

<b>Case Number:</b>	CM15-0209677		
<b>Date Assigned:</b>	10/28/2015	<b>Date of Injury:</b>	06/04/2010
<b>Decision Date:</b>	12/17/2015	<b>UR Denial Date:</b>	10/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/26/2015

### 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, New York, 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 applicant is a represented 54-year-old who has filed a claim for chronic shoulder, wrist, and low back pain reportedly associated with an industrial injury of June 4, 2010. In a Utilization Review report dated October 13, 2015, the claims administrator failed to approve requests for OxyContin, Lyrica, and Ambien. The claims administrator referenced a September 26, 2015 office visit in its determination. The applicant's attorney subsequently appealed. On August 21, 2015, the applicant reported ongoing complaints of low back, knee, and foot pain, 9/10 at its worst versus 6/10 at its best with medications. Activities as basic as bending, coughing, reaching, stooping, crawling, sitting, standing, and walking remain problematic, the treating provider reported toward the top of the note. OxyContin, Lyrica, Ambien, Colace, and Flexeril were endorsed while the applicant was placed off of work, on total temporary disability.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Oxycontin 60mg #60:** Upheld

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

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

**Decision rationale:** No, the request for OxyContin, a long acting opioid, was not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant was off of work, on total temporary disability, as of the date in question, August 31, 2015. While the treating provider did recount low-grade reduction in pain scores from 9/10 without medications versus 6/10 with medications, these reports were, however, outweighed by the applicant's failure to return to work, the attending provider's commentary that the applicant was still having difficulty performing activities as basic as sitting, standing, walking, crouching, crawling, bending, etc., and the attending provider's failure to identify meaningful, material, and/or substantive improvements in function (if any) effected as a result of OxyContin usage. Therefore, the request was not medically necessary.

**Lyrica 150mg #180:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Chronic Pain Medical Treatment 2009, Section(s): Introduction, Pregabalin (Lyrica).

**Decision rationale:** Similarly, the request for Lyrica (pregabalin), an anti-convulsant adjuvant medication, was likewise not medically necessary, medically appropriate, or indicated here. While page 99 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that pregabalin or Lyrica is FDA approved in the treatment of diabetic neuropathic pain and/or pain associated with post-herpetic neuralgia and, by analogy, can be employed for neuropathic pain complaints in general, as were present here in the form of the applicant's issues with complex regional pain syndrome (CRPS), this recommendation is, however, qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines and on page 47 of the ACOEM Practice Guidelines to the effect that an attending provider should incorporate some discussion of efficacy of medication into his choice of recommendations. Here, however, the applicant remained off of work, on total temporary disability, as of the date in question, August 21, 2015. Activities of daily living as basic as bending, stooping, crouching, crawling, sitting, standing, and walking all remain problematic, the treating provider acknowledged on that date. Ongoing usage of Lyrica failed to curtail the applicant's dependence on opioid agents such as OxyContin, the treating provider acknowledged. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite ongoing usage of the same. Therefore, the request was not medically necessary.

**Ambien CR 12.5mg #60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (updated 10/05/15) - Online Version, Zolpidem (Ambien).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Introduction. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress, Zolpidem (Ambien) and Other Medical Treatment Guidelines U.S. Food and Drug Administration.

**Decision rationale:** The request for Ambien (zolpidem), a sleep aid, was likewise not medically necessary, medically appropriate, or indicated here. While pages 7 and 8 of the MTUS Chronic Pain Medical Treatment Guidelines stipulate that an attending provider using a drug for non-FDA labeled purposes has the responsibility to be well informed regarding usage of the same and should, furthermore, furnish compelling evidence to support such usage. The Food and Drug Administration (FDA) notes, however, that Ambien is indicated in the short-term treatment of insomnia, for up to 35 days. Here, thus, the renewal request for 60 tablets of Ambien represented treatment at odds with the FDA label and at odds with ODG's Mental Illness and Stress Chapter Zolpidem topic, which likewise notes that Ambien is not recommended for long-term use purposes but, rather, should be reserved for short-term use purposes. Therefore, the request was not medically necessary.