

<b>Case Number:</b>	CM15-0010017		
<b>Date Assigned:</b>	01/27/2015	<b>Date of Injury:</b>	06/23/2006
<b>Decision Date:</b>	03/27/2015	<b>UR Denial Date:</b>	12/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/16/2015

### 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: New York  
 Certification(s)/Specialty: Anesthesiology

### 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 (IW) is a 44 year old female, who sustained a cumulative trauma industrial injury from June 23, 2006 through August, 2008. She has reported severe neck pain and bilateral shoulder pain radiating to the triceps region and was diagnosed with cervical spondylosis without myelopathy, cervicgia and other effects of the shoulder region. Treatment to date has included radiographic imaging, diagnostic studies, shoulder surgery, physical therapy, trigger p[oint injections, pain medications and work duty modifications. Currently, the IW complains of severe neck pain and pain in the right shoulder radiating to the triceps region with occasional headaches and sleep disruptions secondary to the pain. The IW reported a cumulative trauma from 2006 through 2008, resulting in chronic right shoulder pain and headaches. Multiple failed conservative therapies were noted. She reported pain relief with pain medications and trigger point injections however it was noted, the injections were very short in efficacy. The pain continued and she required a shoulder surgery in September of 2013. She continued to require pain medications and noted she did not want any more physical therapy. She noted the most pain relief with pain medications. On December 18, 2014, Utilization Review non-certified requests for Opana ER, Opana IR, Cymbalta and Neurontin, noting the MTUS, ACOEM Guidelines, (or ODG) was cited. On January 16, 2015, the injured worker submitted an application for IMR for review of requested Opana ER, Opana IR, Cymbalta and Neurontin.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Opana ER 7.5mg #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use for a therapeutic trial of Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CA MTUS (2009), Opioids Page(s): 93-96. Decision based on Non-MTUS Citation Opioids

**Decision rationale:** Opana ER is a semi-synthetic opioid analgesic which affects the central nervous system and is indicated for the treatment of moderate to severe pain. According to California MTUS Guidelines, certain criteria need to be followed, including an ongoing review and documentation of pain relief and functional status, appropriate medication use, and side effects. Pain assessment should include current pain: last reported pain over the period since last assessment; average pain; intensity of pain after taking the opiate, and the duration of pain relief. In this case, the claimant stated that there was functional improvement with this medication. However, there was no evidence of objective functional improvement supporting the subjective findings stated. There has been no documentation of this medication's analgesic effectiveness and no clear documentation that the patient has responded to ongoing opioid therapy. Without this documentation, medical necessity has not been established. Of note, discontinuation of an opioid analgesic should include a taper, to avoid withdrawal symptoms. The certification of the requested medication is not medically necessary.

**Opana IR 5mg #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 CA MTUS (2009), Opioids Page(s): 93-96. Decision based on Non-MTUS Citation Opioids

**Decision rationale:** Opana IR is a semi-synthetic opioid analgesic which affects the central nervous system and is indicated for the treatment of moderate to severe pain. According to California MTUS Guidelines, certain criteria need to be followed, including an ongoing review and documentation of pain relief and functional status, appropriate medication use, and side effects. Pain assessment should include current pain: last reported pain over the period since last assessment; average pain; intensity of pain after taking the opiate, and the duration of pain relief. In this case, the claimant stated that there was functional improvement with this medication. However, there was no evidence of objective functional improvement supporting the subjective findings stated. There has been no documentation of this medication's analgesic effectiveness and no clear documentation that the patient has responded to ongoing opioid therapy. Without this documentation, medical necessity has not been established. Of note, discontinuation of an opioid analgesic should include a taper, to avoid withdrawal symptoms. The certification of the requested medication is not medically necessary.

**Cymbalta 30mg #30: Overturned**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CA MTUS (2009), Antidepressants.

**Decision rationale:** According to the California MTUS Guidelines, antidepressants are indicated for the treatment of chronic pain. They are recommended as a first-line option for neuropathic pain, and as a possibility for non-neuropathic pain. The documentation indicates the patient has neuropathic pain with dysesthesias in the same distribution as the pain and weakness in the right upper extremity. Per the documentation, the use of Cymbalta in this patient's medical regimen has proven beneficial. The patient did not receive Cymbalta medications a month ago and subsequently reported increased pain levels, decreased sleeping, and decline in functioning. Medical necessity for the requested medication has been established. The requested medication is medically necessary.

**Neurontin 300mg #90: Overturned**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CA MTUS (2009), Anti-epilepsy Drugs (AED's) Page(s): 17-19, 49. Decision based on Non-MTUS Citation Neurontin (Gabapentin)

**Decision rationale:** According to the CA MTUS (2009) and ODG, Neurontin (Gabapentin) is an anti-epilepsy drug, which has been considered a first-line treatment for neuropathic pain. In this case, there is documentation of severe neck pain and spasms radiating to both shoulder regions (rated 10/10). In addition, the patient has had dysesthesias in the same distribution as the pain, and weakness of the right upper extremity. The claimant had been treated with pain medications, trigger point injections and was status post right shoulder surgery. The claimant continued to require pain medications and was not participating in physical therapy. While the patient was taking Neurontin, pain levels were documented as 2/10. The patient had functional improvement with Neurontin. The claimant was able to perform household chores much easier and able to perform a home exercise program. However, the claimant did not receive Neurontin for a month, which caused her to have increased pain levels, decreased sleeping, and a decline in functioning.

**Baclofen 10mg #90: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CA MTUS (2009), Muscle relaxants (for pain). Decision based on Non-MTUS Citation Muscle relaxants

**Decision rationale:** According to the California MTUS Guidelines and the ODG, recommends non-sedating muscle relaxants, such as Baclofen, with caution as a second-line option for short-term treatment of acute low back pain(LBP), and for short-term (<2 weeks) treatment of acute exacerbations in patients with chronic LBP. The mechanism of action is blockade of the pre- and post-synaptic GABA receptors. It is recommended orally for the treatment of spasticity and muscle spasm related to multiple sclerosis and spinal cord injuries. It is also a first-line option for the treatment of dystonia. Baclofen has been noted to have benefits for treating lancinating, paroxysmal neuropathic pain. In this case, there is no documentation provided necessitating the use of Baclofen. There is no evidence of objective functional benefit to support any subjective improvements noted. In addition, the cited guidelines do not recommend this medication to be used for longer than 2-3 weeks. Medical necessity for the requested medication has not been established. The requested item is not medically necessary.

**Senokot-S #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use for a therapeutic trial of Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Procedure Summary

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

**Decision rationale:** Opioid-induced constipation is a common adverse effect of long-term opioid use because of the binding of opioids to peripheral opioid receptors in the gastrointestinal tract, resulting in absorption of electrolytes and reduction in small intestine fluid. According to ODG, if opioids are determined to be appropriate for the treatment of pain then prophylactic treatment of constipation should be initiated. Senokot is a stimulant laxative and is used to relieve occasional constipation. According to ODG, if opioids are determined to be appropriate for the treatment of pain then prophylactic treatment of constipation should be initiated. In this case, with non-approval of opioid use, the medical necessity of Senokot is not established. The requested medication is not medically necessary.

**Colace 100mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use for a therapeutic trial of Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Procedure Summary

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

**Decision rationale:** Opioid-induced constipation is a common adverse effect of long-term opioid use because of the binding of opioids to peripheral opioid receptors in the gastrointestinal tract, resulting in absorption of electrolytes and reduction in small intestine fluid. According to ODG, if opioids are determined to be appropriate for the treatment of pain then prophylactic treatment of constipation should be initiated. Colace is a stool softener and is used to relieve occasional constipation. According to ODG, if opioids are determined to be appropriate for the treatment of pain then prophylactic treatment of constipation should be initiated. In this case, with the non-approval of opioid use, the medical necessity of Colace is not established. The requested medication is not medically necessary.