

Case Number:	CM15-0168883		
Date Assigned:	09/14/2015	Date of Injury:	12/08/1999
Decision Date:	11/10/2015	UR Denial Date:	08/14/2015
Priority:	Standard	Application Received:	08/27/2015

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: Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management

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 53-year-old female, with a reported date of injury of 12-08-1999. The diagnoses include back pain, lumbosacral disc disease, and sacroiliitis. There was associated neuropathy, muscle spasm and insomnia. Treatments and evaluation to date have included Hydrocodone-Acetaminophen (since at least 11-2013), Duloxetine (since at least 11-2014), Gabapentin (since at least 11-2014), Hydromorphone (since at least 11-2013), Temazepam (since at least 11-2014), and Celecoxib (since at least 11-2013); bilateral sacroiliac joint injection on 02-07-2014; and MS Contin. The medical report dated 07-21-2015 indicates that the injured worker had problems with diffuse low back pain. The physical examination showed tenderness over the lower lumbosacral spine; positive sciatic notch bilaterally; negative straight leg raise; and normal deep tendon reflexes. It was noted that the pain remained severe despite treatment with increasing doses of Dilaudid and Norco. The ADL remained limited. The opioids change to MS Contin and Norco was discussed with the IW. The treating physician requested Hydrocodone-Acetaminophen 10-325mg (date of service: 03-22-2015); Duloxetine HCL 60mg (date of service: 05-19-2015 and 07-19-2015); Gabapentin 300mg (date of service 07-02-2015); Hydromorphone 4mg (date of service: 02-03-2014 and 05-21-2015); Temazepam 1.5mg (date of service: 02-03-2014); Hydromorphone 8mg (date of service 02-03-2015 and 05-21-2015); Hydrocodone-Acetaminophen 10-325mg; Duloxetine HCL 60mg; ; Gabapentin 300mg; Hydromorphone 4mg; Temazepam 1.5mg; Hydromorphone 8mg; Celecoxib 200mg (date of service: 07-14-2015); and Celecoxib 200mg. On 08-14-2015, Utilization Review non-certified the requests.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro: Hydrocodone/Acetaminophen 10/325mg (DOS 7/22/2015): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Chronic pain programs, opioids, Medications for chronic pain, Opioids for chronic pain, Opioids, differentiation: dependence & addiction, Opioids, long-term assessment, Opioids, steps to avoid misuse/addiction, Opioid hyperalgesia, Weaning of Medications. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Opioids.

Decision rationale: The CA MTUS and the ODG guidelines recommend that opioids can be utilized for the short-term treatment of exacerbation of musculoskeletal pain when standard NSAIDs, non-opioid co-analgesic, exercise and PT have failed. The chronic use of high dose opioids can be associated with the development of tolerance, dependency, addiction, sedation, opioid induced hyperalgesia and adverse interaction with other sedative agents. The guidelines recommend that patients with significant psychosomatic symptoms be treated with anticonvulsant and antidepressant co-analgesics. The persistence of severe pain and lack of functional restoration is consistent with the development of opioid induced hyperalgesia. The records did not show documentation of significant functional restoration with utilization of high doses of opioid medications. The patient has not failed treatment with non-opioid medications. The guidelines recommend that chronic pain patients with co-existing psychosomatic symptoms who are utilizing high doses of opioids be referred to Chronic Pain programs or Addiction Centers for safe weaning. The criteria for the retroactive use of hydrocodone/acetaminophen 10/325mg (DOS 7/22/2015) was not met. Therefore, the request is not medically necessary.

Retro: Duloxetine HCL 60mg (DOS 5/19/2015): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Stress-Related Conditions 2004, Section(s): Treatment, and Chronic Pain Medical Treatment 2009, Section(s): Antidepressants for chronic pain, Duloxetine (Cymbalta), Psychological treatment. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Mental Illness and Stress, Antidepressant.

Decision rationale: The CA MTUS and the ODG guidelines recommend that antidepressants can be utilized for the treatment of neuropathic pain, depression and chronic pain syndrome. The use of duloxetine is associated with analgesia, anxiolysis, mood stabilization and reduction in analgesic utilization. The records indicate the presence of significant psychosomatic symptoms associated with the chronic musculoskeletal pain. The patient had reported compliance and efficacy with the medication. There was no reported adverse medication effect. The criteria for the retroactive use of duloxetine HCL 60mg (DOS 5/19/2015) was met. Therefore, the request is medically necessary.

Retro: Duloxetine HCL 60mg (DOS 7/14/2015): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Stress-Related Conditions 2004, Section(s): Treatment, and Chronic Pain Medical Treatment 2009, Section(s): Antidepressants for chronic pain, Duloxetine (Cymbalta), Medications for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Mental Illness and Stress, Antidepressants.

Decision rationale: The CA MTUS and the ODG guidelines recommend that antidepressants can be utilized for the treatment of neuropathic pain, depression and chronic pain syndrome. The use of duloxetine is associated with analgesia, anxiolysis, mood stabilization and reduction in analgesic utilization. The records indicate the presence of significant psychosomatic symptoms associated with the chronic musculoskeletal pain. The patient had reported compliance and efficacy with the medication. There was no reported adverse medication effect. The criteria for the retroactive use of duloxetine HCL 60mg (DOS 7/14/2015) was met. Therefore, the request is medically necessary.

Retro: Gabapentin 300mg (DOS 7/2/2015): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs), Medications for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter. Anticonvulsants.

Decision rationale: The CA MTUS and the ODG guidelines recommend that anticonvulsant medications can be utilized for the treatment of neuropathic and chronic pain syndrome. The use of anticonvulsant medications results in improved analgesia, decreased utilization of opioids, mood stabilization, improved sleep and functional restoration. The records indicate that the patient is compliant with the utilization of gabapentin. There is documentation of efficacy and functional improvement but no adverse medication effect with the use of gabapentin. The criteria for the retroactive use of gabapentin 300mg (DOS 7/2/2015) was met. Therefore, the request is medically necessary.

Retro: Hydromorphone 4mg (DOS 5/21/2015): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Chronic pain programs, opioids, Medications for chronic pain, Opioids, criteria for use, Opioids for chronic pain, Opioids, differentiation: dependence & addiction, Opioids, dosing, Opioids, psychological intervention, Opioids, screening for risk of addiction (tests), Opioids, steps to avoid misuse/addiction, Opioid hyperalgesia, Weaning of Medications. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Opioids.

Decision rationale: The CA MTUS and the ODG guidelines recommend that opioids can be utilized for the short-term treatment of exacerbation of musculoskeletal pain when standard NSAIDs, non-opioid co-analgesic, exercise and PT have failed. The chronic use of high dose opioids can be associated with the development of tolerance, dependency, addiction, sedation, opioid induced hyperalgesia and adverse interaction with other sedative agents. The guidelines recommend that patients with significant psychosomatic symptoms be treated with anticonvulsant and antidepressant co-analgesics. The persistent of severe pain and lack of functional restoration is consistent with the development of opioid induced hyperalgesia. The records did not show of documentation of significant functional restoration with utilization of high doses of opioid medications. The patient has not failed treatment with non-opioid medications. The guidelines recommend that chronic pain patients with co-existing psychosomatic symptoms who are utilizing high doses of opioids be referred to Chronic Pain programs or Addiction Centers for safe weaning. The criteria for the retroactive use of hydromorphone 4mg (DOS 5/21/2015) was not met. Therefore, the request is not medically necessary.

Retro: Hydromorphone 4mg (DOS 2/3/2014): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Medications for chronic pain, Chronic pain programs, opioids, Opioids, criteria for use, Opioids for chronic pain, Opioids, dosing, Opioids, psychological intervention, Opioids, steps to avoid misuse/addiction, Opioid hyperalgesia, Weaning of Medications. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Opioids.

Decision rationale: The CA MTUS and the ODG guidelines recommend that opioids can be utilized for the short-term treatment of exacerbation of musculoskeletal pain when standard NSAIDs, non-opioid co-analgesic, exercise and PT have failed. The chronic use of high dose opioids can be associated with the development of tolerance, dependency, addiction, sedation, opioid induced hyperalgesia and adverse interaction with other sedative agents. The guidelines recommend that patients with significant psychosomatic symptoms be treated with anticonvulsant and antidepressant co-analgesics. The persistent of severe pain and lack of functional restoration is consistent with the development of opioid induced hyperalgesia. The records did not show of documentation of significant functional restoration with utilization of high doses of opioid medications. The patient has not failed treatment with non-opioid medications. The guidelines recommend that chronic pain patients with co-existing psychosomatic symptoms who are utilizing high doses of opioids be referred to Chronic Pain programs or Addiction Centers for safe weaning. The criteria for the retroactive use of

hydromorphone 4mg (DOS 2/3/2014) was not met. Therefore, the request is not medically necessary.

Retro: Temazepam 1.5mg (DOS 2/3/2014): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines, Medications for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Mental Illness and Stress, Benzodiazepines.

Decision rationale: The CA MTUS and the ODG guidelines recommend that benzodiazepines can be utilized for the short-term treatment of psychosomatic symptoms including insomnia associated with chronic pain syndrome. The chronic use of benzodiazepines can be associated with the development of tolerance, dependency, addiction, daytime somnolence and adverse interaction with opioids and other sedative medications. The records indicate that the patient was utilizing temazepam with high dose opioids and other sedative medications concurrently. The duration of utilization of temazepam had exceeded the guidelines recommended maximum duration of 4 to 6 weeks. The criteria for the retroactive use of temazepam 1.5mg (DOS 2/3/2014) was not met. Therefore, the request is not medically necessary.

Retro: Hydromorphone 8mg (DOS 5/21/2015): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Chronic pain programs, opioids, Medications for chronic pain, Opioids, criteria for use, Opioids for chronic pain, Opioids, dosing, Opioids, long-term assessment, Opioid hyperalgesia, Weaning of Medications. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Opioids.

Decision rationale: The CA MTUS and the ODG guidelines recommend that opioids can be utilized for the short-term treatment of exacerbation of musculoskeletal pain when standard NSAIDs, non-opioid co-analgesic, exercise and PT have failed. The chronic use of high dose opioids can be associated with the development of tolerance, dependency, addiction, sedation, opioid induced hyperalgesia and adverse interaction with other sedative agents. The guidelines recommend that patients with significant psychosomatic symptoms be treated with anticonvulsant and antidepressant co-analgesics. The persistent of severe pain and lack of functional restoration is consistent with the development of opioid induced hyperalgesia. The records did not show of documentation of significant functional restoration with utilization of high doses of opioid medications. The patient has not failed treatment with non-opioid medications. The guidelines recommend that chronic pain patients with co-existing psychosomatic symptoms who are utilizing high doses of opioids be referred to Chronic Pain

programs or Addiction Centers for safe weaning. The criteria for the retroactive use of hydromorphone 8mg (DOS 5/21/2015) was not met. Therefore, the request is not medically necessary.

Retro: Hydromorphone 8mg (DOS 2/3/2015): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Chronic pain programs, opioids, Medications for chronic pain, Opioids, criteria for use, Opioids for chronic pain, Opioids, differentiation: dependence & addiction, Opioids, dosing, Opioids, long-term assessment, Opioids, specific drug list, Opioids, steps to avoid misuse/addiction, Opioid hyperalgesia, Weaning of Medications. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Opioids.

Decision rationale: The CA MTUS and the ODG guidelines recommend that opioids can be utilized for the short-term treatment of exacerbation of musculoskeletal pain when standard NSAIDs, non-opioid co-analgesic, exercise and PT have failed. The chronic use of high dose opioids can be associated with the development of tolerance, dependency, addiction, sedation, opioid induced hyperalgesia and adverse interaction with other sedative agents. The guidelines recommend that patients with significant psychosomatic symptoms be treated with anticonvulsant and antidepressant co-analgesics. The persistence of severe pain and lack of functional restoration is consistent with the development of opioid induced hyperalgesia. The records did not show documentation of significant functional restoration with utilization of high doses of opioid medications. The patient has not failed treatment with non-opioid medications. The guidelines recommend that chronic pain patients with co-existing psychosomatic symptoms who are utilizing high doses of opioids be referred to Chronic Pain programs or Addiction Centers for safe weaning. The criteria for the retroactive use of hydromorphone 8mg (DOS 2/3/2015) was not met. Therefore, the request is not medically necessary.

Hydrocodone/Acetaminophen 10/325mg (unknown quantity): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Chronic pain programs, opioids, Medications for chronic pain, Opioids, criteria for use, Opioids for chronic pain, Opioids, differentiation: dependence & addiction, Opioids, dosing, Opioids, long-term assessment, Opioids, steps to avoid misuse/addiction, Opioid hyperalgesia, Weaning of Medications. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Opioids.

Decision rationale: The CA MTUS and the ODG guidelines recommend that opioids can be utilized for the short-term treatment of exacerbation of musculoskeletal pain when standard

NSAIDs, non-opioid co-analgesic, exercise and PT have failed. The chronic use of high dose opioids can be associated with the development of tolerance, dependency, addiction, sedation, opioid induced hyperalgesia and adverse interaction with other sedative agents. The guidelines recommend that patients with significant psychosomatic symptoms be treated with anticonvulsant and antidepressant co-analgesics. The persistence of severe pain and lack of functional restoration is consistent with the development of opioid induced hyperalgesia. The records did not show documentation of significant functional restoration with utilization of high doses of opioid medications. The patient has not failed treatment with non-opioid medications. The guidelines recommend that chronic pain patients with co-existing psychosomatic symptoms who are utilizing high doses of opioids be referred to Chronic Pain programs or Addiction Centers for safe weaning. The criteria for the use of hydrocodone/acetaminophen 10/325mg were not met. Therefore, the request is not medically necessary.

Duloxetine HCL 60mg (unknown quantity): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Stress-Related Conditions 2004, Section(s): Treatment, and Chronic Pain Medical Treatment 2009, Section(s): Antidepressants for chronic pain, Duloxetine (Cymbalta), Medications for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Mental Illness and Stress, Antidepressants.

Decision rationale: The CA MTUS and the ODG guidelines recommend that antidepressants can be utilized for the treatment of neuropathic pain, depression and chronic pain syndrome. The use of duloxetine is associated with analgesia, anxiolysis, mood stabilization and reduction in analgesic utilization. The records indicate the presence of significant psychosomatic symptoms associated with the chronic musculoskeletal pain. The patient had reported compliance and efficacy with the medication. There was no reported adverse medication effect. The criteria for the retroactive use of duloxetine HCL 60mg were met. Therefore, the request is medically necessary.

Gabapentin 300mg (unknown quantity): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs), Medications for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Anticonvulsant.

Decision rationale: The CA MTUS and the ODG guidelines recommend that anticonvulsant medications can be utilized for the treatment of neuropathic and chronic pain syndrome. The use of anticonvulsant medications results in improved analgesia, decreased utilization of opioids, mood stabilization, improved sleep and functional restoration. The records indicate

that the patient is compliant with the utilization of gabapentin. There is documentation of efficacy and functional improvement but no adverse medication effect with the use of gabapentin. The criteria for the retroactive use of gabapentin 300mg were met. Therefore, the request is medically necessary.

Hydromorphone 4mg (unknown quantity): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Chronic pain programs, opioids, Medications for chronic pain, Opioids for chronic pain, Opioids, psychological intervention, Opioids, steps to avoid misuse/addiction, Opioid hyperalgesia, Weaning of Medications. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Opioids.

Decision rationale: The CA MTUS and the ODG guidelines recommend that opioids can be utilized for the short-term treatment of exacerbation of musculoskeletal pain when standard NSAIDs, non-opioid co-analgesic, exercise and PT have failed. The chronic use of high dose opioids can be associated with the development of tolerance, dependency, addiction, sedation, opioid induced hyperalgesia and adverse interaction with other sedative agents. The guidelines recommend that patients with significant psychosomatic symptoms be treated with anticonvulsant and antidepressant co-analgesics. The persistence of severe pain and lack of functional restoration is consistent with the development of opioid induced hyperalgesia. The records did not show documentation of significant functional restoration with utilization of high doses of opioid medications. The patient has not failed treatment with non-opioid medications. The guidelines recommend that chronic pain patients with co-existing psychosomatic symptoms who are utilizing high doses of opioids be referred to Chronic Pain programs or Addiction Centers for safe weaning. The criteria for the use of hydromorphone 4mg were not met. Therefore, the request is not medically necessary.

Temazepam 1.5mg (unknown quantity): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Stress-Related Conditions 2004, Section(s): Treatment, and Chronic Pain Medical Treatment 2009, Section(s): Medications for chronic pain, Weaning of Medications, Benzodiazepines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Mental Illness and Stress, Benzodiazepines.

Decision rationale: The CA MTUS and the ODG guidelines recommend that benzodiazepines can be utilized for the short-term treatment of psychosomatic symptoms including insomnia associated with chronic pain syndrome. The chronic use of benzodiazepines can be associated with the development of tolerance, dependency, addiction, daytime somnolence and adverse

interaction with opioids and other sedative medications. The records indicate that the patient was utilizing temazepam with high dose opioids and other sedative medications concurrently. The duration of utilization of temazepam had exceeded the guidelines recommended maximum duration of 4 to 6 weeks. The criteria for the use of temazepam 1.5mg were not met. Therefore, the request is not medically necessary.

Hydromorphone 8mg (unknown quantity): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Chronic pain programs, opioids, Medications for chronic pain, Opioids for chronic pain, Opioids, differentiation: dependence & addiction, Opioids, dosing, Opioids, long-term assessment, Opioids, steps to avoid misuse/addiction, Opioid hyperalgesia, Weaning of Medications. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Opioids.

Decision rationale: The CA MTUS and the ODG guidelines recommend that opioids can be utilized for the short-term treatment of exacerbation of musculoskeletal pain when standard NSAIDs, non-opioid co-analgesic, exercise and PT have failed. The chronic use of high dose opioids can be associated with the development of tolerance, dependency, addiction, sedation, opioid induced hyperalgesia and adverse interaction with other sedative agents. The guidelines recommend that patients with significant psychosomatic symptoms be treated with anticonvulsant and antidepressant co-analgesics. The persistence of severe pain and lack of functional restoration is consistent with the development of opioid induced hyperalgesia. The records did not show documentation of significant functional restoration with utilization of high doses of opioid medications. The patient has not failed treatment with non-opioid medications. The guidelines recommend that chronic pain patients with co-existing psychosomatic symptoms who are utilizing high doses of opioids be referred to Chronic Pain programs or Addiction Centers for safe weaning. The criteria for the use of hydromorphone 8mg were not met. Therefore, the request is not medically necessary.