

<b>Case Number:</b>	CM15-0030322		
<b>Date Assigned:</b>	03/26/2015	<b>Date of Injury:</b>	02/29/2000
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	01/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/18/2015

### 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 64-year-old [REDACTED] beneficiary who has filed a claim for chronic neck and low back pain reportedly associated with an industrial injury of February 29, 2000. In a Utilization Review Report dated January 30, 2015, the claims administrator failed to approve requests for OxyContin, oxycodone, Soma, Prozac, Ambien, Xanax, Lidoderm patches, Dilaudid, and Laxacin. The claims administrator referenced an RFA form received on January 23, 2015 in its determination. A variety of non-MTUS guidelines were briefly alluded to in the determination. The claims administrator seemingly did not number the medications but noted that these medications were not on ODG's drug formulary. A January 14, 2015 progress note was also referenced in the determination. The claims administrator reportedly denied Prozac on the grounds that her depression had not been accepted as compensable. The applicant's attorney subsequently appealed. In a January 14, 2015 progress note, the applicant reported heightened pain complaints. The applicant had undergone a recent spinal cord stimulator removal, it was acknowledged. Ongoing complaints of neck pain radiating to the upper extremities, severe, were reported status post earlier failed multilevel cervical fusion surgery. The applicant had also undergone a shoulder surgery and a carpal tunnel release surgery, it was acknowledged. The applicant had received multiple trigger point injections, the treating provider acknowledged. The applicant was using OxyContin for baseline pain control, immediate release oxycodone six times daily, and Dilaudid as needed for severe pain. The applicant was also using Prozac for depression, Soma for muscle spasms, Ambien for insomnia, and Xanax for anxiolytic effect. 7/10 pain with medications versus 10/10 pain without medications was reported. The applicant

posited that he would be bedridden and/or would require frequent visits to the Emergency Department without his pain medications. Multiple medications were renewed, including OxyContin, oxycodone, Soma, Prozac, Ambien, Xanax, Lidoderm, Dilaudid, and Laxacin. The applicant was apparently treated through another provider. The applicant's work status was not clearly stated, although it did not appear that the applicant was working. The applicant stated that his psychological stressors were worsening his insomnia and pain issues. The applicant was apparently using an electric scooter to move about, it was stated in one section of the note, but was able to ambulate on request, the treating provider later reported. In a July 14, 2014 psychological evaluation, the applicant was described as having various depressive and chronic pain symptoms. The applicant was described as spending the "average day in bed," it was acknowledged. In another section of the note, it was stated that the applicant had been off work for a protracted amount of time, greater than six months.

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

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

**Oxycontin 30mg #90, 30 day supply: 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:** Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): 80.

**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 work, it was acknowledged on a psychological evaluation of late 2014. The applicant had been off work for greater than six months. While the attending provider did report some reduction in pain scores effected as a result of ongoing medication consumption, these were, however, outweighed by the applicant's failure to return to work and the attending provider's failure to outline any meaningful or material improvements in function effected as a result of ongoing opioid therapy. The applicant's commentary to the fact that he would be bedridden without his medications and that he would require frequent trips to the Emergency Department without his medications do not, in and of themselves, constitute evidence of meaningful or material evidence effected as a result of ongoing opioid usage. Therefore, the request was not medically necessary.

**Oxycodone IR 5mg #180, 30 day supply: 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 7) When to Continue Opioids Page(s): 80.

**Decision rationale:** Similarly, the request for oxycodone, a short-acting opioid, was likewise 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 work, it was acknowledged and had seemingly been off work for a protracted amount of time, it was acknowledged on a psychological evaluation of July 14, 2014. While the attending provider did recount some reported reduction in pain scores from 10/10 without medications to 7/10 with medications, these were, however, outweighed by the applicant's failure to return to work and the attending provider's failure to outline any meaningful or material improvements in function effected as a result of ongoing medication consumption (if any). The applicant's commentary to the fact that he would be bedridden without his medications does not, in and of itself, constitute evidence of a meaningful or material improvement in function effected as a result of ongoing oxycodone usage. Therefore, the request was not medically necessary.

**Soma 350mg #90, 30 day supply:** 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 Carisoprodol (Soma) Page(s): 29; 65.

**Decision rationale:** Similarly, the request for Soma (carisoprodol) was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 29 of the MTUS Chronic Pain Medical Treatment Guidelines, carisoprodol or Soma is not recommended for chronic or long-term use purposes, particularly when employed in conjunction with opioid agents. Here, the applicant was, in fact, using a variety of opioid agents, including OxyContin, oxycodone, etc. The request for Soma did, in fact, represent a renewal or extension request, which, in effect, represented treatment in excess of that suggested on page 65 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.

**Fluoxetine 20mg #30, 30 day supply:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402.

**Decision rationale:** Similarly, the request for fluoxetine (Prozac), an SSRI antidepressant, was likewise not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 15, page 402 acknowledges that it often takes "weeks" for antidepressants such as fluoxetine (Prozac) to exert their maximal effect, in this case, however, the applicant had been using fluoxetine (Prozac) for a minimal of several months on or around

the date fluoxetine was renewed. The attending provider failed to outline any meaningful or material improvements in mood or function affected as a result of ongoing Prozac usage. The applicant remained off work, it was acknowledged on multiple office visits, referenced above, including on a psychological evaluation of July 14, 2014. The applicant continued to report issues with anxiety, depression, and insomnia at various points in time, including on the January 14, 2015 office visit at issue. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing usage of fluoxetine. Therefore, the request is not medically necessary.

**Zolpidem 10mg #30, 30 day supply:** 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 Functional Restoration Approach to Chronic Pain Management Page(s): 7-8. Decision based on Non-MTUS Citation NDA 19908 S027 FDA approved labeling 4.23.08: INDICATIONS AND USAGE-Ambien is indicated for the short-term treatment of insomnia characterized by difficulties with sleep initiation. Ambien has been shown to decrease sleep latency for up to 35 days in controlled clinical studies.

**Decision rationale:** Similarly, the request for zolpidem (Ambien), a sleep aid, was likewise not medically necessary, medically appropriate, or indicated here. While the MTUS does not specifically address the topic of Ambien usage, 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 have a 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 that Ambien is indicated in the short-term treatment of insomnia, for up to 35 days. Here, however, the applicant has seemingly received multiple refills of the same. Continuous usage of Ambien, thus, represents treatment in excess of the short-term role for which Ambien is recommended, per the FDA. The attending provider failed to furnish any compelling applicant-specific rationale or medical evidence, which would offset the unfavorable FDA position on the article at issue. Therefore, the request was not medically necessary.

**Xanax 0.5mg #90, 30 day supply:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402.

**Decision rationale:** Similarly, the request for Xanax, a benzodiazepine anxiolytic, was likewise not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 15, page 402 does acknowledge that anxiolytics such as Xanax may be appropriate for "brief periods," here, however, the attending provider seemingly suggested that

the applicant employ Xanax, a benzodiazepine anxiolytic, for chronic, long-term, and thrice daily use purposes. This is not an ACOEM-endorsed role for the same. The attending provider, furthermore, failed to state why the applicant needed to use two separate sedating medications, Xanax and Ambien. Therefore, the request was not medically necessary.

**Lidoderm Patch 5% #90, 30 day supply:** 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 Lidocaine Page(s): 112.

**Decision rationale:** Similarly, the request for topical Lidoderm patches was likewise not medically necessary, medically appropriate, or indicated here. While page 112 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that topical Lidoderm patches are recommended in the treatment of localized peripheral pain/neuropathic pain in applicants in whom there has been a trial of first-line therapy with antidepressants and/or anticonvulsants, this recommendation is, however, qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. Here, however, the applicant was off work, despite ongoing Lidoderm usage. The applicant continued to report severe pain complaints and apparently made frequent trips to the Emergency Department, despite ongoing Lidoderm usage. Ongoing Lidoderm usage failed to curtail the applicant's dependence on various opioid agents, including OxyContin, oxycodone, Dilaudid, etc. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing usage of Lidoderm patches. Therefore, the request was not medically necessary.

**Dilaudid 4mg #30, 30 day supply:** 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 7) When to Continue Opioids Page(s): 80.

**Decision rationale:** The request for Dilaudid, a short-acting opioid, was likewise 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 work as of late 2014-early 2015. The applicant continued to report severe pain complaints. While the attending provider did recount some low grade reduction in pain scores from 10/10 without medications to 7/10 with medications, these reports were, however, outweighed by the applicant's failure to return to work and the attending provider's failure to outline any meaningful or material improvements in function effected as a result of ongoing Dilaudid usage (if any). The applicant's commentary to

the effect that he would be bedridden without his medications and/or would be visiting the Emergency Department owing to flares to pain without his medications did not, in and of themselves, constitute evidence of a meaningful or material improvement in function effected as a result of ongoing Dilaudid usage. Therefore, the request was not medically necessary.

**Laxacin 50/8.6mg #180, 30 day supply:** Overturned

**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 3) Initiating Therapy Page(s): 77.

**Decision rationale:** Finally, the request for Laxacin, a laxative agent, was medically necessary, medically appropriate, and indicated here. As noted on page 77 of the MTUS Chronic Pain Medical Treatment Guidelines, prophylactic treatment of constipation should be initiated in applicants using opioids. Here, the applicant was, in fact, using a variety of opioids on or around the date in question, January 14, 2015, including OxyContin, oxycodone, Dilaudid, etc. Concurrent provision of laxative agents was, thus, indicated here. Therefore, the request was medically necessary.