

<b>Case Number:</b>	CM15-0086819		
<b>Date Assigned:</b>	05/11/2015	<b>Date of Injury:</b>	11/19/2003
<b>Decision Date:</b>	07/08/2015	<b>UR Denial Date:</b>	04/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/06/2015

### 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 71-year-old male, who sustained an industrial injury on November 19, 2003. The injured worker was diagnosed as having chronic low back pain, lumbar post-laminectomy syndrome, and lumbar radiculopathy. There is non-WC diagnosis of Alzheimer's dementia that is being managed by a Neurologist. Treatment to date has included medications. On 12/3/2014, the wife reported that the IW was becoming more depressed, very agitated and suffering from progressive memory loss. It was noted that the IW did not want to get out of the bed or participate in activities. Currently, the injured worker complains of low back pain radiating to both legs, worse on the left leg, with numbness and weakness in legs. The Treating Physician's report dated March 26, 2015, noted the injured worker reporting his pain at a 7-8/10 on the visual analog scale (VAS). The injured worker's Exalgo and Opana IR were noted to help reduce pain by 80%. Cymbalta and Lyrica were noted to help with neuropathic pain. Constipation was noted to be managed with Senokot-S. The injured worker's current medications were listed as Exalgo, Opana IR, Cymbalta, Lyrica, Senokot S, Prilosec, Pradaxa, Keppra, Lisinopril, Simvastatin, Amlodipine, Tamsulosin, Finasteride, Folic Acid, Exelon Patch, and Namenda. The injured worker was noted to have an antalgic gait, using a cane for assistance with ambulation. Physical examination was noted to show moderate tenderness over the lumbar paraspinals, left greater than right, with strength testing of the lower extremities limited secondary to pain, and decreased sensation to light touch noted throughout both legs. The treatment plan was noted to include refills of medications including Exalgo, Opana IR, Cymbalta, Lyrica, Senokot-S, and Prilosec, with continued use of cane, consider short course of physical therapy if low back pain increases, and physician follow-ups.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Exalgo 12mg quantity 60 with one refill:** Upheld

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

**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 exacerbation of musculoskeletal pain that did not respond to standard treatment with NSAIDs and PT. The chronic use of high dose opioid can be associated with the development of tolerance, dependency, opioid induced hyperalgesia, sedation, addiction and adverse interactions with psychiatric and sedative medications. The records indicate that the patient is utilizing high dose opioids and multiple psychiatric and sedative medications concurrently. There is documentation of worsening psychosomatic symptoms, lack of functional restoration and progression of memory loss in this elderly patient with Alzheimer's dementia. There is no documentation of failure of NSAIDs or non-opioid co-analgesic medications. The use of Exalgo 25mg #60 with 1 Refill was not medically necessary.

**Opana Immediate Release 5mg quantity 60 with one refill:** Upheld

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

**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 exacerbation of musculoskeletal pain that did not respond to standard treatment with NSAIDs and PT. The chronic use of high dose opioid can be associated with the development of tolerance, dependency, opioid induced hyperalgesia, sedation, addiction and adverse interactions with psychiatric and sedative medications. The records indicate that the patient is utilizing high dose opioids and multiple psychiatric and sedative medications concurrently. There is documentation of worsening psychosomatic symptoms, lack of functional restoration and progression of memory loss in this elderly patient with Alzheimer's dementia. There is no documentation of failure of NSAIDs or non-opioid co-analgesic medications. The criteria for the use of Opana IR 5mg #60 with 1 Refill was not medically necessary. Refer the guidelines recommend that patient on high dose opioids with significant psychiatric conditions to Pain Program or Addiction centers for safe weaning of opioids.

**Cymbalta 30mg quantity 60 with one refill:** Overturned

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

**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 neuropathic pain and depression associated with chronic pain syndrome. The records indicate that the patient was diagnosed with significant depression and neuropathic pain. The follow up appointments with the psychiatrist was not certified. There is documentation of efficacy with the use of Cymbalta. There is no report of adverse medication effect. The criteria for the use of Cymbalta 30mg #60 with 1 Refill was medically necessary.

**Lyrica 75mg quantity 60 with one refill:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lyrica (pregabalin); Anti Epilepsy Drugs.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792. 24. 2 Page(s): 16-22. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Antiepileptics.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that anticonvulsants can be utilized for the treatment of neuropathic pain syndrome. The chronic use of high dose anticonvulsants can be associated with the development of sedation, memory loss and adverse interactions with opioids and other sedatives. The records indicate that the patient is utilizing high doses of multiple anticonvulsant medications. There is documentation of that the patient and the wife had requested a reduction of the dose of discontinuation of Lyrica following progression of memory loss and concurrent utilization of Keppra. The criteria for the use of Lyrica 75mg #60 with 1 Refill was not medically necessary.

**Senakot S quantity 60 with one refill:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, and criteria for use.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792. 24. 2 Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Opioids.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that prophylaxis for the prevention and treatment of constipation can be started at initiation of chronic opioid treatment. The records did not indicate initial failure of subjective utilization of non-medication measures such as increased fluid and fiber intake. The chronic use of opioids is not certified therefore the continual prophylactic treatment with Senokot S #60 1 Refill was not medically necessary.