

<b>Case Number:</b>	CM15-0020334		
<b>Date Assigned:</b>	02/09/2015	<b>Date of Injury:</b>	06/12/1997
<b>Decision Date:</b>	04/10/2015	<b>UR Denial Date:</b>	01/06/2015
<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: New York  
 Certification(s)/Specialty: Anesthesiology

### 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 66 year old female, who sustained an industrial injury on 6/12/1997. The mechanism of injury and initial complaints was not provided for review. Diagnoses include cervico-cranial syndrome, cervicalgia, cervical spondylosis without myelopathy, lumbago and post laminectomy syndrome. Treatments to date include surgery, physical therapy and medication management. A progress note from the treating provider dated 10/28/2014 indicates the injured worker reported chronic neck pain, upper back pain with bilateral arm pain and headache. On 1/6/2015, Utilization Review non-certified the request for MS Contin 60 mg #90, Methadone 10 mg #90, Percocet 10/325 mg #120, Cymbalta 60 mg 360, Zanaflex 4 mg #60 and Nuvigil 150 mg #30, citing MTUS and Official Disability Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MS Contin 60mg, #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 91-97. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Opioids.

**Decision rationale:** According to ODG and MTUS, MS Contin (Morphine Sulfate Controlled-Release) is a controlled-release preparation that should be reserved for patients with chronic pain, who are in need of continuous treatment. The treatment of chronic pain with any opioid analgesic requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. A pain assessment should include current pain, intensity of pain after taking the opiate, and the duration of pain relief. For opioids, such as MS Contin, to be supported for longer than 6 months, there must be documentation of decreased pain levels and functional improvement. A satisfactory response to treatment may be indicated by decreased pain, increased level of function, and/or improved quality of life. The requested medication is not medically necessary.

**Methadone 10mg, #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Methadone, Opioids Page(s): 61-62, 91-97. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Methadone, Opioids.

**Decision rationale:** Methadone is recommended as a second-line drug for moderate to severe pain, only if the potential benefit outweighs the risk. The FDA reports that they have received reports of severe morbidity and mortality with this medication. This appears, in part, secondary to the long half-life of the drug (8-59 hours). Pain relief on the other hand, only lasts from 4-8 hours. Genetic differences appear to influence how an individual will respond to this medication. Delayed adverse effects may occur due to methadone accumulation during chronic administration. Systemic toxicity is more likely to occur in patients previously exposed to high doses of opioids. Multiple potential drug-drug interactions can occur with the use of Methadone. This drug should be reserved for use by experienced practitioners, including pain medicine or addiction specialists. Methadone is considered useful for treatment when there is evidence of tolerance to other opiate agonists or when there is evidence of intractable side effects due to opiates. In this case, the patient has constant neck, upper back, and arm pain; headaches occur daily. There is no indication as to why this patient requires MS Contin and Percocet, in addition to Methadone. There is no documentation of CA MTUS opioid compliance guidelines including a risk assessment profile, updated urine drug testing, attempt at weaning/tapering, or an updated and signed pain contract between the provider and the patient. In addition, there is no documentation of objective functional benefit with prior medication use. Medical necessity of the requested medication has not been established. Of note, discontinuation of an opioid analgesic should include a taper, to avoid withdrawal symptoms. The requested medication is not medically necessary.

**Percocet 10/325mg, #120:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 91-97. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Opioids.

**Decision rationale:** According to MTUS and ODG, Percocet (Oxycodone/Acetaminophen) is a short-acting opioid analgesic indicated for moderate to severe pain, and is used to manage both acute and chronic pain. The treatment of chronic pain with any opioid analgesic requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. A pain assessment should include current pain, intensity of pain after taking the opiate, and the duration of pain relief. In this case, there is no documentation of this medication's pain relief effectiveness, functional status, or response to ongoing opioid analgesic therapy. Importantly, there is no indication as to why this patient requires MS Contin and Methadone (2 long-acting opiates), in addition to Percocet. Based on prior reviews, this patient should have already been completely weaned from this medication. Medical necessity of the requested item has not been established. Of note, discontinuation of an opioid analgesic should include a taper, to avoid withdrawal symptoms. The requested treatment with Percocet 10/325 mg is not medically necessary.

**Cymbalta 60mg, #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants; SNRI's Page(s): 13, 15-16. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Cymbalta (Duloxetine); Antidepressants for chronic pain.

**Decision rationale:** According to the California MTUS Guidelines, antidepressants are indicated for the treatment of chronic musculoskeletal pain. They are recommended as a first-line option for neuropathic pain, and as a possibility for non-neuropathic pain. Cymbalta (Duloxetine) is a norepinephrine and serotonin reuptake inhibitor antidepressant (SNRI). It has FDA approval for treatment of depression, generalized anxiety disorder, and for the treatment of pain related to diabetic neuropathy. In this case, there is no documentation of objective functional benefit with prior medication use. The medical necessity for Cymbalta has not been established. The requested medication is not medically necessary.

**Zanaflex 4mg, #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants. Decision based on Non-MTUS Citation ODG Pain Procedure Summary last updated 11/21/2014 non-sedating muscle relaxants.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63, 66.

**Decision rationale:** Zanaflex (Tizanidine) is a centrally acting alpha2-adrenergic agonist that is FDA approved for management of spasticity; unlabeled use for low back pain. It is indicated for the treatment of chronic myofascial pain and considered an adjunct treatment for fibromyalgia. According to CA MTUS Guidelines, muscle relaxants have not been considered any more effective than non-steroidal anti-inflammatory drugs (NSAIDs) for pain or overall improvement. There is no additional benefit shown in combination with NSAIDs. In addition, sedation is the most commonly reported adverse effect of muscle relaxant medications. In this case, the patient has no reported lumbar spasm on physical exam, or exacerbations of low back pain. In addition, there is no documentation of functional improvement with use of this medication. Also, the guideline criteria do not support the long-term (>2 wks) use of muscle relaxants. Medical necessity for the requested medication has not been established. The requested medication, Zanaflex, is not medically necessary.

**Nuvigil 150mg, #30:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medscape.

**Decision rationale:** Nuvigil (Armodafinil) is a psychostimulant, which is used to treat excessive sleepiness caused by obstructive sleep apnea, narcolepsy, or shift work sleep disorder. In this case, there is no documentation of excessive sleepiness or narcolepsy. The record also lacks documentation of failed trials with other medications ("Y" drugs), and lacks documentation that this medication ("N" drug) is more beneficial than a "Y" drug. Medical necessity for the requested medication has not been established. The requested medication is not medically necessary.