. The records did not show that the patient had a high risk factor or history of NSAIDs induced gastritis. The criteria for the use of Prilosec 20mg #30 was not met. The request is not medically necessary.

**60 Zanaflex 4mg: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

**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 treatment of severe musculoskeletal pain when standard treatment with NSAID, non opioid co-analgesic and physical treatments have failed. The chronic use of muscle relaxants can be associated with the development of tolerance, dependency, addiction, sedation and adverse interaction with sedative agents. The records indicate that the patient is utilizing multiple high dose opioids, muscle relaxants and sedative medications concurrently. There is no documentation of guidelines required compliance monitoring with detailed UDS reports, CURES data reports, absence of aberrant behavior and objective findings of functional restoration. There is no documentation of guidelines required liver function monitoring during chronic utilization of Zanaflex. The duration of utilization of Zanaflex had exceeded that guidelines recommend maximum duration of 4 to 6 weeks. The criteria for the use of Zanaflex 4mg #60 was not met. The request is not medically necessary.