

<b>Case Number:</b>	CM15-0020328		
<b>Date Assigned:</b>	02/09/2015	<b>Date of Injury:</b>	06/01/1993
<b>Decision Date:</b>	04/01/2015	<b>UR Denial Date:</b>	01/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/03/2015

### 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: Physical Medicine & Rehabilitation

### 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 (IW) is a 62 year old male who sustained an industrial injury on 06/01/1999. The IW's diagnoses include; status post L4-L5 posterior lumbar decompression and posterior stabilization, status post C2 through T1 anterior posterior fusion for kyphosis and myelopathy, left lower extremity edema and history of osteomyelitis, status post left great toe debridement, bilateral rotator cuff tear, dysplasia, history of Brown-Sequard syndrome, and degenerative scoliosis. He currently has significant low back pain, lack of movement and increasing discomfort and stiffness secondary to not currently being in aqua therapy. He has significant leg pain and weakness that limits his ability to walk. He has a radicular pattern of pain and according to the provider notes of 12/19/2014 is trying to wean his OxyContin dosage downward. He states his current level of medication reduces his pain from as high as 9/10 to at times to 4/10 with a baseline of 5-6/10. This allows him to perform some activities of daily living. Treatment to date include surgery, psych treatment, pool therapy and land physical therapy, and pain management consultation. A progress note from the treating provider dated 12/19/2014 indicates significant cervical paraspinal tenderness, significant pain in the lumbar paraspinal musculature with radicular symptoms and left lower extremity edema. The treatment plan includes continuing medications as previously prescribed, and asking for an inpatient detoxification program for weaning his Oxycontin further down. On 01/08/2015 Utilization Review non-certified a request for 1 samples of Lyrica 300mg (2 Week supply), noting the IW is receiving Cymbalta for depression and anxiety for long term pain. The MTUS, Guidelines were cited. On 01/08/2015 Utilization Review non-certified a request for Celebrex 200mg #60, noting

the use of nonsteroidal anti-inflammatory drugs in long-term neuropathic pain has inconsistent evidence. A less well-known effect of NSAIDs has been shown to possibly delay and hamper healing in all the soft tissues. For low back pain they are recommended as an option for short-term symptomatic relief. For osteoarthritis, they are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. The MTUS Guidelines were cited. On 01/08/2015 Utilization Review non-certified a request for Lyrica 100mg #180 noting the patient is receiving Cymbalta for depression and anxiety for long term pain. The MTUS Guidelines were cited. On 01/08/2015 Utilization Review modified a request for Oxycodone 15mg #240 to Oxycodone 15 mg #60 between 12/19/2014 and 03/07/2015 noting the long term use of oxycodone has not been demonstrated to result in any significant sustained improvements in either pain or function. The modification was to allow #60 tablets for weaning purposes and the additional #180 pills is non-certified. The MTUS Guidelines were cited.

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

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

#### **Oxycodone 15mg #240: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

**Decision rationale:** Per the 12/19/14 report the patient presents with significant lower back pain with significant leg pain and weakness along with a radicular pattern of pain with neuropathic involvement. There is continued myofascial pain in the neck and upper back extending to the bilateral shoulders and thoracic spine. The patient is s/p L4-5 and C2-T1 surgery. The current request is for OXYCODONE 15MG #240 per the 12/19/14 RFA and 12/19/14 report which state po q 3h. The 01/08/15 utilization review modified this request from #240 to #60. The patient is Temporarily Partially Disabled. The reports do not state if she is currently working. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. The reports provided for review show the patient has been prescribed opioids on a long term basis since at least 07/25/14. The treater states the current level of medications reduce pain from as high as 9/10 to as low as 4/10 with a baseline of 5-6/10. Current medications include: Oxycodone, Celebrex Cymbalta, Oxycodone, and Lyrica. The decrease in pain allows the performance of light chores around the house such as cooking light meals and light kitchen cleanup and allows him to walk up to 20-30 minutes. Without medications the patient has difficulty walking within his own home and finds himself in effect bedridden and reliant on others as pain becomes intense to the point that the patient must lie down. Side effects include constipation controlled by medication and GI problems controlled with decreased NSAIDs and referral to a GI specialist. On 11/21/14 the patient signed an opioid

agreement, the patient, completed SOAP scoring 4-5 which the treater states is considered a positive screening for opioid use and misuse. On 11/19/14 CURES reporting is stated to be consistent with prescribed medication. No UDS's are included for review or documented. However, the 01/23/15 letter of weaning plan states UDS testing and CURES reporting will take place on each appointment. In this case, the 4A's have been sufficiently documented as required by the MTUS guidelines. The request IS medically necessary.

**Celebrex 200mg #60:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Page(s): 22.

**Decision rationale:** Per the 12/19/14 report the patient presents with significant lower back pain with significant leg pain and weakness along with a radicular pattern of pain with neuropathic involvement. There is continued myofascial pain in the neck and upper back extending to the bilateral shoulders and thoracic spine. The patient is s/p L4-5 and C2-T1 surgery. The current request is for CELEBREX 200mg #60 per the 12/19/14 RFA. The patient is Temporarily Partially Disabled. The reports do not state if she is currently working. MTUS Anti-inflammatory medications page 22 state, "Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted." MTUS guidelines page 22 for Celebrex, state, "COX-2 inhibitors (e.g., Celebrex) may be considered if the patient has a risk of GI complications, but not for the majority of patients. Generic NSAIDs and COX-2 inhibitors have similar efficacy and risks when used for less than 3 months, but a 10-to-1 difference in cost." The 12/19/14 report states the patient experiences GI upset and that NSAIDs have been decreased with the exception of Celebrex which has had the least amount of side effects. The patient has been referred to a GI specialist. The treater states the medication regimen allows the patient to participate in exercise activity and improves ADL's. In this case, this medication is indicated as a first line treatment for this patient's pain and her GI complications have been documented. The request IS medically necessary.

**Lyrica 100mg #180:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti epilepsy Drug (AEDs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Pregabalin (Lyrica) Page(s): 19-20. Decision based on Non-MTUS Citation Official disability guidelines Pain Chapter, Pregabalin.

**Decision rationale:** Per the 12/19/14 report the patient presents with significant lower back pain with significant leg pain and weakness along with a radicular pattern of pain with neuropathic involvement. There is continued myofascial pain in the neck and upper back extending to the

bilateral shoulders and thoracic spine. The patient is s/p L4-5 and C2-T1 surgery. The current request is for LYRICA 100mg #180 per the 12/19/14 RFA. The patient is Temporarily Partially Disabled. The reports do not state if she is currently working. MTUS pages 19-20 states that "Pregabalin (Lyrica) has been documented to be effective in the treatment of diabetic neuropathy and postherpetic neuralgia." ODG, Pain Chapter, Pregabalin, state that this medication is, "Recommended in neuropathic pain conditions and fibromyalgia, but not for acute pain." The reports provided for review show the patient has been prescribed this medication since at least 07/25/14. The 12/19/14 report states this medication is prescribed for neuropathic pain and it has been effective. The reports provide evidence of chronic neuropathic pain. The request IS medically necessary.

**1 samples of Lyrica 300mg (2 Week supply):** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Pregabalin (Lyrica) Page(s): 19-20. Decision based on Non-MTUS Citation Official disability guidelines Pain Chapter, Pregabalin.

**Decision rationale:** The 12/19/14 report the patient presents with significant lower back pain with significant leg pain and weakness along with a radicular pattern of pain with neuropathic involvement. There is continued myofascial pain in the neck and upper back extending to the bilateral shoulders and thoracic spine. The patient is s/p L4-5 and C2-T1 surgery. The current request is for 1 SAMPLES OF LYRICA 300 mg "2 WEEK SUPPLY" per the 12/19/14 RFA. The patient is Temporarily Partially Disabled. The reports do not state if she is currently working. MTUS pages 19-20 states that "Pregabalin (Lyrica) has been documented to be effective in the treatment of diabetic neuropathy and postherpetic neuralgia." ODG, Pain Chapter, Pregabalin, state that this medication is "Recommended in neuropathic pain conditions and fibromyalgia, but not for acute pain." The reports provided for review show the patient has been prescribed this medication since at least 07/25/14. The 12/19/14 report states this medication is prescribed for neuropathic pain and it has been effective. The treater states that the patient has been provided samples of this medication until the utilization review denial can be overruled. In this case, the treater states the medication has been effective for the chronic neuropathic pain for which Lyrica is indicated. The request IS medically necessary.