

<b>Case Number:</b>	CM15-0056787		
<b>Date Assigned:</b>	04/01/2015	<b>Date of Injury:</b>	06/12/2012
<b>Decision Date:</b>	05/29/2015	<b>UR Denial Date:</b>	03/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/25/2015

### 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: Arizona, Michigan

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:

This 50 year old female sustained an industrial injury on 6/12/12. She subsequently reported low back pain. Diagnoses include lumbar radiculopathy. Diagnostic testing has included x-rays and MRIs. Treatments to date have included surgery and prescription pain medications. The injured worker continues to experience low back pain with radiation to the lower extremities. A request for Astelin, Butrans, Cymbalta, Flexeril and Oxycodone medications was made by the treating physician.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Astelin nasal spray (NS), for application to skin prior to application of patch, #1: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG-TWC), Pulmonary Procedure.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Physicians Desk Reference / Astelin.

**Decision rationale:** The MTUS / ACOEM and the ODG did not address the use of astelin in the injured worker and therefore other guidelines were consulted. Per the PDR, Astelin (azelastine hydrochloride) is an H1-antagonist used in the treatment of the symptoms of seasonal allergic rhinitis in patients greater than 5 yrs of age. Treatment of the symptoms of vasomotor rhinitis in patients greater than 12 yrs of age. A review of the injured workers medical records reveal that the injured worker is being prescribed Astelin as an antihistamine for the treatment of skin irritation due to butrans patch, however there is no documentation that she has tried and failed or is unable to tolerate other systemic or topical antihistamines before being prescribed a nasal spray therefore the request for Astelin nasal spray (NS), for application to skin prior to application of patch, #1 is not medically necessary.

**Butrans patch 10mg, #4:** Overturned

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (chronic) / Buprenorphine for chronic pain.

**Decision rationale:** The MTUS did not specifically address the use of Butrans and therefore other guidelines were consulted. Per the ODG Butrans (buprenorphine) is recommended as an option for treatment of chronic pain in selected patients and is generally not considered first line. Suggested populations: (1) Patients with a hyperalgesic component to pain; (2) Patients with centrally mediated pain; (3) Patients with neuropathic pain; (4) Patients at high-risk of non-adherence with standard opioid maintenance; (5) For analgesia in patients who have previously been detoxified from other high-dose opioids. Use for pain with formulations other than Butrans is off-label. Due to complexity of induction and treatment the drug should be reserved for use by clinicians with experience. A review of the injured workers medical records reveal documentation of functional benefit with the use of butrans patches and the continued use of Butrans patch 10mg, #4 is medically necessary.

**Cymbalta 30mg, #90:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 14-16.

**Decision rationale:** Per the MTUS, antidepressants are recommended as a first line option in the treatment of neuropathic pain and also possibly for non- neuropathic pain. Duloxetine (Cymbalta) is FDA approved for anxiety, depression, diabetic neuropathy and fibromyalgia, it is used off label for neuropathic pain and radiculopathy. A review of the injured workers medical records reveal a complex history of chronic pain with multiple co-morbid issues and opioid

dependency. The use of Cymbalta in the treatment of her chronic pain is medically necessary and appropriate.

**Flexeril 5mg, #30: Overturned**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41-42.

**Decision rationale:** Per the MTUS, Cyclobenzaprine is recommended as an option in the treatment of chronic pain using a short course of therapy. It is more effective than placebo in the management of back pain, the effect is modest and comes at the price of greater adverse effects. The effect is greatest in the first 4 days of treatment suggesting that shorter courses may be better. Treatment should be brief. A review of the injured workers medical records reveal documentation of persistent muscle spasm and tight muscle band, therefore based on her clinical presentation the continued use of Flexeril 5 mg, #30 is medically necessary.

**Oxycodone hydrochloride (HCL) 5mg, #30: Overturned**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96 (78,89,95).

**Decision rationale:** Per the MTUS, opioids should be discontinued if there is no overall improvement in function, unless there are extenuating circumstances, Opioids should be continued if the patient has returned to work or has improved functioning and pain. Ongoing management actions should include prescriptions from a single practitioner, taken as directed and all prescriptions from a single pharmacy. The lowest possible dose should be prescribed to improve pain and function. Documentation should follow the 4 A's of analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors. Long-term users of opioids should be regularly reassessed. In the maintenance phase, the dose should not be lowered if it is working. Also, patients who receive opioid therapy may sometimes develop unexpected changes in their response to opioids, which includes development of abnormal pain, change in pain pattern, persistence of pain at higher levels than expected. When this happens, opioids can actually increase rather than decrease sensitivity to noxious stimuli. It is important to note that a decrease in opioid efficacy should not always be treated by increasing the dose or adding other opioids, but may actually require weaning. A review of the injured workers medical records reveal documentation of pain and functional improvement with the use of opioids and the continued use of Oxycodone hydrochloride (HCL) 5mg, #30 is medically necessary.