

Case Number:	CM15-0215022		
Date Assigned:	11/04/2015	Date of Injury:	01/27/2000
Decision Date:	12/24/2015	UR Denial Date:	10/22/2015
Priority:	Standard	Application Received:	11/02/2015

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: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This injured worker is a 49 year old female, who sustained an industrial injury on 01-27-2000. The injured worker was diagnosed as having reflex sympathetic dystrophy of the upper limb, opioid type dependence, osteoarthritis, displacement of lumbar intervertebral disc without myelopathy, cervical spondylosis without myelopathy, disorder of rotator cuff syndrome of right shoulder and allied disorder, bulge of cervical disc without myelopathy and disorders of bursae and tendon in shoulder region- unspecified. On medical records dated 08-11-2015, 09-21-2015 and 10-20-2015, the subjective complaints were noted as pain in the spine, head, shoulder and bilaterally wrists. Pain was noted as constant sharp, aching, hot-burning, shooting, stabbing and throbbing, grinding sensation in the neck. Pain was rated as 4-6 out of 10. Objective findings were noted as diadochokniseas was present and found to be abnormal. Gait was noted to be abnormal and unable to do toe walk. Positive tenderness to palpation was noted to bilateral trapezius, bilateral splenius with myofascial twitch. Travels myofascial pain. Trapezius vascular changes to right hand pain with palpation to right medical epicondyle. Right elbow flexion contracture. Treatment to date included medication and braces. Current medications were listed as levothyroxine, melatonin ER, Zofran, Medrol dose Pak, Norco (since at least 08-2015), Oxycontin (since at least 08-2015), Restoril, Valium (since at least 08-2015), Imitrex, Topamax, Duexis and Phenergan. The Utilization Review (UR) was dated 10-22-2015. A Request for Authorization was dated 10-15-2015. The UR submitted for this medical review indicated that the request for Norco 10-325mg #180, Oxycontin 10mg #90 and Valium 10mg #90 was non- certified. A letter of appeal has been submitted dated 10/30/15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 10mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain, Opioids for neuropathic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter/ CRPS medication Pain Chapter/dosing.

Decision rationale: The MTUS guidelines do not support opioids for non-malignant pain due to the development of habituation and tolerance. As noted in the MTUS guidelines, a recent epidemiologic study found that opioid treatment for chronic non-malignant pain did not seem to fulfill any of key outcome goals including pain relief, improved quality of life, and/or improved functional capacity. The MTUS guidelines also note that opioid tolerance develops with the repeated use of opioids and brings about the need to increase the dose and may lead to sensitization. As noted in the MTUS guidelines, it is now clear that analgesia may not occur with open-ended escalation of opioids. It has also become apparent that analgesia is not always sustained over time, and that pain may be improved with weaning of opioids. With regard to CRPS (chronic regional pain syndrome and medication, ODG notes the following, "The use of antidepressants (primarily tricyclics and SNRIs), anticonvulsants (with the most support for gabapentin), and opioids has been primarily extrapolated based on use for other neuropathic pain disorders. There are no long term studies demonstrating efficacy of opioids as treatment for CRPS. Opioids are a second- to third- line choice for patients failing other pharmacologic interventions with the understanding that long-term use can actually worsen allodynia and/or hyperalgesia." The medical records do not establish optimization and failure of first line medications for CRPS. In addition, the current morphine equivalent dosage is 90 and per ODG, risks of adverse effects are documented in the literature at doses as low as 50 MED. Adverse effects include serious fractures, sleep apnea, hyperalgesia, immunosuppression, chronic constipation, bowel obstruction, myocardial infarction, and tooth decay due to xerostomia. Neuroendocrine problems include decreased libido, osteoporosis, and depression. The medical records note that modification has been rendered for weaning purposes. The request for Oxycontin 10mg #90 is not medically necessary and appropriate.

Norco 10/325mg #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

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

pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter/ CRPS medication Pain Chapter/dosing.

Decision rationale: The MTUS guidelines do not support opioids for non-malignant pain due to the development of habituation and tolerance. As noted in the MTUS guidelines, a recent epidemiologic study found that opioid treatment for chronic non-malignant pain did not seem to fulfill any of key outcome goals including pain relief, improved quality of life, and/or improved functional capacity. The MTUS guidelines also note that opioid tolerance develops with the repeated use of opioids and brings about the need to increase the dose and may lead to sensitization. As noted in the MTUS guidelines, it is now clear that analgesia may not occur with open-ended escalation of opioids. It has also become apparent that analgesia is not always sustained over time, and that pain may be improved with weaning of opioids. With regard to CRPS (chronic regional pain syndrome and medication, ODG notes the following, "The use of antidepressants (primarily tricyclics and SNRIs), anticonvulsants (with the most support for gabapentin), and opioids has been primarily extrapolated based on use for other neuropathic pain disorders. There are no long term studies demonstrating efficacy of opioids as treatment for CRPS. Opioids are a second- to third- line choice for patients failing other pharmacologic interventions with the understanding that long-term use can actually worsen allodynia and/or hyperalgesia." The medical records do not establish optimization and failure of first line medications for CRPS. In addition, the current morphine equivalent dosage is 90 and per ODG, risks of adverse effects are documented in the literature at doses as low as 50 MED. Adverse effects include serious fractures, sleep apnea, hyperalgesia, immunosuppression, chronic constipation, bowel obstruction, myocardial infarction, and tooth decay due to xerostomia. Neuroendocrine problems include decreased libido, osteoporosis, and depression. The medical records note that modification has been rendered for weaning purposes. The request for Oxycontin 10mg #90 is not medically necessary and appropriate.

Valium 10mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter/ Benzodiazepines Pain Chapter/CRPS medications.

Decision rationale: According to the MTUS Chronic Pain Medical Treatment Guidelines, benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. The MTUS Chronic Pain Medical Treatment Guidelines state that the range of action of benzodiazepines includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. Per ODG, the AGS updated Beers criteria for inappropriate medication use includes benzodiazepines. (AGS, 2012) Use of benzodiazepines to treat insomnia or anxiety may increase

the risk for Alzheimer's disease (AD). (Billioti, 2014) Per ODG with regards to CRPS medication, benzodiazepines and long-term use of muscle relaxants such as cyclobenzaprine are not recommended. (Harden, 2013). The medical records note that Utilization Review has allowed for modification for weaning purposes. The request for Valium 10mg #90 is not medically necessary and appropriate.