

<b>Case Number:</b>	CM15-0206866		
<b>Date Assigned:</b>	10/23/2015	<b>Date of Injury:</b>	12/14/1995
<b>Decision Date:</b>	12/29/2015	<b>UR Denial Date:</b>	09/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/20/2015

### 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: Washington, 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 65 year old male who sustained an industrial injury on 12-14-1995. The medical records indicated that the injured worker was undergoing treatment for lumbar facet syndrome, lumbar radiculopathy, post lumbar laminectomy syndrome, thoracic-lumbar radiculopathy, cervical spinal stenosis, cervical disc degeneration, arthropathy (unspecified site), and myalgia and myositis. Treatments to date included medication management, pain pump (being denied), spinal cord stimulator trial, and surgical intervention (procedure(s) and date not given). Previous diagnostic studies included lumbar MRI on 6-9-2015 which showed moderate lumbar degenerative joint disease with post-surgical changes L1-2 to L5-S1 and disc spacers at L2-3, L3-4, and L4-5. Urine drug screen 9-15-2015 was not consistent with the prescribed medications. According to the progress report dated 7-1-2015, the injured worker presented with complaints of lower backache. He reported that his leg pain remained the same with progressing weakness, especially down his right leg, associated with numbness and tingling. The current medications were Fentanyl, Vicodin, Ambien, and Neurontin (since at least 4-7-2015) which lessened pain by 40% and helped keep him functional but were becoming less effective. There is no side effects from the medication. On a subjective pain scale, he rated his average pain 7.5 out of 10. He noted that his pain level had increased since last visit (5 out of 10). In addition, he reported that he is unable to sleep due to pain. The physical examination of the lumbar spine revealed tenderness over the sacroiliac spine and paravertebral muscles, bilaterally. There was positive lumbar facet loading on both sides, 4/5 weakness in hip flexors on the right, non-dermatomal sensation decrease in the right leg, and normal lower extremity reflex exam. Work

status was not indicated. The original utilization review (9-28-2015) had non-certified a request for Fentanyl 50mcg #5, Neurontin 300mg #120, Ambien 10mg #30, and Vicodin 7.5-300mg #45.

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

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

### **5 Patches of Fentanyl 50mcg/hr: Overturned**

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

**MAXIMUS guideline:** Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Chronic Pain Medical Treatment 2009, Section(s): Duragesic (fentanyl transdermal system), Medications for chronic pain, Opioids (Classification), Opioids, California Controlled Substance Utilization Review and Evaluation System (CURES) [DWC], Opioids, criteria for use, Opioids for chronic pain, Opioids for neuropathic pain, Opioids for osteoarthritis, Opioids, cancer pain vs. nonmalignant pain, Opioids, dealing with misuse & addiction, Opioids, differentiation: dependence & addiction, Opioids, dosing, Opioids, indicators for addiction, Opioids, long-term assessment, Opioids, pain treatment agreement, Opioids, psychological intervention, Opioids, screening for risk of addiction (tests), Opioids, specific drug list, Opioids, steps to avoid misuse/addiction, Opioid hyperalgesia.

**Decision rationale:** Fentanyl transdermal patch (Duragesic) is a potent, synthetic opioid analgesic used in chronic pain management. Its potency is considered 80 times that of morphine. The patches work by slowly releasing fentanyl through the skin over 48 to 72 hours which provides long-lasting pain control. Fentanyl can also be used intravenously for surgical anesthesia and analgesia. According to the MTUS opioid therapy for control of chronic neuropathic pain, while not considered first line therapy, is considered a viable alternative when other modalities have been tried and failed. When treating moderate to severe nociceptive pain, defined as non radicular pain caused by continual injury, the MTUS considers opioid therapy to be the standard of care. Success of this therapy is noted when there is significant improvement in pain or function. The risk with this therapy is the development of addiction, overdose and death. The pain guidelines in the MTUS directly address this issue and have outlined criteria for monitoring patients to allow for safe use of chronic opioid therapy. The present provider is following these recommendations, has used first-line pain medications (gabapentin) without achieving adequate pain control, is appropriately monitoring this patient for abuse/misuse, notes the improvement in pain control with the use of opioid preparations and notes no side effects from the patients current medications. The patient has been on stable dosing of fentanyl for 4 months. Chronic use of opioids in this instance is safe and not contraindicated. Medical necessity for continued use of this medication has been established. The request is medically necessary.

### **Neurontin 300mg, #120: Overturned**

**Claims Administrator 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) Treatment Index, 11th Edition, 2015, Pain Insomnia Treatment.

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

**Decision rationale:** Gabapentin (Neurontin) is classified as an anticonvulsant (antiepilepsy) drug used to treat epilepsy, migraines, bipolar disorder and the management of alcohol dependence. It is also recommended as a first line treatment for neuropathic pain although the literature to support its use comes mostly from studies of postherpetic neuralgia and diabetic polyneuropathy. A response to antiepileptic medication in controlling pain in patients with neuropathic pain has been defined as a 30-50% reduction in pain. In fact, antiepileptic drugs are considered a first-line medication in the treatment of chronic neuropathic pain. Studies looking at the efficacy of gabapentin for neuropathic pain suggests when used with opioids, patients use lower doses of medications and had better analgesia. Of note, the MTUS recommends if this medication is to be changed or stopped it be weaned in order to avoid precipitating a seizure (based on studies with epileptic patients). This patient has neuropathic pain and the provider's notes comment on the effectiveness of the patient's medications for controlling pain and improving function. Its efficacy has been demonstrated. Medical necessity for continued use of this medication has been established. The request is medically necessary.

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

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Schutte-Rodin S, et al. Clinical Guideline for the Evaluation and Management of Chronic Insomnia in Adults. J Clin Sleep Med 2008; 4 (5): 487- 504.

**Decision rationale:** Zolpidem (Ambien, Ambien CR) is a short-acting benzodiazepine receptor agonist medication. It is indicated for short-term (usually about two to six weeks) treatment of insomnia. It is very effective in initiating sleep but has not adequately demonstrated effectiveness in maintaining sleep, unless delivered in a controlled-release (CR) form. Long-term use of zolpidem is associated with drug tolerance, drug dependence, rebound insomnia, and CNS-related adverse effects. Insomnia is defined by the American Academy of Sleep Medicine (AASM) as the subjective perception of difficulty with sleep initiation, duration, consolidation, or quality that occurs despite adequate opportunity for sleep, and that results in some form of daytime impairment. It is the most prevalent sleep disorder in the general population. It requires a full work-up to understand its etiology and to direct therapy. The AASM guideline recommends any pharmacologic treatment for chronic insomnia be accompanied by cognitive and behavioral treatments. Additionally, it recommends use of benzodiazepines or benzodiazepine receptor agonist medications be used short term followed by other sedating agents such as sedating antidepressants and atypical antipsychotics. This patient has been taking zolpidem for longer than 6 weeks and is still experiencing frequent nighttime awakenings. A full evaluation for the etiology for his chronic insomnia has not been done. The medical necessity for continued use of this medication has not been established. The request is not medically necessary.

**Vicodin ES 7.5/300mg, #45:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Chronic Pain Medical Treatment 2009, Section(s): Medications for chronic pain, Opioids (Classification), Opioids, California Controlled Substance Utilization Review and Evaluation System (CURES) [DWC], Opioids, criteria for use, Opioids for chronic pain, Opioids for neuropathic pain, Opioids for osteoarthritis, Opioids, cancer pain vs. nonmalignant pain, Opioids, dealing with misuse & addiction, Opioids, differentiation: dependence & addiction, Opioids, dosing, Opioids, indicators for addiction, Opioids, long-term assessment, Opioids, pain treatment agreement, Opioids, psychological intervention, Opioids, screening for risk of addiction (tests), Opioids, specific drug list, Opioids, steps to avoid misuse/addiction, Opioid hyperalgesia.

**Decision rationale:** Vicodin ES (Hydrocodone-Acetaminophen) is a mixed medication made up of the short acting, opioid, hydrocodone, and acetaminophen, better known as Tylenol. It is recommended for moderate to moderately severe pain with usual dosing of 5-10 mg hydrocodone per 300 mg of acetaminophen taken as 1-2 tablets every 4-6 hours. Maximum dose according to the MTUS is limited to 4 gm of acetaminophen per day, which is usually 60-120 mg/day of hydrocodone. According to the MTUS opioid therapy for control of chronic neuropathic pain, while not considered first line therapy, is considered a viable alternative when other modalities have been tried and failed. When treating moderate to severe nociceptive pain, defined as non radicular pain caused by continual injury, the MTUS considers opioid therapy to be the standard of care. Success of this therapy is noted when there is significant improvement in pain or function. The risk with this therapy is the development of addiction, overdose and death. The pain guidelines in the MTUS directly address this issue and have outlined criteria for monitoring patients to allow for safe use of chronic opioid therapy. There is good documentation that the provider is following the MTUS guidelines. The patient is taking a first-line chronic pain medication (Neurontin), has noted improved function and less pain with use of opioid medications, is screening for aberrant drug-seeking behaviors and has documented no side effects from the medication. Continued use of Vicodin at the present dose remains an option in therapy. Medical necessity has been established. The request is not medically necessary.