

<b>Case Number:</b>	CM14-0187994		
<b>Date Assigned:</b>	11/14/2014	<b>Date of Injury:</b>	09/01/2004
<b>Decision Date:</b>	01/07/2015	<b>UR Denial Date:</b>	10/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/12/2014

### 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of September 1, 2004. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; unspecified amounts of physical therapy; earlier spinal cord stimulator implantation; and earlier lumbar laminectomy surgery. In a Utilization Review Report dated October 31, 2014, the claims administrator denied a request for Lidoderm, denied a request Edluar, partially approved a request for oxycodone, and denied a request for Norco. The claims administrator stated that his decisions were based on a September 19, 2014 progress note. The claims administrator cited a lack of benefit with medication usage. In a January 10, 2014 progress note, the applicant reported ongoing complaints of low back pain status post multiple lumbar spine surgeries in 2006, 2008, and 2010. The applicant had residual chronic left lower extremity radicular complaints, it was acknowledged. The applicant also had superimposed issues with shoulder pain, hypertension, gastritis, and sleep disturbance. Oxycodone, Norco, and Edluar were refilled. It was stated that the Edluar was being employed for sleep purposes and that Norco was being employed for breakthrough pain and that oxycodone was being employed on a thrice daily, scheduled basis. The attending provider stated that he was hopeful that the applicant's usage of the spinal cord stimulator would, at some point, obviate the need for the pain medications. In a progress note dated March 21, 2014, the applicant reported persistent complaints of low back pain. The applicant stated that his spinal cord stimulator was not charging properly. The attending provider stated that the applicant's spinal cord stimulator was malfunctioning. Norco and Edluar were refilled. The spinal cord stimulator was reprogrammed. Permanent work restrictions were renewed. It did not appear that the applicant was working with said permanent limitations in

place. On June 12, 2014, the applicant was asked to continue Edluar and OxyContin. The applicant was again having issues with improper charging of the spinal cord stimulator. Permanent work restrictions were renewed. It did not appear that the applicant was working with said limitations in place. On September 19, 2014, the applicant reported ongoing complaints of low back pain, reportedly severe. The applicant again posited that the spinal cord stimulator was protruding and causing him some discomfort. The applicant was using cane to move about. Edluar, OxyContin and Lidoderm were endorsed. It was unclear whether the request for Lidoderm was a first-time request or a renewal request. The attending provider stated that the Lidoderm would be applied over the spinal cord stimulator site to help decrease pain at the same.

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

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

**Edluar 10 mg #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management Page(s): 7-8. Decision based on Non-MTUS Citation Food and Drug Administration (FDA), Ambien Medication Guide

**Decision rationale:** While the MTUS does not specifically address the topic of Ambien (Edluar) usage, pages 7 and 8 of the MTUS Chronic Pain Medical Treatment Guidelines do stipulate that an attending provider using a drug for non-FDA labeled purposes has the responsibility to be well informed regarding usage of the same and should, furthermore, furnish compelling evidence to support such usage. The Food and Drug Administration (FDA) note that Ambien is indicated in short-term treatment of insomnia for up to 35 days. Here, however, the applicant has using Ambien for what appears to be a minimum of several months. Such usage runs counter to FDA label. The attending provider did not furnish any compelling applicant specific rationale or medical evidence, which would support long-term usage of Edluar (Ambien), here. Therefore, the request is not medically necessary.

**Oxycodone 15 mg #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids Page(s): 80.

**Decision rationale:** As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant is off of work. The applicant does not appear to be working with permanent limitations in place. The attending provider failed to outline any quantifiable

decrements in pain and/or material improvements in function achieved as a result of ongoing oxycodone usage. Rather, all information on file pointed to the applicant's having heightened pain complaints (as opposed to reduced pain complaints) from visit to visit, despite ongoing oxycodone usage. Therefore, the request is not medically necessary.

**Norco 10/325 mg #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids Page(s): 80.

**Decision rationale:** As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, however, the applicant is off of work. The applicant continues to report heightened pain complaints from visit to visit as opposed to reduced pain complaints from visit to visit, despite ongoing usage of Norco. Attending provider has failed to outline any material improvements in function achieved as a result of ongoing Norco usage. All of the foregoing, taken together, did not make a compelling case for continuation of the same. Therefore, the request is not medically necessary.