

<b>Case Number:</b>	CM15-0046173		
<b>Date Assigned:</b>	03/18/2015	<b>Date of Injury:</b>	09/12/2007
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	02/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/11/2015

### 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, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management

### 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 50 year old male, who sustained an industrial injury on 9/12/07. The injured worker has complaints of back pain and left leg pain with intermittent spasticity. The diagnoses have included myofascial pain syndrome; degenerative disc disease, lumbar spine; degenerative facet disease, lumbar; back pain, lumbar, with radiculopathy; lumbar disc displacement and chronic pain syndrome. There are associated diagnoses of depression, anxiety disorder and insomnia. The documentation noted that the lumbar epidural steroid injections on 1/14/15 reduced the left leg pains by at least 60% but did not improve his back pain. Computed Tomography (CT) of the lumbar on 2/14/11 noted that it does not contain any diagnostic yield regarding suspected lumbar facet arthrosis. On 2/3/2015, there was subjective complaint of low back pain rated at 10/10 without medications and 5/10 with medications. There were objective findings of tenderness on the lumbar paraspinal areas. The medications listed are Cymbalta, Alprazolam, Morphine IR, Methadone, Motrin, Skelaxin and Ben Gay. The UDS dated 2/24/2014 showed prescribed opioids and benzodiazepines but also showed the presence of alcohol metabolites. A Utilization Review determination was rendered recommending non certification for Cymbalta 60mg #60 3 refills, Alprazolam 1mg #30 2 refills, Morphine Sulfate IR 30mg #150 and Methadone HCL 10mg #180.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cymbalta 60mg #60 with 3 refills: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Selective serotonin and norepinephrine reuptake inhibitors (SNRIs) Page(s): 15.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 13-16. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Mental Illness and Stress.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that antidepressants can be utilized for the treatment of depression and neuropathic pain. The records indicate that the patient was diagnosed with depression, anxiety disorder and sleep disturbances. The guidelines recommend effective treatment of psychiatric disorders associated with chronic pain syndrome. The presence of uncontrolled psychosomatic disorders is associated with decreased efficacy of interventional pain procedures and non compliance to medications management. The criteria for the use of Cymbalta 60mg #60 3 Refills is medically necessary.

**Alprazolam 1mg #30 with 2 refills: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 24, 78. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Mental Illness and Stress.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that the use of benzodiazepines be limited to short term period of less than 6 weeks. The chronic use of benzodiazepines is associated with the development of tolerance, dependency, sedation, addiction and adverse interaction with opioids and other sedatives. The guidelines recommend that antidepressants with anxiolytic actions such as Cymbalta and anticonvulsants be utilized for the treatment of mood disorders associated with chronic pain syndrome. The records indicate that the patient have utilized Alprazolam longer than the guidelines recommended maximum period of 4 weeks use. The UDS showed the presence of alcohol metabolite, which can cause adverse interaction with Alprazolam. The criteria for the use of Alprazolam 1mg #30 2 refills is not medically necessary.

**Morphine Sulfate IR 30mg #150: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 42-43, 4-96, 124. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Opioids.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that opioids can be utilized for the treatment of severe musculoskeletal pain when standard treatment with NSAIDs and PT have failed. The chronic use of opioids is associated with the development of sedation, dependency, addiction, opioid induced hyperalgesia and adverse interaction with sedative medications. The guidelines require documentation of compliance monitoring such as serial UDS, absence of aberrant drug behaviors, CURES reports and functional restoration. The records indicate that the patient is utilizing high dose opioids and other sedative medications. The UDS report provided was consistent with prescribed opioids but also showed inconsistencies with the presence of alcohol metabolites. The records did not show failure of treatment with anticonvulsant co-analgesics. The patient reported significant pain relief following epidural steroid injection. The criteria for the chronic use of Morphine Sulfate IR 30mg #150 is not medically necessary.

**Methadone HCL 10mg #180:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 42-43, 74-96, 124. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Opioids.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that opioids can be utilized for the treatment of severe musculoskeletal pain when standard treatment with NSAIDs and PT have failed. The chronic use of opioids is associated with the development of sedation, dependency, addiction, opioid induced hyperalgesia and adverse interaction with sedative medications. The guidelines require documentation of compliance monitoring such as serial UDS, absence of aberrant drug behaviors, CURES reports and functional restoration. The records indicate that the patient is utilizing high dose opioids and other sedative medications. The UDS report provided was consistent with prescribed opioids but also showed inconsistencies with the presence of alcohol metabolites. The records did not show failure of treatment with anticonvulsant co-analgesics. The patient reported significant pain relief following epidural steroid injection. The guidelines recommend that methadone be utilized as second line opioid for patients who are tolerate to other opioids and those with a significant past history of opioid addiction. The criteria for the chronic use of Methadone HCL 10mg #180 is not medically necessary.