

<b>Case Number:</b>	CM15-0127194		
<b>Date Assigned:</b>	08/11/2015	<b>Date of Injury:</b>	01/28/1997
<b>Decision Date:</b>	09/23/2015	<b>UR Denial Date:</b>	06/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/01/2015

### 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 is a 52 year old male, who sustained an industrial injury on January 28, 1997. He reported low back pain following a pop in his low back. The injured worker was diagnosed as having chronic pain syndrome, lumbar postlaminectomy syndrome, pathological fracture of vertebrae, degeneration of lumbar or lumbosacral intervertebral, insomnia due to medical condition classified elsewhere, depressive disorder-not elsewhere classified, and unspecified osteoporosis. The medical records refer to CT scan, diagnostic discogram, electrodiagnostic studies, and bone scans, but the dates and results were not included in the provided medical records. The medical records refer to x-rays of the lumbar spine being performed on July 9, 2010, which revealed osteoporosis, additional mild compression fractures in the lower thoracic spine and upper lumbar spine compression fractures that are likely chronic, and mild multilevel degenerative changes. The medical records refer to x-rays of the lumbar spine being performed on an unspecified date, which revealed degenerative changes including facet arthropathy. The reports of these x-rays were not included in the provided medical records. He underwent the implantation of an intrathecal pump on February 2006. On June 12, 2015 a urine toxicology screen detected opiates and THC (tetrahydrocannabinol), which are inconsistent with his prescribed medications. Benzodiazepines were detected, which are inconsistent with his prescribed medications. Treatment to date has included physical therapy, work modifications, trigger point injections, epidural steroid injections, lumbar facet joint injections, intrathecal pump with rate adjustments of Hydromorphone and Bupivacaine, psychotherapy, and medications including short-acting and long-acting opioid analgesics, non-opioid analgesic,

topical analgesic, anti-epilepsy, antidepressants, muscle relaxant, sleep-inducing, erectile dysfunction, medical marijuana, and non-steroidal anti-inflammatory. There were no noted previous injuries or dates of injury. Comorbid diagnoses included history of hypertension, borderline diabetes, ulcers, and obesity. On June 12, 2015, the injured worker reported left middle back pain with swelling and tenderness. He reported pain in the left groin and down the left leg, also. He reported an 85% decrease in his pain by his pain medications. His pain was rated: worst=7 out of 10, least=5 out of 10, usual=5 out of 10, and current=6 out of 10. He uses Morphine Sulfate and the intrathecal pain pump to remain active and functional. He uses Viagra as needed to treat his erectile dysfunction problems. The physical exam revealed mildly increased thoracic kyphotic curvature, very tender to light and moderate touch of the mid thoracic back, he seemed to have some muscle spasms of the mid thoracic back, left lumbar muscle spasms, bilateral straight leg raise positive at 60 degrees for lower back pain, and tenderness of the bilateral lumbar region. Most of his back was a very tender and extremely sensitive, especially the left mid thoracic upper lumbar area. There was positive bilateral facet loading, restricted and painful extension of the lower back, and inability to flex forward and touch his knees. His gait was antalgic and he was able to stand on his toes and heels without difficulty. There was decreased sensation throughout the left lower extremity, worse on the medial aspect. There was weakness of the bilateral lower extremities, slightly more on the left than the right. Work status is described as permanent and stationary. He is retired. Requested treatments include: Morphine Sulfate 15mg, Viagra, Paxil, and Paroxetine HCl.

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

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

**Morphine Sulfate 15mg (quantity unspecified): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80-82, 76-80, 91-94, 83.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

**Decision rationale:** The California Medical Treatment Utilization Schedule (CMTUS) recommends opioids for second-line treatment of neuropathic pain that has not responded to antidepressants and anticonvulsants. The long-term usage of opioid therapy is discouraged by the CMTUS guidelines unless there is evidence of "ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. 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." In addition, CMTUS guidelines also detail indications for discontinuing opioid medication, such as serious non-adherence or diversion. There is documentation of the injured worker's current pain, least reported pain over the period since last assessment, and average pain. However, there is lack of physician documentation of the least reported how long it takes for pain relief, how long pain relief lasts, and improvement in function. The medical records refer to a Department of Justice-Controlled

Substance Utilization Review and Evaluation System (CURES) being done on June 12, 2015, with no doctor shopping and no unexpected prescriptions noted. The medical records refer to opiate risk assessment being done, a narcotic agreement is in place, and narcotic medication pill counts are done at every visit. The records clearly indicate inconsistent urine drug test and the inconsistent results are not explained by treating provider, which would be necessary for continued usage. However, there was a lack of documentation the opioid compliance guidelines which include risk assessment profile, attempt at weaning/tapering, and an updated and signed pain contract between the provider and the claimant, and the lack of objective evidence of functional benefit obtained from the opioid medication. In addition, there is no quantity specified in this request. Therefore, the Morphine Sulfate is not medically necessary.

**Viagra 100mg (quantity unspecified): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MDconsult.com last updated 12/14/2009.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medscape Internal Medicine 2014.

**Decision rationale:** Sildenafil (Viagra) is a medication used to treat erectile dysfunction and pulmonary arterial hypertension. It acts by inhibiting cGMP-specific phosphodiesterase type 5 (PDE5), an enzyme that promotes degradation of cGMP, which regulates blood flow in the penis. There has been no evaluation of this patient's erectile dysfunction. Medical necessity for the requested medication has not been established. The requested medication is not medically necessary.

**Paxil 40mg (quantity unspecified): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13-16.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress Chapter: Paroxetine (Paxil); Antidepressants for treatment of MDD (major depressive disorder).

**Decision rationale:** The ACOEM guidelines note that brief courses of antidepressants may be helpful to alleviate symptoms of depression, but that given the complexity of available agents, referral for medication evaluation is advised. The ODG recommends antidepressants for the initial treatment of major depressive disorders that are moderate, severe, or psychotic unless electroconvulsive therapy is part of the treatment plan. The ODG recommends Paroxetine (Paxil), a selective serotonin re-uptake inhibitor antidepressant, as a first-line treatment option for major depressive disorder treatment. The medical records refer to the injured worker was started on antidepressants following a psychology specialist evaluation. However, there is a lack of functional improvement with the treatment already provided. The treating physician did not

provide sufficient objective evidence of improvement in the activities of daily living and dependency on continued medical care. Therefore, the Paxil is not medically necessary.

**Paroxetine HCl 40mg (quantity unspecified): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13-16.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress Chapter: Paroxetine (Paxil); Antidepressants for treatment of MDD (major depressive disorder).

**Decision rationale:** The ACOEM guidelines note that brief courses of antidepressants may be helpful to alleviate symptoms of depression, but that given the complexity of available agents, referral for medication evaluation is advised. The ODG recommends antidepressants for the initial treatment of major depressive disorders that are moderate, severe, or psychotic unless electroconvulsive therapy is part of the treatment plan. The ODG recommends Paroxetine (Paxil), a selective serotonin re-uptake inhibitor antidepressant, as a first-line treatment option for major depressive disorder treatment. The medical records refer to the injured worker was started on antidepressants following a psychology specialist evaluation. However, there is a lack of functional improvement with the treatment already provided. The treating physician did not provide sufficient objective evidence of improvement in the activities of daily living and dependency on continued medical care. Therefore, the Paroxetine is not medically necessary.