

<b>Case Number:</b>	CM15-0048178		
<b>Date Assigned:</b>	03/20/2015	<b>Date of Injury:</b>	06/27/2000
<b>Decision Date:</b>	12/18/2015	<b>UR Denial Date:</b>	02/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/13/2015

### 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: Anesthesiology

### 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 54 year old female who sustained an industrial injury on 06/27/2000. Medical records indicated the worker was treated for lower and upper back pains. The pain management SOAP note of 02-12-2015 describes the following information; subjectively: the worker presents with neck pain. She described cervical facet injections 6 days prior that helped her neck pain. She does complain of neck pain and right hip pain. She notes she decreased her medications with difficulty and is now on Oxycontin 30 mg 3 twice daily. objectively: she presents wearing a soft cervical collar. There was pain to palpation of the cervical spine with pain that is described as going down both arms and right leg. She has a positive right straight leg raise. assessment: Cervical spine has severe discogenic changes with mild cord compression at the C5-6 level. Lumbar spine with degenerative changes in facets at L5-S1, Neck pain improved. The provider notes his/her opinion that she needs an ortho spine surgical consultation. plan: A gradual reduction of the Oxycontin is written to reduce Oxycontin dosage to 80 mg BID x 30 days, then reduce Oxycontin dosage to 70 mg BID for thirty days, Then reduce Oxycontin to 60 mg BID for thirty days. Continue Norco for between increases of pain up to 8 per day. Her Urine Toxicology screen was consistent with meds prescribed. She was also prescribed Xanax, Pristiq, and trazodone with a recheck in 3 months. A request for authorization was received 02-17-2015 for the following: 1. 4 Oxycontin 80mg, twice a day for 30 days 2. 4 Oxycontin 70mg, twice a day for 30 days 3. 4 Oxycontin 60mg, twice a day for 30 days 4. Xanax, 1 mg, one every morning and two every night, quantity not given 5. Pristiq 100mg daily, quantity not given 6.

Trazodone 100mg, two per night, quantity not given. A utilization review decision on 02/26/2015 non-certified the request in its entirety.

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

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

#### **4 Oxycontin 80mg, twice a day for 30 days: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Goodman and Gilman's The Pharmacological Basis of Therapeutics; Physician's Desk Reference; Official Disability Guidelines Workers' Compensation Drug Formulary.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Opioids.

**Decision rationale:** According to the ODG, chronic pain can have a mixed physiologic etiology of both neuropathic and nociceptive components. In most cases, analgesic treatment should begin with acetaminophen, aspirin, and NSAIDs. When these drugs do not satisfactorily reduce pain, opioids for moderate to severe pain may be added. Oxycontin (Oxycodone ER) is a long-acting opioid analgesic. The treatment of chronic pain with any opioid analgesic requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. A pain assessment should include current pain, intensity of pain after taking the opiate, and the duration of pain relief. In this case, there is insufficient evidence that the opioids were prescribed according to the CA MTUS guidelines, which recommend prescribing according to function, with specific functional goals, return to work, random drug testing, an opioid contract, and documentation of a prior failure of non-opioid therapy. In addition, the MTUS recommends urine drug screens for patients with poor pain control and to help manage patients at risk of abuse. There is no discussion of functional status, appropriate medication use, or side effects. The treating physician did not provide sufficient evidence of improvement in the work status, activities of daily living, and dependency on continued medical care. In addition, the total daily dose of opioid was above the 120 mg oral morphine equivalents (MED), which does not meet guideline criteria. Medical necessity for the requested medication has not been established. This does not 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 did not meet the requirements of the MTUS. This requested medication is not medically necessary.

#### **4 Oxycontin 70mg, twice a day for 30 days: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Goodman and Gilman's The Pharmacological Basis of Therapeutics; Physician's Desk Reference; Official Disability Guidelines Workers' Compensation Drug Formulary.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Opioids.

**Decision rationale:** According to the ODG, chronic pain can have a mixed physiologic etiology of both neuropathic and nociceptive components. In most cases, analgesic treatment should begin with acetaminophen, aspirin, and NSAIDs. When these drugs do not satisfactorily reduce pain, opioids for moderate to severe pain may be added. Oxycontin (Oxycodone ER) is a long-acting opioid analgesic. The treatment of chronic pain with any opioid analgesic requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. A pain assessment should include current pain, intensity of pain after taking the opiate, and the duration of pain relief. In this case, there is insufficient evidence that the opioids were prescribed according to the CA MTUS guidelines, which recommend prescribing according to function, with specific functional goals, return to work, random drug testing, an opioid contract, and documentation of a prior failure of non-opioid therapy. In addition, the MTUS recommends urine drug screens for patients with poor pain control and to help manage patients at risk of abuse. There is no discussion of functional status, appropriate medication use, or side effects. The treating physician did not provide sufficient evidence of improvement in the work status, activities of daily living, and dependency on continued medical care. In addition, the total daily dose of opioid was above the 120 mg oral morphine equivalents (MED), which does not meet guideline criteria. Medical necessity for the requested medication has not been established. This does not 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 did not meet the requirements of the MTUS. This requested medication is not medically necessary.

**4 Oxycontin 60mg, twice a day for 30 days: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Goodman and Gilman's The Pharmacological Basis of Therapeutics; Physician's Desk Reference; Official Disability Guidelines Workers' Compensation Drug Formulary.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Opioids.

**Decision rationale:** According to the ODG, chronic pain can have a mixed physiologic etiology of both neuropathic and nociceptive components. In most cases, analgesic treatment should begin with acetaminophen, aspirin, and NSAIDs. When these drugs do not satisfactorily reduce pain, opioids for moderate to severe pain may be added. Oxycontin (Oxycodone ER) is a long-acting opioid analgesic. The treatment of chronic pain with any opioid analgesic requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. A pain assessment should include current pain, intensity of pain after taking the opiate, and the duration of pain relief. In this case, there is insufficient evidence that the opioids were prescribed according to the CA MTUS guidelines, which recommend prescribing according to function, with specific functional goals, return to work, random drug testing, an opioid contract,

and documentation of a prior failure of non-opioid therapy. In addition, the MTUS recommends urine drug screens for patients with poor pain control and to help manage patients at risk of abuse. There is no discussion of functional status, appropriate medication use, or side effects. The treating physician did not provide sufficient evidence of improvement in the work status, activities of daily living, and dependency on continued medical care. In addition, the total daily dose of opioid was above the 120 mg oral morphine equivalents (MED), which does not meet guideline criteria. Medical necessity for the requested medication has not been established. This does not 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 did not meet the requirements of the MTUS. This requested medication is not medically necessary.

**Xanax, 1 mg, one every morning and two every night, quantity not given: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Goodman and Gilman's The Pharmacological Basis of Therapeutics; Physician's Desk Reference; Official Disability Guidelines Workers' Compensation Drug Formulary.

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

**Decision rationale:** Alprazolam (Xanax) is a short-acting benzodiazepine drug having anxiolytic, sedative, and hypnotic properties. The medication is used in conjunction with antidepressants for the treatment of depression with anxiety, and panic attacks. Per California MTUS Guidelines, benzodiazepines are not recommended for long-term use for the treatment of chronic pain because long-term efficacy is unproven and there is a risk of dependency. Most guidelines limit use to four weeks. In this case, there is no quantity requested. Medical necessity of the requested medication has not been established. The requested medication is not medically necessary.

**Pristiq 100mg daily, quantity not given: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Goodman and Gilman's The Pharmacological Basis of Therapeutics; Physician's Desk Reference; Official Disability Guidelines Workers' Compensation Drug Formulary.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): SSRIs (selective serotonin reuptake inhibitors).

**Decision rationale:** According to the California MTUS Guidelines, antidepressants are indicated for the treatment of chronic musculoskeletal pain. Pristiq is a norepinephrine and serotonin reuptake inhibitor antidepressant (SNRI). It has FDA approval for treatment of depression and generalized anxiety disorder. There is no quantity of medication requested. The

medical necessity for Pristiq has not been established. The requested medication is not medically necessary.

**Trazodone 100mg, two per night, quantity not given:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Goodman and Gilman's The Pharmacological Basis of Therapeutics; Physician's Desk Reference; Official Disability Guidelines Workers' Compensation Drug Formulary.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress Chapter, Trazadone, Insomnia Treatment.

**Decision rationale:** Trazodone (Desyrel) is recommended as an option for insomnia, only for patients with potentially co-existing mild psychiatric symptoms such as depression or anxiety. It is unrelated to tricyclic or tetracyclic antidepressants and has some action as an anxiolytic. In this case, there is no relationship to the compensable injury. In addition, there was no quantity of medication requested. Medical necessity of the requested medication has not been established. The requested medication is not medically necessary.