

<b>Case Number:</b>	CM15-0170601		
<b>Date Assigned:</b>	09/11/2015	<b>Date of Injury:</b>	08/10/2007
<b>Decision Date:</b>	10/29/2015	<b>UR Denial Date:</b>	08/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/31/2015

### 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 is a 51 year old male who sustained an industrial injury on August 10, 2007. A pain management follow-up visit dated June 02, 2015 reported discussion regarding medications and history with suspicion that the spinal cord stimulator lead placement has slipped. There is noted discussion of weaning off medications; although they do certainly help improve his function. Current medication regimen consisted of: Ketamine %5 cream; Venlafaxine; Fortesta; Cialis; Orphenadrine; Topiramate; Lidoderm %5; Gabapentin 600mg, Opana ER two doses 30mg and 40mg every 12 hours; Hydrocodone Acetaminophen. He was diagnosed with lumbar disc displacement without myelopathy. He is prescribed a modified work duty. A pain management follow up dated November 12, 2013 reported current medication regimen consisting of: Ketamine %5 cream; Opana ER 40mg; Topiramate; Flexeril; Hydrocodone, Ambien; Venlafaxine; Paxil; Cialis; Fortesta; Gabapentin 600mg.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective Ketamine 5% cream 60gr #1 (DOS 11/12/13): 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): Complex Regional Pain Syndrome (CRPS), Ketamine, Medications for chronic pain, Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Topical Analgesics.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that topical analgesics can be utilized for the treatment of localized neuropathic pain when standard treatment with first line anticonvulsant and antidepressant medications have failed. The guidelines recommend that topical lidocaine be utilized as first line topical medication. The use of Ketamine or other topical analgesics is limited to topical neuropathy cases refractory to first and second line medications. The records did not show subjective or objective findings consistent with a diagnosis of localized neuropathic pain such as CRPS. There is no documentation of failure of treatment with first line or second line medications. The criteria for the retrospective use of Ketamine 5% cream 60gr #1 (DOS 11/12/2013) was not met. Therefore, the request is not medically necessary.

**Retrospective Cyclobenzaprine 7.5mg #90 (DOS) 11/12/13): 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, Cyclobenzaprine (Flexeril), Muscle relaxants (for pain). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Muscle Relaxants.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that muscle relaxants can be utilized for short-term treatment of exacerbation of musculoskeletal pain when standard treatments with NSAIDs, exercise and PT have failed. The chronic use of muscle relaxants can be associated with the development of tolerance, dependency, addiction, sedation and adverse interaction with other sedative medications. The records indicate that the duration of use of Cyclobenzaprine had exceeded that guidelines recommended maximum period of 4 to 6 weeks. The patient is utilizing high dose opioids with multiple psychiatric and sedative medications concurrently. The criteria for the retrospective use of Cyclobenzaprine 7.5mg #90 (DOS) 11/12/2013 was not met. Therefore, the request is not medically necessary.

**Retrospective Hydrocodone 10/325mg #180 (DOS 11/12/13): 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, Opioids for chronic pain, Opioids for neuropathic pain, Opioids, long-term assessment, Chronic pain programs, opioids, Opioids, psychological intervention, 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 short-term treatment of exacerbation of musculoskeletal pain when standard treatments with NSAIDs, exercise and PT have failed. The chronic use of high dose opioids can be associated with the development of tolerance, dependency, addiction, opioid induced hyperalgesia, sedation and adverse interaction with other sedative or psychiatric medications. The consistent report of subjective high pain scores despite utilization of high doses of opioids is indicative of opioid induced hyperalgesia. The records did not show guidelines required documentation of compliance monitoring of UDS, absence of aberrant behavior, CURESS data reports and functional restoration with utilization of high dose opioid medications. The patient is utilizing high dose opioids with multiple psychiatric and sedative medications concurrently. The criteria for the retrospective use of Hydrocodone 10/325mg #180 (DOS 11/12/2013) was not met. Therefore, the request is not medically necessary.

**Retrospective Venlafaxine ER 37.5mg #120 (DOS 11/12/13): 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): Antidepressants for chronic pain, Medications for chronic pain, Venlafaxine (Effexor). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Antidepressants.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that anticonvulsant and antidepressant medications can be utilized for the treatment of chronic pain syndrome and psychosomatic disorders associated with musculoskeletal pain. The presence of significant psychosomatic disorders can be associated with decreased efficacy of pain treatment procedures, PT and surgery. There is increased incidence of non-compliance with medications and adverse medication effects. The use of Venlafaxine is associated with additional anxiolytic and analgesic actions. The criteria for the retrospective use of Venlafaxine ER 37.5mg #120 (DOS 11/12/2013) was met. Therefore, the request is medically necessary.

**Retrospective Gabapentin 600mg #120 (DOS 11/12/13): 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): Anti-epilepsy 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 chronic pain syndrome and psychosomatic disorders associated with musculoskeletal pain. The presence of significant psychosomatic disorders can be associated with decreased efficacy of pain treatment procedures, PT and surgery. There is increased incidence of non-compliance with medications and adverse medication effects. The use of gabapentin can be associated with mood stabilizing, opioid sparing and analgesic effects. The criteria for the retrospective use of Gabapentin 600mg #120 (DOS 11/12/2013) was met. Therefore, the request is medically necessary.