

<b>Case Number:</b>	CM15-0128446		
<b>Date Assigned:</b>	07/20/2015	<b>Date of Injury:</b>	12/14/2007
<b>Decision Date:</b>	09/30/2015	<b>UR Denial Date:</b>	06/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/03/2015

### 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: California

Certification(s)/Specialty: Internal 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 51 year old male, who sustained an industrial injury on 12/14/2007. Diagnoses include lumbago, low back pain, pain foot/arm/finger, encounter long term use meds. Treatment to date has included conservative measures including medications. Per the Primary Treating Physician's Progress Report dated 5/21/2015, the injured worker reported lumbar back pain with radiation to the lower extremities and bilateral foot pain and swelling. He also was noted to have GI distress ameliorated by Prevacid. He had problems with such activities as cooking, driving, shopping, and doing yard work. His pain was rated as 9 out of 10. The pain meds enabled him to do minimally light activities. He was also noted to have constipation which was helped by the administration of colace. Lastly, he had sleep problems and was noted to have very loud snoring. Physical examination of the lumbar spine revealed facet joint tenderness, decreased flexion, extension and lateral bending. The plan of care included medications and authorization was requested for Norco 10/325 #200, Oxycontin 40mg #90, Neurontin 400mg #90 and Prevacid 30mg #30.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #200:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain Page(s): 75 and 91.

**Decision rationale:** Norco is noted to be a short acting opioid effective in controlling chronic pain and often used intermittently and for breakthrough pain. It is noted that it is used for moderate to moderately severe pain. The dose is limited by the Tylenol component and officially should not exceed 4 grams per day of this medicine. The most feared side effects are circulatory and respiratory depression. The most common side effects include dizziness, sedation, nausea, sweating, dry mouth, and itching. In general, opioid effectiveness is noted to be augmented with 1. education as to its benefits and limitations, 2. the employment of non opioid treatments such as relaxation techniques and mindfulness techniques, 3. the establishment of realistic goals, and 4. encouragement of self regulation to avoid the misuse of the medication. The MTUS notes that opioid medicines should be not the first line treatment for neuropathic pain because of the need for higher doses in this type of pain. It is also recommended that dosing in excess of the equivalent of 120 mg QD of morphine sulfate should be avoided unless there are unusual circumstances and pain management consultation has been made. It is also stated that the use of opioids in chronic back pain is effective in short term relief of pain and that long term relief of pain appears to be limited. However, the MTUS does state that these meds should be continued if the patient was noted to return to work and if there was noted to be an improvement in pain and functionality. Also, it is noted that if the medicine is effective in maintenance treatment that dose reduction should not be done. The above patient had severe pain and his pain medications helped him to tolerate the pain and increase his activities. In this case, Norco is one of the mainstays of his treatment regimen and he needs this med to function. The UR decision is reversed. Therefore, the request is medically necessary.

**Oxycontin 40mg #90:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain Page(s): 92. Decision based on Non-MTUS Citation Up to date topic 927.9 and version 123.0.

**Decision rationale:** The MTUS states that oxycontin is a controlled release formulation of oxycodone HCL and is indicated for management of moderate to severe pain when continuous around the clock analgesia is required for an extended period of time. We note that it should not be given on a PRN basis. It presents with the usual narcotic risks of addiction, abuse, and misuse. Also, we note that the extended release formulations have an increased risk of overdose and death. Adverse effects include drowsiness, dizziness, constipation, nausea, emesis, orthostatic hypotension, headache, anxiety, dyspnea, and muscle weakness. Our patient presents with severe pain and is already on short acting narcotic. The addition of the long acting oxycontin will help to prevent breakthrough pain and decrease the dose of norco that is needed. It is noted to help in the patient's functioning and is being monitored by a physician and should be approved. The UR decision is overturned.

**Neurontin 400mg #90 with two refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain Page(s): 16, 17, 18.

**Decision rationale:** Neurontin is used mainly to treat neuropathic pain and especially for the treatment of post herpetic neuropathy. The MTUS states that Neurontin is an anticonvulsant and it reduces hypersensitivity, specifically allodynia and hyper algesia. It also is effective for treatment of anxiety and is an aid to sleep. It is described as a first line treatment of neuropathic pain, which is most commonly caused by D.M. It has also been found beneficial to treat post-stroke pain and managing fibromyalgia pain and lumbar stenosis pain. However, it has not been found beneficial for myofascial pain or axial low back pain. Lastly, there is insufficient evidence to recommend it for combined treatment with morphine for DM neuropathic pain. The above patient does not have neruopathic pain and that is the primary indication for the use of Neurontin. Therefore, the UR decision is upheld.

**Prevacid DR 30mg #30 with two refills:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain Page(s): 68 and 69. Decision based on Non-MTUS Citation Up to date topic 9718 and version134.0.

**Decision rationale:** Prevacid is a PPI medicine which causes acid suppression in both basal and stimulated states .It is used to treat duodenal ulcers, gastric ulcers, symptomatic gerd, esophagitis, NSAID induced ulcer or NSAID induced ulcer prophylaxis Its side effects include headache, dizziness, rash, abdominal pain, diarrhea, nausea, emesis, back pain, weakness, URI, and cough .Also, it is associated with an increase in hip fracture. It is recommended to be given with NSAID's in a patient with either intermittent risk of a GI event or high risk of a GI event. It is also recommended that the lowest dose necessary of the NSAID be utilized. The patient is on Naproxen for pain and he has had GI upset alleviated by Prevacid. Therefore, he should be afforded the use of this medicine in order to prevent such sequelae of Naproxen such as ulcer disease. The UR decision is overturned.

**Sleep study:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness and Stress, Polysomnography.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Up to date topic7695 and version 34.0.

**Decision rationale:** Obstructive sleep apnea is diagnosed by polysomnography and is secondary to increased frequency of obstructive apneic events and hypopneas due to repetitive collapse or narrowing of the upper airways during sleep and results in daytime symptoms such as sleepiness and fatigue. Other symptoms which are often manifest are waking up holding one's breath, gasping, or choking. Often snoring and breathing interruptions are noted by one's partner during sleep. Sequela of sleep apnea are the development of HBP, mood disorders, CAD, CVA, CHF, A fib, and DM. The CPAP machine is the mainstay treatment for this condition. This patient is noted to have loud snoring, and this is one of the cardinal symptoms of sleep apnea. A sleep study is indicated to rule out this disease and possibly avoid the serious sequelae which can be manifested. The UR decision is overturned.

**Colace 250mg #60:** 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), 2014, Pain, Opioid induced constipation treatment.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Up to date topic 2633 and version 21.0.

**Decision rationale:** Chronic constipation can be associated with either normal or slow colonic transit, defecatory dysfunction, or both. Initial management includes education, behavior modification, dietary changes, bulk forming laxatives, and non bulk forming laxatives or enemas. In patients more than 70 years old, warm water enemas are suggested. Management of defecatory dysfunction involves suppositories, biofeedback, or botulinum toxin injections into the puborectalis muscle. Initial treatment is with dietary fiber and bulk forming laxatives such as psyllium or methylcellulose and adequate fluid intake. If this is not tolerated an osmotic laxative or stool softeners or stimulant laxatives such as senna and bisacodyl can be utilized. Also secretory agents such as lubiprostone or amitza can be utilized. Our patient is on narcotic medication in order to ameliorate his chronic pain symptoms. Constipation is a well known side effect of these medications. Stool softeners, such as Colace, are one of the treatment modalities used in order to treat this side effect. The patient should be on this medicine. The UR decision is overturned.

**Cymbalta DR 60mg #30 with two refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain Page(s): 15 ,16, 44.

**Decision rationale:** Cymbalta is noted to be an SNRI antidepressant medication by the MTUS. It is FDA approved for treatment of depression, anxiety, diabetic neuropathy, and fibromyalgia. It is used off label for other neuropathic pain and radiculopathy. However, it is a first line option for diabetic neuropathy. There is no high quality evidence to use it for lumbar radiculopathy.

More studies are needed in order to determine efficacy for treating other types of neuropathic pain. It has been noted to decrease pain in both patients who are depressed and in patients who are not depressed. However, it appears more efficacious in patients with comorbid depression. Its side effects include dizziness, fatigue, somnolence, drowsiness, anxiety, insomnia, nausea, emesis, and weight loss. Also, it has been shown to increase the risk of further liver damage in patients with preexisting liver pathology. Therefore, it should be used with caution in patients who abuse alcohol. Lastly, it has been noted to worsen diabetic control and can be associated with sexual dysfunction. Cymbalta is dosed at 60 mg qd off label for chronic pain but is usually dosed from 20 to 60 mg qd. In fibromyalgia patients 60 mg bid may be beneficial. It is generally regarded to have a more benign side effect profile than tricyclics. Our patient has chronic pain and is on multiple medications. Cymbalta is used off label to treat chronic pain patients. In this patient it is worthwhile to see if Cymbalta helps in the pain management in order to decrease the dose of narcotics and NSAID's that are needed to treat. The UR decision is overturned.

**Lidoderm 5% patches #60 with two refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-114.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain Page(s): 56 and 57. Decision based on Non-MTUS Citation Up to date topic 2785 and version 52.0 and topic 9478 and version 167.0.

**Decision rationale:** The chronic pain section notes that Lidoderm is used for localized peripheral pain after a trial of a first line med such as tricyclic, SNRI or Neurontin or Lyrica has been instituted and that it is just FDA approved for treatment of post herpetic neuralgia and that further research needs to be done before it can be recommended for neuropathic pain of other etiologies. Up to Date notes that lidocaine patches have potential side effects of tachycardia, anxiety, confusion, somnolence, angioedema and hypoxia. It also notes that lidocaine patches have been shown to be efficacious and well tolerated in treatment of post herpetic pain and also allodynia secondary to other types of peripheral neuropathic pain. It also notes that it is best in localized neuropathic pain and is often used in conjunction with other medications in treatment of this type of pain. It states that neuropathic pain is often not controlled by just one medicine and often needs a combination of meds in order to be treated. Our patient does not present with neuropathic pain and therefore this medicine is not indicated. The UR decision is upheld.

**Naproxen 500mg #60 with two refills:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-68.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 204, Chronic Pain Treatment Guidelines Chronic pain Page(s): 67 and 69. Decision based on Non-MTUS Citation Up to date topic 9682 and version 145.0.

**Decision rationale:** The guidelines state that Naprosyn or Naproxen and NSAID's in general are indicated for acute exacerbation of pain and should be avoided in the treatment of chronic pain and should be a second line drug after the use of acetaminophen because of less side effects. NSAID's have been implicated in cardiac, GI, renal side effects and high blood pressure. A Cochrane study confirmed the above and a Maroon study stated that NSAID's may actually delay healing of all soft tissue if given on a chronic basis. In a review in the shoulder section of the AECOM it states that invasive techniques have limited proven value. If pain with elevation causes significant limitation in activity then sub acromial injection with a local anesthetic and steroid preparation may be attempted after 2 to 3 weeks of conservative treatment with shoulder strengthening exercises and NSAID treatment. Treatment indications include such entities as ankylosing spondylitis, osteoarthritis, rheumatoid arthritis, acute gout, dysmenorrhea, acute tendinitis and bursitis, and acute migraine. The patient has chronic pain treated with narcotics. The use of Naproxen is given to augment the effect of these meds and decrease their dosage. In such a patient with chronic and severe pain this medicine is justified. The UR decision is overturned.