

<b>Case Number:</b>	CM15-0036510		
<b>Date Assigned:</b>	03/05/2015	<b>Date of Injury:</b>	04/04/2002
<b>Decision Date:</b>	04/20/2015	<b>UR Denial Date:</b>	01/27/2015
<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 67 year-old male who has reported widespread pain and mental illness after an injury on 04/04/2002. He has not worked since 2002. The diagnoses include postlaminectomy syndrome, lumbar intervertebral disc disease, carpal tunnel syndrome, shoulder impingement, and cervical degenerative disc disease. Medical reports from a neurologist provide information about a non-industrial peripheral neuropathy which affects sleep and other function. This causes burning pain and numbness in the extremities and difficulty with function, including ambulation. He takes pregabalin and amitriptyline for this. None of the medical reports for the industrial injury address this condition, even though the same or similar symptoms are described. Treatments have included bilateral carpal tunnel releases, bilateral shoulder surgery, lumbar decompression surgery, medications, a cane, a right L2-3 transforaminal epidural steroid injection on 01/06/2015, and physical therapy. The injured worker appears to have multiple treating physicians, as the recent records have reports from at least 3 treating physicians who provide treatment for the neck and back pain. A psychiatrist prescribes Adderall and Klonopin for "depression" and "anxiety". Reports from 2014 and 2015 show ongoing multifocal pain, use of a cane, significant activity limitations due to pain, and some degree of pain relief with epidural steroid injection and medications. Ongoing medications include Adderall, Klonopin, morphine, oxycodone, and pregabalin. No formal results of drug testing are in the records. Per the surgeon reports, pain had progressively worsened in 2014. Per the report dated 10/6/14, a treating physician noted no change in pain medications prescribed from 2009-2014. Specific benefits were not described. On 12/16/14, the injured worker reported drinking beer to relieve pain. A

drug test was performed but was not available for review and the results were not discussed. Per the report of 01/12/2015, there was ongoing low back pain rated 9 out of 10. MS Contin was decreased to 75mg every eight hours. There were no objective findings documented. The treatment plan included a refill of MS Contin, Oxycodone, and Lyrica. On 01/27/2015, Utilization Review non-certified Oxycodone 30mg #30 one daily; Oxycodone 30mg #30 twice daily, MS Contin 60mg #90 one every eight hours; MS Contin 15mg #90 one every eight hours; and Lyrica. The MTUS was cited in support of the decision.

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

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

#### **Oxycodone 30 mg one daily #30: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, chronic pain medical treatment guidelines.

**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. There has been no return to work since the reported injury in 2002, and this in spite of years of opioid treatment. This fails the "return-to-work" criterion for opioids in the MTUS. The opioids reportedly allow the injured worker to perform minor activities such as putting on socks as well as other light activities of daily living. This apparently presumes that the injured worker could not dress without opioids. A significant level of functional improvement has not been described. Pain levels remain high. There is no record of a urine drug screen program performed according to quality criteria in the MTUS and other guidelines. Testing is not random. The one reported result was positive for alcohol. The treating physician did not find this to be significant and did not change the treatment plan in any way as a result. Alcohol is contraindicated with opioids and use of alcohol to treat pain is a red flag warning. The treating physicians have not addressed one of the major diagnoses, that of peripheral neuropathy that was well documented by the neurologist. A significant portion of the ongoing symptoms can be explained by this but hasn't been address in the treatment plan by the treating physicians. 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.

#### **Oxycodone 30 mg twice a day #30: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, chronic pain medical treatment guidelines.

**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. There has been no return to work since the reported injury in 2002, and this in spite of years of opioid treatment. This fails the "return-to-work" criterion for opioids in the MTUS. The opioids reportedly allow the injured worker to perform minor activities such as putting on socks as well as other light activities of daily living. This presumes that the injured worker could not dress without opioids. A significant level of functional improvement has not been described. Pain levels remain high. There is no record of a urine drug screen program performed according to quality criteria in the MTUS and other guidelines. Testing is not random. The one reported result was positive for alcohol. The treating physician did not find this to be significant and did not change the treatment plan in any way as a result. Alcohol is contraindicated with opioids and use of alcohol to treat pain is a red flag warning. The treating physicians have not addressed one of the major diagnoses, that of peripheral neuropathy that was well documented by the neurologist. Treating a symptom without understanding the underlying etiology is rarely a good approach and has not been discussed in the treatment plan. 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.

**MS (morphine sulfate) 60 mg one every 8 hours #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, chronic pain medical treatment guidelines.

**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. There has been no return to work since the reported injury in 2002, and this in spite of years of opioid treatment. This fails the "return-to-work" criterion for opioids in the MTUS. The opioids reportedly allow the injured worker to perform minor activities such as putting on socks as well as other light activities of daily living. This apparently presumes that the injured worker could not dress without opioids. A significant level of functional improvement has not been described. Pain levels remain high. There is no record of a urine drug screen program performed according to quality criteria in the MTUS and other

guidelines. Testing is not random. The one reported result was positive for alcohol. The treating physician did not find this to be significant and did not change the treatment plan in any way as a result. Alcohol is contraindicated with opioids and use of alcohol to treat pain is a red flag warning. The treating physicians have not addressed one of the major diagnoses, that of peripheral neuropathy that was well documented by the neurologist. A significant portion of the ongoing symptoms can be explained by this but is not discussed by the treating physician's treatment plan. 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.

**MS (morphine sulfate) Contin 15 mg one every 8 hours #90: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, chronic pain medical treatment guidelines.

**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. There has been no return to work since the reported injury in 2002, and this in spite of years of opioid treatment. This fails the "return-to-work" criterion for opioids in the MTUS. The opioids reportedly allow the injured worker to perform minor activities such as putting on socks as well as other light activities of daily living. This apparently presumes that the injured worker could not dress without opioids. A significant level of functional improvement has not been described. Pain levels remain high. There is no record of a urine drug screen program performed according to quality criteria in the MTUS and other guidelines. Testing is not random. The one reported result was positive for alcohol. The treating physician did not find this to be significant and did not change the treatment plan in any way as a result. Alcohol is contraindicated with opioids and use of alcohol to treat pain is a red flag warning. The treating physicians have not addressed one of the major diagnoses, that of peripheral neuropathy that was well documented by the neurologist. A significant portion of the ongoing symptoms can be explained by this but is not discussed by the treating physician's treatment plan. 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.

**Continue Lyrica: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines chronic pain medical treatment guidelines for anti-epilepsy drugs (AEDs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy Drugs Page. Medication trials Page(s): 16-21, 60.

**Decision rationale:** Per the MTUS, pregabalin is recommended for neuropathic pain. It appears that the treating physicians have not incorporated any of the information from the neurologist into their treatment plan. It appears that there is neuropathic pain based on a peripheral neuropathy. However, the treating physicians do not provide this diagnosis and has not discussed this condition with respect to the ongoing use of pregabalin. There are no physician reports which adequately address the specific symptomatic and functional benefit from the AEDs used to date. Note the criteria for a "good" response per the MTUS. The request to Independent Medical Review is for an unspecified quantity and duration of this medication. An unspecified quantity and duration can imply a potentially unlimited duration and quantity, which is not medically necessary or indicated. Pregabalin is not medically necessary based on the lack sufficient clinical evaluation by the treating physicians, the lack of sufficient details in the Independent Medical Review request, and the lack of significant symptomatic and functional benefit from its use to date.