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| <b>Case Number:</b>   | CM14-0217627 |                              |            |
| <b>Date Assigned:</b> | 01/07/2015   | <b>Date of Injury:</b>       | 03/13/2007 |
| <b>Decision Date:</b> | 03/09/2015   | <b>UR Denial Date:</b>       | 12/18/2014 |
| <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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 55 year old male injured worker suffered and industrial injury on 3/13/2007 while working, he attempted to climb on to a piece of heavy equipment when he slipped and fell 8 feet to 10 feet suffering a contusion of the back. The diagnoses at that time were lumbar spondylosis, sciatica and neuropathy versus intrinsic left foot pathology. On 6/7/2007 the injured worker had lumbar laminectomy, decompression with fusion. Other treatments included a spinal cord stimulator that was not effective, physical therapy and medications. The visit on 10/31/2014 was not included in the medical records provided and therefore the details of that visit were obtained from the utilization review documents. The injured worker reported low back pain at 8/10 that was constant, crampy, worsening with activity, joint pain anxiety and muscle weakness. Without the medications, the pain level was 9/10 and with medications the level was 7/10. The injured worker ambulated with a seated walker. The diagnoses were post laminectomy syndrome, worsening chronic pain syndrome and improved narcotic dependence due to weaning. The UR decisions on 12/18/2014 modified the following requests: 1. Modified Relafen 750 mg #20 from 4 refills to 1 prescription as the injured worker would be following up in 4 weeks 2. Modified Vistaril 25mg #60 from 4 refills to 1 prescription as the injured worker would be following up in 4 weeks 3. Modified Savella 50mg #60 from 4 refills to 1 prescription as the injured worker would be following up in 4 weeks 4. Modified Pamelor 10mg #60 with 4 refills to 1 prescription as the injured worker would be following up in 4 weeks 5. Modified Senokot 8.6 mg #60 with 4 refills to 1 prescription as the injured worker would be following up in 4 Weeks

6. Modified OxyContin 20mg #60 tablets to #30 tablets for continuation of weaning process.

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

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

**1 prescription of Relafen 750mg #20 with 4 refills: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) page 67-73 Page(s): 67-73.

**Decision rationale:** 1 prescription of Relafen 750mg #20 with 4 refills is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that Relafen can be used for arthritis and off label for moderate pain. Additionally the MTUS states that NSAIDs have associated risk of adverse cardiovascular events, new onset or worsening of pre-existing hypertension, ulcers and bleeding in the stomach and intestines at any time during treatment, elevations of one or more liver enzymes may occur in up to 15% of patients taking NSAIDs and may compromise renal function. The documentation indicates that the Relafen brings the patient's pain down from an 8 to a 5-6. The recent progress note indicated elevation in blood pressure. The request for Relafen is reasonable but the patient does not need 4 refills as he is to follow up in one month for re evaluation of symptoms, blood pressure, and efficacy of prior Relafen use. Therefore, the request for 1 prescription of Relafen 750mg #20 with 4 refills is not medically necessary.

**1 prescription of Vistaril 25mg #60 with 4 refills: 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), Pain (Chronic), Anxiety medications in chronic pain

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation [www.drugs.com/vistaril.html](http://www.drugs.com/vistaril.html)

**Decision rationale:** 1 prescription of Vistaril 25mg #60 with 4 refills is not medically necessary. Vistaril is not addressed in the MTUS or the ODG therefore an online search of this medication was performed. Vistaril is hydroxyzine which is indicated for anxiety and tension; management in pruritus due to an allergic condition. The use of Vistaril for long-term anxiety use more than 4 months has not been assessed by systemic clinical studies. The documentation indicates that the patient has been on this medication significantly longer than 4 months and takes this medication for anxiety. The request for continued use of Vistaril 25mg #60 with 4 refills is not medically necessary.

**1 prescription of Savella 50mg #60 with 4 refills: 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), Pain (Acute & Chronic), Milnacipran (Savella)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pain

**Decision rationale:** 1 prescription of Savella 50mg #60 with 4 refills is not medically necessary per the ODG. The ODG states that Savella is not recommended for chronic pain. An FDA Phase III study demonstrated "significant therapeutic effects" of milnacipran for treatment of fibromyalgia syndrome. Milnacipran has been approved for the treatment of depression outside of the U.S. and is a dual serotonin- and norepinephrine-reuptake inhibitor (SNRI). The documentation indicates that the patient states that this medication lowers his anxiety levels and helps him relax. The documentation does not indicate evidence of Fibromyalgia. This medication is used outside of the U. S. for depression. The guidelines do not recommend using this for chronic pain and the guidelines do not recommend this medication for anxiety. Additionally, the request for 4 refills is not appropriate therefore Savella 50mg #60 with 4 refills is not medically necessary.

**1 prescription of Pamelor 10mg #60 with 4 refills: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tricyclics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness & Stress, Antidepressants for treatment of MDD (major depressive disorder)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.drugs.com/ppa/nortriptyline-hydrochloride.html>

**Decision rationale:** 1 prescription of Pamelor 10mg #60 with 4 refills is not medically necessary as written. The MTUS and the ODG do not address this medication. A review online of this medication indicates that this medication is for depression. The documentation indicates that the patient has been feeling more anxiety since off of this medication. It would not be unreasonable to continue this medication as the patient has a history of depression, however the patient is to follow up in one month for reassessment and therefore if the medication continues to provide efficacy it can be continued. The request for 4 refills in advance is not appropriate and therefore this request is not medically necessary.

**1 prescription of Senokot-S 8.6mg #60 with 4 refills: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation McKay SL, Fravel M, Scanlon C. Management of constipation. Iowa City (IA): University of Iowa Gerontological Nursing Interventions Research Center, Research Translation and Dissemination Core; 2009 Oct. 51 p.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Initiating therapy Page(s): 77.

**Decision rationale:** 1 prescription of Senokot-S 8.6mg #60 with 4 refills is not medically necessary per the MTUS Guidelines. The MTUS Chronic Medical Treatment Guidelines recommend prophylactic treatment of constipation while on opioid medication. The documentation indicates that opioids are not medically necessary and were to be weaned for this patient therefore the request for 1 prescription of Senokot-S 8.6mg #60 with 4 refills is not medically necessary.

**1 prescription of Oxycontin 20mg #60: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines On-Going Management Page(s): 78-80.

**Decision rationale:** 1 prescription of Oxycontin 20mg #60 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS Chronic Pain Medical Treatment Guidelines state that a pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The MTUS does not support ongoing opioid use without improvement in function or pain. The documentation submitted reveals that the patient has been on long term opioids without significant functional improvement therefore the request for Oxycontin 20mg #60 is not medically necessary.