

<b>Case Number:</b>	CM15-0179320		
<b>Date Assigned:</b>	09/21/2015	<b>Date of Injury:</b>	06/18/1998
<b>Decision Date:</b>	11/13/2015	<b>UR Denial Date:</b>	09/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/11/2015

### 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 45 year old female, who sustained an industrial injury on June 18, 1998. A review of the medical records indicates that the injured worker is undergoing treatment for cervicalgia, injury to ulnar nerve, major depression, chronic pain syndrome, multiple sclerosis, and brachial plexus lesions. On July 24, 2015, the injured worker reported neck pain, left shoulder pain, bilateral biceps pain, and bilateral wrist pain, with back pain and headache. The Primary Treating Physician's report dated July 24, 2015, noted the injured worker's pain level had remained unchanged since the previous visit, rated as 7 on a scale of 1 to 10. The injured worker's pain score without medications was noted to be 7-8 out of 10, and with medications 5 out of 10. The injured worker was noted to be trying home exercise, TENS, ice-heat, and breathing-relaxation for pain relief. The injured worker was noted to have a small increase in activities of daily living (ADLs) with no change in her quality of life or social activity level, currently not working. The injured worker reported her medications were working well with no side effects noted, and showing no evidence of developing medication dependency or suspected medication abuse. The injured worker reported continued functional benefit with her pain medications, reporting fair pain control. The injured worker was noted to have a complicated history that involved not only multiple sclerosis but also a repetitive strain injury with chronic pain in her upper extremities, neck, and bilateral hands and wrists, currently using Methadone, Subsys, and Gabapentin. The injured worker's current medications also included Effexor XR, Topamax, Avonex, Meclizine, Provigil, Xanax, Zolpidem Tartrate, Diovan, Potassium Gluconate, ProAir, Ventolin Imitrex, and Zofran. Physical examination was noted to show a normal gait pattern with tenderness noted in the cervical paraspinal muscles and over the trapezius and medial aspect of her epicondyles, without any focal motor or sensory deficits, and with full range of motion

(ROM) of her upper extremities. A CURES was noted to have been reviewed and appropriate. The treatment plan was noted to include requests for authorization for continued current medication regimen without change, continued home exercise program (HEP), and a random urine toxicology screening. The Primary Treating Physician's report dated August 28, 2015, noted the injured worker's pain as unchanged, rated 6 on a scale of 1 to 10. The physical examination was noted to show some decreased range of motion (ROM) and a "certain crack to her neck with rotation of her head." The treatment plan was noted to include a continued current medication regimen. The injured worker's toxicology screen was noted to be within normal limits of the medications prescribed. The request for authorization dated August 25, 2015, requested Methadone 10mg #540 x 30 days, Gabapentin 400mg #90 per 30 days, Effexor XR 150mg #60 per 30 days, and Subsys 400mg spray #20 per 30 days. The Utilization Review (UR) dated September 1, 2015, found the requests for Methadone 10mg #540 x 30 days, Gabapentin 400mg #90 per 30 days, Effexor XR 150mg #60 per 30 days, and Subsys 400mg spray #20 per 30 days, not medically necessary; however, given the nature of the medications weaning was recommended.

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

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

**Methadone 10mg #540 x 30 days: 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), Methadone.

**Decision rationale:** Routine long-term opioid therapy is not recommended, and The Official Disability Guidelines recommends consideration of a one-month limit on opioids for new chronic non-malignant pain patients in most cases, as there is little research to support use. The research available does not support overall general effectiveness and indicates numerous adverse effects with long-term use. The latter includes the risk of ongoing psychological dependence with difficulty weaning. The ODG recommends methadone as a second-line drug for moderate to severe pain, only if the potential benefit outweighs the risk, unless methadone is prescribed by pain specialists with experience in its use and by addiction specialists, where first-line use may be appropriate. The FDA reports that they have received reports of severe morbidity and mortality with this medication. This appears, in part, secondary to the long half-life of the drug (8-59 hours). Pain relief on the other hand only lasts from 4-8 hours. Due to the complexity of dosing and potential for adverse effects including respiratory depression and adverse cardiac events, this drug should be reserved for use by experienced practitioners (i.e. pain medicine or addiction specialists). This patient's MED is excessively high and well above the MED guidelines. Methadone 10mg #540 x 30 days is not medically necessary.

**Gabapentin 400mg #90 per 30 days: 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): Anti-epilepsy 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 no documentation of any functional improvement. A previous utilization review decision provided the patient with sufficient quantity of medication to be weaned slowly. Gabapentin 400mg #90 per 30 days is not medically necessary.

**Effexor XR 150mg #60 per 30 days: 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): Venlafaxine (Effexor).

**Decision rationale:** Recommended as an option in first-line treatment of neuropathic pain. Venlafaxine (Effexor) is a member of the Selective serotonin and norepinephrine reuptake inhibitors (SNRIs) class of anti-depressants. It has FDA approval for treatment of depression and anxiety disorders. It is off-label recommended for treatment of neuropathic pain, diabetic neuropathy, fibromyalgia, and headaches. The patient is diagnosed with one of the above indications, headaches. I am reversing the previous UR decision. Effexor XR 150mg #60 per 30 days is medically necessary.

**Subsys 400mg spray #20 per 30 days: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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. This patient is also currently prescribed Methadone. Her MED score greatly exceeds the guidelines' recommendations. Subsys 400mg spray #20 per 30 days is not medically necessary.