

<b>Case Number:</b>	CM15-0203847		
<b>Date Assigned:</b>	10/20/2015	<b>Date of Injury:</b>	03/29/1996
<b>Decision Date:</b>	12/22/2015	<b>UR Denial Date:</b>	10/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/16/2015

### 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: California

Certification(s)/Specialty: Preventive Medicine, Occupational 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:

The injured worker is a 67 year old male, who sustained an industrial injury on 3-29-96. The documentation on 9-30-15 noted that the injured worker has complaints of back and leg pain. The documentation noted that the injured worker can barely walk due to the weakness in his legs. The severity of the pain is rated 6 out of 10 on the pain scale. The diagnoses have included back pain; chronic constipation; major depression; low back pain; lumbar degenerative disc disease; myofascial pain; pain medication agreement; post-laminectomy syndrome; sciatica and spondylosis without myelopathy. Treatment to date has included percocet; oxycontin; lyrica; gabapentin; skelaxin and failed back surgery. Current medications were listed as cymbalta; linzess; oxycontin; percocet; topamax; valium and senna. The documentation noted that the injured worker has been on oxycontin, cymbalta, linzess and topamax since at least 5-7-15. The original utilization review (10-9-15) modified the request for oxycontin 60mg #90 to oxycontin 60mg #28. The request for cymbalta 60mg #30 with 5 refills has been non-certified. The request for linzess 290mg #30 with 3 refills was modified to linzess 290mg #30 with 1 refill. The request for topamax 50mg #60 with 4 refills was modified to topamax 50mg #60 with 1 refill.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Oxycontin 60mg #90: Upheld**

**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): Opioids for chronic pain.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. Despite the long-term use of Oxycontin, the patient has reported very little, if any, functional improvement or pain relief over the course of the last 6 months. The patient's current total daily opioid use is well above the recommended maximum dose. Oxycontin 60mg #90 is not medically necessary.

**Cymbalta 60mg #30 with 5 refills: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antidepressants for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic), Cymbalta.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Duloxetine (Cymbalta).

**Decision rationale:** Recommended as an option in depressed patients for non-neuropathic pain, but effectiveness is limited. The patient's diagnosis of depression is well documented in the medical record and is apparently an accepted part of the claim. This medication is appropriate for this patient, however, records indicate that a monthly prescription for Cymbalta was recently certified with 5 refills per review #3036656 on 09/11/15. Therefore, Cymbalta 60mg #30 with 5 refills is not medically necessary.

**Linzess 290mg #30 with 3 refills: Upheld**

**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): Opioids for chronic pain.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines makes provision for the prophylactic treatment of constipation secondary to chronic opiate use. The patient is currently prescribed an ongoing opioid regime for chronic pain. Consequently, the concurrent use of Linzess is medically reasonable. However, the original reviewer modified the request to exclude 2 refills as the patient will be re-evaluated in two months to ensure compliance and medication efficacy. Linzess 290mg #30 with 3 refills is not medically necessary.

**Topamax 50mg #60 with 4 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs).

**Decision rationale:** Topamax is an anti-epilepsy drug sometimes recommended for neuropathic pain, i.e. pain due to nerve damage. Randomized controlled studies have been limited in regard to central pain, and there have been none for painful radiculopathy. If an antiepileptic drug is prescribed for a patient for other than painful polyneuropathy or post-herpetic neuralgia, a first-line medication such as gabapentin or pregabalin should be tried initially. An adequate trial period is three to eight weeks for titration, then one to two weeks at maximum tolerated dosage. With each office visit the patient should be asked if there has been a change in the patient's pain symptoms, with the recommended change being at least 30%. There is documentation of functional improvement with the continued use of this medication. However, the original reviewer modified the request to exclude 2 refills as the patient will be re-evaluated in two months to ensure compliance and medication efficacy. Topamax 50mg #60 with 4 refills is not medically necessary.