

<b>Case Number:</b>	CM15-0173499		
<b>Date Assigned:</b>	09/15/2015	<b>Date of Injury:</b>	10/26/2005
<b>Decision Date:</b>	11/06/2015	<b>UR Denial Date:</b>	08/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/02/2015

### 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: Preventive Medicine, Occupational 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 10-26-05. Medical record indicated the injured worker is undergoing treatment for lumbar spondylosis, lumbar radiculopathy, lumbar facet syndrome, lumbar intervertebral disc displacement, cervical spondylosis with myelopathy, cervical radiculopathy neuropathic pain of bilateral upper extremities, chronic pain syndrome, status post implanted intrathecal pump, insomnia, left knee pain, hypogonadism, erectile dysfunction and status post anterior-posterior L4-S1 discectomy. Treatment to date has included intrathecal pump, lumbar discectomy, decompression and fusion on 5-19-15, lumbar epidural steroid injections, 18 physical therapy treatments, 12 aqua therapy treatments, oral medications including Oxycontin (for at least 7 years), Roxicodone, Nucynta 100mg, Neurontin 800mg (for at least 7 years), Trazodone 50mg, Cymbalta 60mg (for at least 7 years) and Protonix 40mg. Urine drug screen performed on 7-7-15 was inconsistent with medications prescribed. Currently on 7-7-15, the injured worker complains of continued pain over the cervical and lumbar spine without radiculopathy; he does have numbness and tingling but denies sharp, shooting pains, he also complains of being lethargic, fatigued and has a decrease in muscle mass. He rates the pain 5-6 out of 10 with medications and 9 out of 10 without medications. It is noted medications allow him to continue his rehabilitation process and have improved ability to perform activity of daily living. Work status is unclear. Physical exam performed on 7-7-15 revealed a well healed surgical incision, decreased sensation to touch, myofascial tenderness and tenderness to palpation over medial joint line of both knees. The treatment plan included request for authorization for continuation of Oxycontin 10mg #60 noting

documentation was not submitted for review indicating opioid agreement, Roxicodone 15mg #120 noting documentation was not submitted for review indicating opioid agreement, Nucynta IR 100mg #30, Cymbalta 60mg #30 noting there is no evidence of functional benefit due to this medication, Trazodone 50mg #60 noting there is no evidence of functional benefit due to this medication, Gabapentin 800mg #90 noting there is no evidence of functional benefit due to this medication, Pantoprazole 40mg #30 noting medical necessity has not been determined and Colace 250mg #90 noting there was no documentation of gastrointestinal complaints or constipation.

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

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

**Oxycontin 10mg #60:** 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 for chronic pain.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. The MTUS states that opioids may be continued, (a) If the patient has returned to work, or (b) If the patient has improved functioning and pain. The medical records document the patient has 40% reduction in pain and increase in function as a result of usage. I am reversing the previous utilization review decision. Oxycontin 10mg #60 is medically necessary.

**Roxicodone 15mg #120:** 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): Opioids for chronic pain.

**Decision rationale:** According to the MTUS in regard to medications for chronic pain, only one medication should be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. A record of pain and function with the medication should be recorded. According to this citation from the MTUS, medications should not be initiated in a group fashion, and specific benefit with respect to pain and function should be documented for each medication. There is no documentation of the above criteria for either of the narcotics that the patient has been taking. A previous utilization review decision provided the patient with sufficient quantity of medication to be weaned slowly off of narcotic. Roxicodone 15mg #120 is not medically necessary.

**Nucynta IR 100mg #30:** 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): Opioids for chronic pain.

**Decision rationale:** The MTUS recommends Nucynta for moderate to moderately severe pain. Opioids for chronic pain appear to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear, but also appears limited. If the patient does not respond to a time limited course of opioids it is suggested that an alternate therapy be considered. A previous utilization review decision provided the patient with sufficient quantity of medication to be weaned slowly off of narcotic. Nucynta IR 100mg #30 is not medically necessary.

**Neurontin 800mg #90:** 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).

**Decision rationale:** The MTUS states that gabapentin is an anti-epilepsy drug which has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. An adequate trial period for gabapentin is three to eight weeks for titration, then one to two weeks at maximum tolerated dosage. With each office visit the patient should be asked if there has been a change in the patient's pain symptoms, with the recommended change being at least 30%. There is documentation of functional improvement in the patient's records. I am reversing the previous utilization review decision. Neurontin 800mg #90 is medically necessary.

**Trazodone 50mg #60:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Antidepressants for chronic pain.

**Decision rationale:** Trazodone is a tetracyclic antidepressant used to treat depression and anxiety disorders. The Official Disability Guidelines recommend numerous antidepressants in a number of classes for treating depression and chronic pain. Trazodone is not contained within the current recommendations by the ODG. Trazodone 50mg #60 is not medically necessary.

**Cymbalta 60mg #30: 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): Duloxetine (Cymbalta).

**Decision rationale:** Recommended as an option in depressed patients for non-neuropathic pain, but effectiveness is limited. Evidence based guidelines necessitate documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services as a result of Cymbalta use to date. The records do not indicate efficacy of Cymbalta has been objectively documented. Cymbalta 60mg #30 is not medically necessary.

**Protonix 40mg #30: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment in Workers' Compensation Pain Procedure Summary Online Version last updated 07/15/2015.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

**Decision rationale:** Protonix is a proton pump inhibitor. According to the Chronic Pain Medical Treatment Guidelines, and prior to prescribing a proton pump inhibitor, a clinician should determine if the patient is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID. The medical records documented that the patient does suffer from gastritis. I am reversing the previous utilization review decision. Protonix 40mg #30 is medically necessary.

**Colace 250mg #90: 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, criteria for use.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines makes provision for the prophylactic treatment of constipation secondary to chronic opiate use. This patient is currently taking opioids for chronic pain, therefore use of Colace is appropriate. I am reversing the previous utilization review decision. Colace 250mg #90 is medically necessary.