

<b>Case Number:</b>	CM14-0126275		
<b>Date Assigned:</b>	10/02/2014	<b>Date of Injury:</b>	08/09/2010
<b>Decision Date:</b>	10/30/2014	<b>UR Denial Date:</b>	07/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/08/2014

### 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. The expert reviewer is Board Certified in Occupational Medicine, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 67 year old male with an injury date of 08/09/10. The 05/12/14 report by ■■■ states that the patient presents for follow up and review of a lumbar CT myelogram with worsening pain in the lumbar region and radicular pain and weakness into the right lower extremity. The right quad buckles and the right ankle is weak with foot drop evident. Lower back pain radiates bilaterally into the right greater than left buttock, posterior thigh, calf and into both feet. Pain is rated 8/10. The 03/06/14 report states the patient stopped working in 2010. The treating physician notes the patient failed physical therapy, interventional pain injections and a spinal cord stimulator trial. Examination of the lumbar spine notes very point tenderness to palpation at coccyx and range of motion is limited due to mechanical back pain. Sensory testing reveals diminished sensation across the calves and feet, dorsum and plantar. The patient's diagnoses include: Nonunion Fx Spinal stenosis, lumbar, "W/Neurogen Claud" Lumbar radiculitis Other Kyphoscoliosis and Scoliosis Spondyfolysis As of 05/12/14 medication is listed as Potassium Chloride ER20, Soma, Oxycodone ER, Ambien CR12.5, Seroquel, Exilant, Burnex, Lipitor, Pregabalin 200 & 100 mg, Flavix, Lopressor, and Cymbalta. The utilization review being challenged is dated 07/22/14. Reports were provided from 01/06/14 to 10/02/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Oxycontin 20mg 120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS ; CRITERIA FOR USE OF OPIOIDS Page(s): 88-89, 76-78.

**Decision rationale:** Oxycontin 20 mg 120; the reports provided do not state exactly when the patient began taking this medication. It shows on the reports provided from 01/06/14 to 05/12/14 and on 02/03/14 the treating physician states the regimen of medications is stable and has not changed for 6 months. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief." The reports provided do show pain assessment; however, not always with pain scales. On 05/12/14 pain is rated 8/10 and on 02/03/14 pain is described as moderate and increased since the last visit. Medications are described as working by the patient. However, the reports do not state that specifically this medication is of benefit to the patient. On 02/03/14 the reports state the patient's sleep is fair, quality of life is unchanged and activity level is the same. Opioid management issues are discussed. The treating physician states the patient denies problems or side effects and notes that no abuse is suspected. The 02/03/14 report also states the 08/08/13 urine toxicology results are consistent. No urine toxicology reports were provided. In this case, the treating physician does not provide documentation of "significant" ADL improvement or change in work status/return to work due to chronic opiate use as required by definition of functional improvement (labor code 9792.20(e)). The request is not medically necessary.

**Soma 350mg #120:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma) MTUS ; Muscle relaxants for pain Page(s): 29, 63-66.

**Decision rationale:** Soma 350 mg #120; the reports provided show the patient has been using this medication since at least 01/06/14 and the 02/03/14 report states medications are stable and have not changed in 6 months. MTUS page 29 states Carisoprodol (Soma) are not recommended and are not indicated for long term use. MTUS Muscle relaxant (for pain) pages 63-66 states that the medication is not recommended for 2-3 weeks. In this case, the reports provided do not discuss the intended use of the medication. As part of a multiple medication regimen in use for over 6 months it is reported to be of benefit to the patient. However, as use appears to be far longer than the 2-3 weeks recommended by MTUS; this request is not medically necessary.

**Oxycodone 15mg #180:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS; CRITERIA FOR USE OF OPIOIDS Page(s): 88, 89, 76-78.

**Decision rationale:** Oxycodone 15 mg #180; the reports provided do not state exactly when the patient began taking this medication. It shows on the reports provide from 01/06/14 to 05/12/14 and on 02/24/14 the treating physician states the regimen of medications is stable and has not changed for 6 months. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief." The reports provided do show pain assessment; however, not always with pain scales. On 05/12/14 pain is rated 8/10 on 02/03/14 pain is described as moderate and increased since the last visit. Medications are described as working by the patient. However, the reports do not state that specifically this medication is of benefit to the patient. On 02/03/14 the reports state the patient's sleep is fair, quality of life is unchanged and activity level is the same. Opioid management issues are discussed. The treating physician states the patient denies problems or side effects and notes that no abuse is suspected. The 02/03/14 report also states the 08/08/13 urine toxicology results are consistent. No urine toxicology reports were provided. In this case, lacking documentation of the efficacy of this medication specifically, long term opioid use as not been sufficiently documented as required by MTUS above. Therefore, this is request is not medically necessary.

**Ambien CR 12.5mg #30: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines; Pain Chapter; Zolpidem (Ambien)

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

**Decision rationale:** Ambien (Zolpidem) CR 125 mg #30; the reports provided show the patient has been taking Ambien since before 02/03/14. MTUS and ACOEM Guidelines do not address Ambien; however, ODG Guidelines Pain Chapter Zolpidem topic state that Ambien) is indicated for short-term treatment of insomnia with difficulty of sleep onset 7 to 10 days. Ambien CR is allowed up to 24 weeks, but states that Ambien CR offers "no significant clinical advantage over regular release zolpidem. Ambien Cr is approved for chronic use, but chronic use of hypnotics in general is discouraged." On 02/03/14 the treating physician states that a trial of Ambien CR was

started in place of Ambien for better benefit. Given that it has not been more than 6 months for Ambien CR, and the patient appears to be benefitting; this request is medically necessary.

**Lyrica 100mg OD #30: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pregabalin (Lyrica) Page(s): 19-20. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG guidelines Pain (Chronic) Chapter Pregabalin

**Decision rationale:** Lyrica 100 mg OD #30; the reports provided show the patient has been taking this medication since at least 02/03/14. MTUS pages 19-20 states that Pregabalin (Lyrica) has been documented to be effective in the treatment of diabetic neuropathy and postherpetic neuralgia. ODG guidelines Pain (Chronic) Chapter Pregabalin Topic state that this medication is "Recommended in neuropathic pain conditions and fibromyalgia, but not for acute pain." On 02/03/14 the treating physician states the medications are working for the patient and the regimen of medications are stable and have not changed in 6 months. However, the benefit of Lyrica specifically is not stated nor does the treating physician state the intended use of this medication. In this case, lacking documentation of the use and efficacy; this request is not medically necessary.

**Dexilant Dr 60mg #30 RF-3: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines proton pump inhibitors (PPIs) Dexilant.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk Page(s): 68, 69.

**Decision rationale:** Dexilant (Dexlansoprazole) 60 mg #30 3 refills; the reports provided show the patient has been using this medication since 01/06/14. Regarding PPI, MTUS supports it for prophylactic use along with oral NSAIDs if proper GI assessments have been provided. PPI's can be also used for GI issues such as GERD, gastritis or ulcers. In this case the reports provided do not discuss this medication. The treating physician does not state the intended use and there is no discussion or diagnosis of gastroesophageal reflux disease, and the list of medications do not include oral NSAIDs. Therefore, this request is not medically necessary.

**Lyrica 200mg #60 RF-3: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pregabalin (Lyrica) Page(s): 19-20. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG guidelines Pain (Chronic) Chapter Pregabalin

**Decision rationale:** Lyrica 200 mg #60, 3 refills; the reports provided show the patient has been taking this medication since at least 02/03/14. MTUS pages 19-20 states that Pregabalin (Lyrica) has been documented to be effective in the treatment of diabetic neuropathy and postherpetic neuralgia. ODG guidelines Pain (Chronic) Chapter Pregabalin Topic state that this medication is "Recommended in neuropathic pain conditions and fibromyalgia, but not for acute pain." On 02/03/14 the treating physician states the medications are working for the patient and the regimen of medications are stable and have not changed in 6 months. However, the benefit of Lyrica specifically is not stated. The treating physician does not state the intended use of this medication. In this case, lacking documentation of the use and efficacy; this request is not medically necessary.