

<b>Case Number:</b>	CM14-0217458		
<b>Date Assigned:</b>	01/07/2015	<b>Date of Injury:</b>	05/12/2003
<b>Decision Date:</b>	05/11/2015	<b>UR Denial Date:</b>	12/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/29/2014

### 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. 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: Emergency 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:

The injured worker is a 56 year old female who has reported widespread pain after her feet were contused by a wheelchair on 05/12/2003. The diagnoses have included lumbar radiculopathy, vitamin D deficiency, chronic pain, liver cirrhosis, history of hepatitis B, chronic nausea/vomiting, and plantar fasciitis. Treatment to date has included medications, cognitive behavioral therapy and an epidural steroid injection on 10/7/14. The ongoing medications prescribed chronically are those under Independent Medical Review. Sleep is repetitively described as poor. A urine drug screen on 10/22/14 was negative for a very long list medication assayed, and positive for tramadol, hydrocodone, acetaminophen, gabapentin, and benzodiazepines. Per the PR2s of 7/1/14, 8/26/14 and 10/22/14, there was ongoing neck, back, and extremity pain. The reports had most of the same information as that of 12/17/14. Vitamin B12 and Toradol injections were given. The same medications were continued. Per the PR2 of 12/17/2014, there was neck and low back pain that radiated down all the extremities, insomnia, chronic gastritis caused by unspecified medications, continuous moderate nausea, constipation relieved by stool softeners, and nausea from tramadol, Gabapentin and Norco. Pain was 6/10 with medications and 10/10 without medications. Gabapentin provided 40% pain relief. Tizanidine was reportedly for occasional, not long term use. Vitamin D was for low serum levels. Benefit was reported after the last epidural steroid injection. Activities of daily living are improved with a combination of all the medications. Insomnia was measured as "severe". Perceived level of disability was "crippled." The work status was "not working" and was not explained further. The treatment plan included Gabapentin, Norco, Omeprazole, Senokot-S,

Tizanidine, Tramadol, vitamin D, Restoril, and Zofran. On 12/22/14 Utilization Review non-certified the medications now referred for an Independent Medical Review, noting the lack of sufficient records that support the medications with one year refills.

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

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

**Pharmacy purchase of Hydrocodone/APAP 10/325mg #120 with refills for 1 year: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioid management, Opioids, steps to avoid misuse/addiction indications, Chronic back pain, Mechanical and compressive etiologies, Medication trials Page(s): s 77-81, 94, 80, 81, and 60.

**Decision rationale:** There is insufficient evidence that the treating physician is prescribing opioids according to the MTUS, which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract, and there should be a prior failure of non-opioid therapy. The one drug testing result was from an office visit. The MTUS recommends random testing for patients with poor pain control, not just at predictable intervals such as office visits. The prescribing physician does not specifically address function with respect to prescribing opioids. The reports provide only the most generic and non-specific references to improvements in pain and function, with no discussion of the specific results of using this opioid. Work status is not addressed, and the injured worker is stated to be not working. The injured worker has failed the "return-to-work" criterion for opioids in the MTUS, and the treating physician should be addressing work status or its equivalent. The reported levels of disability are significant ("crippled") and do not reflect a good result of taking opioids. The prescription for a year of refills is excessive in a patient on this many medications and with such poor results to date. As currently prescribed, this opioid does not meet the criteria for long term opioids as elaborated in the MTUS and is therefore not medically necessary. This is not meant to 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 do not meet the requirements of the MTUS. Therefore, the request is not medically necessary.

**Pharmacy purchase of Tramadol ER 100mg with refills for 1 year: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioid management, Opioids, steps to avoid misuse/addiction indications, Chronic back pain, Mechanical and compressive etiologies, Medication trials, Tramadol (Ultram).

**Decision rationale:** There is insufficient evidence that the treating physician is prescribing opioids according to the MTUS, which recommends prescribing according to function, with

specific functional goals, return to work, random drug testing, opioid contract, and there should be a prior failure of non-opioid therapy. The one drug testing result was from an office visit. The MTUS recommends random testing for patients with poor pain control, not just at predictable intervals such as office visits. The prescribing physician does not specifically address function with respect to prescribing opioids. The reports provide only the most generic and non-specific references to improvements in pain and function, with no discussion of the specific results of using this opioid. Work status is not addressed, and the injured worker is stated to be not working. The injured worker has failed the "return-to-work" criterion for opioids in the MTUS, and the treating physician should be addressing work status or its equivalent. The reported levels of disability are significant ("crippled") and do not reflect a good result of taking opioids. The prescription for a year of refills is excessive in a patient on this many medications and with such poor results to date. As currently prescribed, this opioid does not meet the criteria for long-term opioids as elaborated in the MTUS and is therefore not medically necessary. This is not meant to 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 do not meet the requirements of the MTUS.

**Pharmacy purchase of Restoril 15mg with refills for 1 year: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, Insomnia treatment.

**Decision rationale:** The MTUS does not address the use of hypnotics other than benzodiazepines. The Official Disability Guidelines were used in addition. The treating physician has not provided a sufficient account of the indications and functional benefit for this medication. The MTUS does not recommend benzodiazepines for long term use for any condition. The prescribing has occurred chronically, not short term as recommended in the MTUS. Sleep problems continued to be described as severe, even while taking this medication. The Official Disability Guidelines recommend the short term use of hypnotics, discuss the significant side effects, and note the need for a careful evaluation of the sleep difficulties. No physician reports describe the specific criteria for a sleep disorder. The treating physician has not addressed other major issues affecting sleep in this patient, including the use of other psychoactive agents like opioids, which significantly impair sleep architecture. The one year of refills is excessive for a patient taking so many medications with such poor results, and the one year term greatly exceeds the guideline recommendations. Prescribing in this case meets none of the guideline recommendations. This benzodiazepine is not prescribed according the MTUS and the Official Disability Guidelines and is not medically necessary.

**Pharmacy purchase of Senokot-S 8.6/50mg #60 with refills for 1 year: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 3, Initiating Therapy with opioids Page(s): 77.

**Decision rationale:** Although laxatives are indicated when opioids are prescribed, the opioids are not medically necessary in this case. The treating physician has not provided other reasons for laxatives so laxatives would not be medically necessary if opioids are not medically necessary.