

<b>Case Number:</b>	CM15-0024847		
<b>Date Assigned:</b>	02/17/2015	<b>Date of Injury:</b>	01/01/2004
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	01/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/09/2015

### 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: Arizona, Michigan

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 62-year-old female, who sustained an industrial injury on 1/1/04. She has reported neck injury. The diagnoses have included adhesive capsulitis of left shoulder and compressive injury of right brachial plexus secondary to overuse syndrome. Treatment to date has included left shoulder surgery, physical therapy and oral medications. Currently, the injured worker complains of severe pain in left shoulder associated with severe muscle spasm of neck muscles and occipital headaches that compromises her ability to sleep at night. Physical exam noted reduction of sensation in the right second, fourth and fifth fingers to touch and atrophy of the left supraspinatus, infraspinatus, and pectoralis major and deltoid muscles on left causing weakness of shoulder muscles. On 1/13/15 Utilization Review non-certified OxyContin 20mg #120, noting no long term evidence of improvement in function when used as treatment for chronic back pain; Soma 350mg #120, noting inconsistent evidence for treatment of long term neuropathic pain; Ambien Cr 12.5mg #30; Flector Patch #30 and Arthrotec 50mg #90, noting lack of recommendation of long term usage of any of the requested medications. The MTUS, ACOEM Guidelines and ODG were cited. On 2/5/15, the injured worker submitted an application for IMR for review of OxyContin 20mg #120; Soma 350mg #120; Ambien Cr 12.5mg #30; Flector Patch #30 and Arthrotec 50mg #90.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Oxycontin 20mg #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): 74-96 (78, 89, 95).

**Decision rationale:** Per the MTUS, opioids should be discontinued if there is no overall improvement in function, unless there are extenuating circumstances, Opioids should be continued if the patient has returned to work or has improved functioning and pain. Ongoing management actions should include prescriptions from a single practitioner, taken as directed and all prescriptions from a single pharmacy. The lowest possible dose should be prescribed to improve pain and function. Documentation should follow the 4 A's of analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors. Long-term users of opioids should be regularly reassessed. In the maintenance phase, the dose should not be lowered if it is working. In addition, patients who receive opioid therapy may sometimes develop unexpected changes in their response to opioids, which includes development of abnormal pain, change in pain pattern, and persistence of pain at higher levels than expected. When this happens, opioids can actually increase rather than decrease sensitivity to noxious stimuli. It is important to note that a decrease in opioid efficacy should not always be treated by increasing the dose or adding other opioids, but may actually require weaning. A review of the injured workers medical records that are available to me reveal that she continues to have significant pain despite opioid therapy and she does not appear to be having a satisfactory response to opioid therapy therefore based on her clinical presentation and the guidelines the request for Oxycontin 20mg #120 is not medically necessary.

**Soma 350mg #120: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain), Carisoprodol Page(s): 63-65.

**Decision rationale:** Per the MTUS, non-sedating muscle relaxants are recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Carisoprodol (Soma) is not recommended for longer than a 2-3 week period. Carisoprodol is metabolized to meprobamate an anxiolytic that is a schedule IV controlled substance. Its main effect may be due to generalized sedation as well as treatment of anxiety, adverse effects include drowsiness, psychological and physical dependence, and withdrawal with acute discontinuation. A review of the injured workers medical records that are available to me do not show a need for the continued use of this medication and the request for Soma 350mg # 120 is not medically necessary.

**Ambien Cr 12.5 Mg #30: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) / Zolpidem (Ambien).

**Decision rationale:** The MTUS did not specifically address the use of Ambien, therefore other guidelines were consulted. Per the ODG, Zolpidem is a prescription short-acting nonbenzodiazepine hypnotic, which is recommended for short-term (7-10 days) treatment of insomnia. Proper sleep hygiene is critical to the individual with chronic pain and often is hard to obtain. Various medications may provide short-term benefit. While sleeping pills, so-called minor tranquilizers, and anti-anxiety agents are commonly prescribed in chronic pain, pain specialists rarely, if ever, recommend them for long-term use. They can be habit-forming, and they may impair function and memory more than opioid pain relievers. There is also concern that they may increase pain and depression over the long-term, however given the risks there is no clear indication for the continued use of this medication in the injured worker, the risks outweigh the benefits and the continued use of ambien is not medically necessary.

**Arthrotec 50mg #90: 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 Official Disability Guidelines (ODG) Pain (chronic) / Arthrotec ( diclofenac/ misoprostol).

**Decision rationale:** The MTUS /ACOEM did not specifically address the use of Arthrotec, therefore other guidelines were consulted. Per the ODG, 'diclofenac is not recommended as first line due to increased risk profile. The package insert for Arthrotec includes a boxed warning that also relates to potential toxicities of misoprostol. In the treatment of NSAIDs induced ulcers, omeprazole has proved to be at least as effective as misoprostol, but significantly better tolerated, and therefore misoprostol should not be considered a first choice treatment. (FDA, 2011)". A review of the injured workers medical records that are available to me does not show that she has been unable to tolerate other recommended and safer first line NSAID's or PPI's and without this information medical necessity has not been established.

**Flector Patch #30: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (chronic) / Flector patch.

**Decision rationale:** Per the MTUS, topical analgesics are recommended as an option, they are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Many agents are compounded as monotherapy or in combination for pain control, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. Per the ODG, "Flector patch is not recommended as a first-line treatment. topical diclofenac is recommended for osteoarthritis after failure of an oral NSAID or contraindications to oral NSAIDs, after considering the increased risk profile with diclofenac, including topical formulations. Flector patch is FDA indicated for acute strains, sprains, and contusions. On 12/07/09, the FDA issued warnings about the potential for elevation in liver function tests during treatment with all products containing diclofenac. Postmarketing surveillance has reported cases of severe hepatic reactions, including liver necrosis, jaundice, fulminant hepatitis with and without jaundice, and liver failure. Physicians should measure transaminases periodically in patients receiving long-term therapy with diclofenac.". However a review of the injured workers medical records did not show a failed trial of other recommended first line medications like anticonvulsants and antidepressants, given the risk profile there does not appear to be a need for continued use of this medication, therefore the request for Flector Patch #30 is not medically necessary.