

<b>Case Number:</b>	CM15-0171401		
<b>Date Assigned:</b>	09/11/2015	<b>Date of Injury:</b>	06/24/2002
<b>Decision Date:</b>	11/05/2015	<b>UR Denial Date:</b>	08/01/2015
<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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 42 year old female, who sustained an industrial injury on 5-24-2002. The injured worker was diagnosed as having lumbar radiculopathy, chronic low back pain, lumbar myofascial pain syndrome, and status post lumbar microdiscectomy L4-5 in 2004. Treatment to date has included diagnostics, lumbar spinal surgery, epidural injections, and medications. A progress report (10-30-2014) noted the use of MS Contin (15mg) three times daily, Percocet 5-325mg (four tablets daily), Lyrica 100mg twice daily, Soma 350mg twice daily as needed, Cymbalta, Amitiza, and Relafen. On 10-30-2014, her pain was rated 8 out of 10 with medications, noting that the medications were "usually effective in reducing pain from an 8-9 out of 10 on the VAS to a 5 out of 10". Urine toxicology reports (3-23-2015 and 6-01-2015) were positive only for Meprobamate and Morphine, noting that the use of Percocet was not detected, and urine toxicology on 7-02-2015 was positive only for Meprobamate-Carisoprodol. The progress note (5-04-2015) noted that she continued to rate pain as 7 out of 10 and was discharged from the clinic due to frequent no shows, with instructions to find a new pain management provider. She was seen again (6-01-2015) and rated pain at 7-8 out of 10 and agreed to compliance with scheduled visits. On 6-01-2015, it was documented that MS Contin would taper to 15mg twice daily, with refill of Percocet 5-325mg (one tab every 6 hours as needed), refill Soma 350mg (one tab twice daily as needed), and taper Lyrica to 75mg (twice daily). Currently (7-02-2015), the injured worker complains of ongoing chronic low back pain with shooting pain down the right leg and into the great toe. She occasionally got radiating pain to the left lateral leg. She reported a flare 2-3 weeks prior after standing for a prolonged period and reported that it subsided after 1.5 weeks. She currently rated pain 7-8 out of 10. It was

documented again that the medications were usually effective in reducing her pain from 8-9 out of 10 to 5 out of 10. It was documented that medications allowed her to do most normal activities of daily living. Constipation was improved with Amitiza, Hydroxyzine was effective for itching, Prilosec was effective for heartburn due to chronic medication use, and Cymbalta improved her mood. She admitted to memory impairment for the past few months and was unsure if it was related to medications or increased stress at home. Exam noted that she appeared "to be in moderate discomfort". Moderate tenderness about the lumbar paraspinal muscles with spasm was noted. Limited lumbar range of motion was noted, forward flexion at 60 degrees and extension at 10 degrees. "Normal" strength and sensation was documented to both lower extremities and straight leg raise was positive on the right. Deep tendon reflexes were 3+ at the patella and 2+ at the Achilles bilaterally. Her work status was permanent and stationary. The treatment plan included refill of MS Contin 15mg for use twice daily, taper Percocet 5-325mg to three tablets daily as needed, refill Soma 350mg for use twice daily as needed, and refill Lyrica 75mg for twice daily use. Previous inconsistencies in urine toxicology were not explained.

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

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

**Percocet 5/325mg #135, 1 PO Q6H:** 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): Opioids (Classification), Opioids, California Controlled Substance Utilization Review and Evaluation System (CURES) [DWC], Opioids, criteria for use, Opioids for chronic pain, Opioids for neuropathic pain, Opioids for osteoarthritis, Opioids, cancer pain vs. nonmalignant pain, Opioids, dealing with misuse & addiction, Opioids, differentiation: dependence & addiction, Opioids, dosing, Opioids, indicators for addiction, Opioids, long-term assessment.

**Decision rationale:** Regarding the request for Percocet 5/325mg #135, 1 PO Q6H, California Pain Medical Treatment Guidelines note that it is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is indication that the medication is improving the patient's function and pain with no intolerable side effects, and the patient is noted to undergo monitoring. It is acknowledged, that there have been a couple inconsistent urine drug screen, and the patient has had issues with compliance previously. The requesting physician has not identified any reasons for the inconsistency with previous urine drug testing. Hopefully, a one-month prescription, as requested here, should allow the requesting physician time to better document a discussion regarding aberrant use and explanation for the urine drug screen inconsistencies. As such, the currently requested Percocet 5/325mg #135, 1 PO Q6H is medically necessary.

**MS Contin 15mg #90, 1 PO BID: 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): Opioids, California Controlled Substance Utilization Review and Evaluation System (CURES) [DWC], Opioids, criteria for use, Opioids for chronic pain, Opioids (Classification), Opioids for neuropathic pain, Opioids for osteoarthritis, Opioids, cancer pain vs. nonmalignant pain, Opioids, dealing with misuse & addiction, Opioids, differentiation: dependence & addiction, Opioids, dosing, Opioids, indicators for addiction, Opioids, long-term assessment.

**Decision rationale:** Regarding the request for MS Contin 15mg #90, 1 PO BID, California Pain Medical Treatment Guidelines note that it is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is indication that the medication is improving the patient's function and pain with no intolerable side effects, and the patient is noted to undergo monitoring. It is acknowledged, that there have been a couple inconsistent urine drug screen, and the patient has had issues with compliance previously. The requesting physician has not identified any reasons for the inconsistency with previous urine drug testing. Hopefully, a one-month prescription, as requested here, should allow the requesting physician time to better document a discussion regarding aberrant use and explanation for the urine drug screen inconsistencies. As such, the currently requested MS Contin 15mg #90, 1 PO BID is medically necessary.

**Lyrica 75mg #90, 1 PO BID: 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): Antiepilepsy drugs (AEDs).

**Decision rationale:** Regarding request for pregabalin (Lyrica), Chronic Pain Medical Treatment Guidelines state that antiepilepsy drugs are recommended for neuropathic pain. They go on to state that a good outcome is defined as 50% reduction in pain and a moderate response is defined as 30% reduction in pain. Guidelines go on to state that after initiation of treatment, there should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with use. The continued use of AEDs depends on improved outcomes versus tolerability of adverse effects. Within the documentation available for review, notes indicate that Lyrica reduces the patient's neuropathic pain by 50% and improves function. No intolerable side effects are noted. As such, the currently requested pregabalin (Lyrica) is not medically necessary.

**Soma 350mg #90, 1 PO BID PRN spasm:** 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): Muscle relaxants (for pain).

**Decision rationale:** Regarding the request for carisoprodol (Soma), Chronic Pain Medical Treatment Guidelines support the use of non-sedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Guidelines go on to state that Soma specifically is not recommended for more than 2 to 3 weeks. Within the documentation available for review, it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation, as recommended by guidelines. In the absence of such documentation, the currently requested carisoprodol (Soma) is not medically necessary.