

<b>Case Number:</b>	CM15-0036323		
<b>Date Assigned:</b>	03/20/2015	<b>Date of Injury:</b>	02/18/2009
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	02/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/26/2015

### 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: Emergency 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 52-year-old male who has reported mental illness, widespread pain after a coworker fell on him on February 18, 2009. The diagnoses have included a hip fracture, non-union of fracture, left below the knee amputation (non-industrial), PTSD, headache, neck strain, opioid induced hypogonadism, spinal degenerative conditions, and chronic pain syndrome. An endocrinologist evaluation was certified in Utilization Review in 2014. At that time, the serum testosterone was reported to be low. The endocrinologist confirmed a low testosterone and started testosterone supplements. Treatment to date has included hip surgeries, physical therapy, medications, injections, chiropractic, shoulder surgery, carpal tunnel release, and acupuncture therapy. Reports from the primary treating physician during 2014-2015 reflect ongoing multifocal pain, use of H-Wave, Lyrica with 50% pain relief, modified work status (sitting only), Amrix, Naprelan, Prilosec, Viagra, Lunesta, Cymbalta for back pain, Lidoderm for stump pain, Percocet. The injured worker was stated to be not working. Hypertension was present. Percocet allowed an extra 15 minutes of walking, standing, and sitting; improved simple activities of daily living, and improved back range of motion. Amrix helped spasms and home exercise. Prilosec controls dyspepsia from using Naprelan. Lunesta allows 4 hours of sleep. A urine drug screen report of 1/21/15 was positive for oxycodone. The specimen was dilute and there was no temperature or it was not recorded, per the lab result. The treating physician did not discuss the discrepancies in these results. Per the acupuncture report of 6/19/14, pain was reduced after 10 visits, and simple activities of daily living were slightly improved. The medical reports during the course of this acupuncture do not reflect any change in work status, use of medications, or

decreasing dependency on medical care. On 2/4/15, Utilization Review partially certified prescriptions for Percocet, Viagra, Cymbalta, Lidoderm, and Lyrica. Prilosec and Amrix were non-certified. Acupuncture was conditionally non-certified.

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

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

**Percocet 10/325mg #180: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioid management, Opioids, steps to avoid misuse/addiction indications, Chronic back pain, Mechanical and compressive etiologies, Medication trials Page(s): 77-81, 94, 80, 81, 60.

**Decision rationale:** There is insufficient evidence that the treating physician is prescribing opioids according to the MTUS, which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract, and there should be a prior failure of non-opioid therapy. The kinds of functional improvement described are minimal, including 15 more minutes tolerance to walking and sitting, unspecified improvement in back range of motion, and unspecified improvements in light activities of daily living. Work status has remained extremely limited (sedentary only), which belies any other reported functional improvement. The MTUS recommends random urine drug screens for patients with poor pain control and to help manage patients at risk of abuse. The one drug test in the records does not appear to be random, and there were discrepancies in the temperature and specific gravity, which were not addressed by the physician. As such, this specimen is suspect and may not be valid. The injured worker has failed the 'return-to-work' criterion for opioids in the MTUS. As currently prescribed, this opioid does not meet the criteria for long-term opioids as elaborated in the MTUS and is therefore not medically necessary. This is not meant to imply that some form of analgesia is contraindicated; only that the opioids as prescribed have not been prescribed according to the MTUS and that the results of use do not meet the requirements of the MTUS. Therefore, the treatment is not medically necessary.

**Viagra 100mg #15 with 1 refill: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Erectile Dysfunction Guideline Update Panel. The management of erectile dysfunction: an update. Baltimore (MD): American Urological Association Education and Research, Inc. 2005 and 2006 May. Various p.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Testosterone replacement for hypogonadism (related to opioids) Page(s): 110.

**Decision rationale:** This injured worker has documented hypogonadism, an indication for Viagra or its equivalent. The MTUS addresses hypogonadism caused by opioids, cited above.

The Up-to-date guideline addresses treatment of erectile dysfunction. Viagra is an option for treatment, and the records report benefit. The Utilization Review only partially certified the prescription, when it was clear that it would be needed for the longer term, and the prescription was not for an excessive quantity. Given the documented medical necessity, the Viagra as prescribed is medically necessary, including the one refill.

**Prilosec 20mg #30 with 1 refill:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

**Decision rationale:** The MTUS recommends a proton pump inhibitor (PPI) for patients with NSAID-induced dyspepsia. The treating physician has stated that this patient has such a condition caused by Naprelan. The PPI would therefore be medically necessary. The Utilization Review referred to a prior Utilization Review denial of NSAIDs as an indication to stop omeprazole. The available records refer to ongoing use of Naprelan so the omeprazole is medically necessary and the Utilization Review is overturned. If in fact there were to be good evidence that no NSAIDs were used by this injured worker, and then omeprazole would not be necessary. Such information was not available for this review.

**Cymbalta 60mg #30 with 1 refill:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cymbalta (Duloxetine).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain; Antidepressants for chronic pain. SNRIs (serotonin or adrenaline reuptake inhibitors) Page(s): 60, 13-16.

**Decision rationale:** Per the MTUS, antidepressants like Cymbalta may be indicated for some kinds of chronic pain. When prescribed, the MTUS gives clear direction for outcome measurements, including functional improvement (see pages 13 and 60 of the citations above): 'Assessment of treatment efficacy should include not only pain outcomes, but also an evaluation of function, changes in use of other analgesic medication, sleep quality and duration, and psychological assessment.' The treating physician has stated that Cymbalta provides an unspecified degree of back pain reduction, which may or may not be significant and which does not address all of the parameters for this medication. This does not fulfill the MTUS recommendations for ongoing and sufficient benefit. The Cymbalta is not medically necessary based on the MTUS recommendations.

**Amrix 15mg #15 with 1 refill:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants Page(s): 63.

**Decision rationale:** The MTUS for Chronic Pain does not recommend muscle relaxants for chronic pain. Non-sedating muscle relaxants are an option for short-term exacerbations of chronic low back pain. The muscle relaxant prescribed in this case is sedating. This injured worker has chronic pain with no evidence of prescribing for flare-ups. Prescribing has occurred consistently for over a year. The quantity prescribed implies long-term use, not a short period of use for acute pain. No reports show any specific and significant improvements in pain or function as a result of prescribing muscle relaxants. The reported benefits are non-specific and minimal, per the available records. Cyclobenzaprine, per the MTUS, is indicated for short-term use only and is not recommended in combination with other agents. This injured worker has been prescribed multiple medications along with cyclobenzaprine. Per the MTUS, this muscle relaxant is not indicated and is not medically necessary. This is not meant to imply that a muscle relaxant could not be used in a manner outside of the MTUS recommendations, only that Amrix in this case does not meet enough of the benefit criteria for chronic pain to warrant such an exception.

**Lidoderm patch 5% #30 with 1 refill:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm Page(s): 57.

**Decision rationale:** The MTUS recommends Lidoderm for localized peripheral neuropathic pain after trials of "tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica". Lidoderm as prescribed meets these recommendations, as it is for neuropathic pain and the injured worker has used the other medications without sufficient benefit. The treating physician has documented significant pain relief and sleep improvement with Lidoderm. Lidoderm is therefore medically necessary. The Utilization Review certified only a limited quantity, for unclear reasons. Given the chronicity of the medical condition and length of prior use, ongoing use can be expected to be chronic so the entire prescription is medically necessary.

**Lyrica 100mg #180 with 1 refill:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lyrica (Pregabalin). Decision based on Non-MTUS Citation Official Disability Guidelines, Pain, Pregabalin (Lyrica).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy Drugs, Medication trials.

**Decision rationale:** Per the MTUS, pregabalin is recommended for neuropathic pain. There is evidence in this case for neuropathic pain. There are physician reports which adequately address the specific symptomatic and functional benefit from the AEDs used to date. The Utilization Review partially certified this prescription, apparently to limit ongoing use without re-evaluation. Given the chronicity of the medical condition and duration of past use, chronic use can be predicted and the single refill is not excessive. The prescription as written is medically necessary and the Utilization Review is overturned.