

<b>Case Number:</b>	CM15-0093566		
<b>Date Assigned:</b>	05/19/2015	<b>Date of Injury:</b>	12/08/1998
<b>Decision Date:</b>	06/25/2015	<b>UR Denial Date:</b>	04/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/14/2015

### 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: Pennsylvania

Certification(s)/Specialty: Internal 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 61 year old female who sustained an industrial injury on 12/08/1998. The injured worker is currently not working. The injured worker is currently diagnosed as having lumbar post laminectomy syndrome, lumbosacral intervertebral disc degeneration, and lumbar intervertebral disc displacement without myelopathy. Treatment and diagnostics to date have included lumbar spine surgery, home exercise program, and medications. Progress reports from October 2014 to April 2015 were submitted. Reports note ongoing mid and low back pain. Cyclobenzaprine, diazepam, Effexor, Lidoderm, Percocet, and Prilosec were prescribed since October 2014. Psychiatric review of systems was positive for depression, anxiety, and sleep disturbance. No gastrointestinal symptoms were described. A marked increase in pain above the level of the fusion was noted in March 2015. In a progress note dated 04/09/2015, the injured worker presented with complaints of low back pain. Chronic radicular and regional myofascial pain, chronic pain syndrome, sleep disorder and mood disorder were noted. It was noted that the injured worker was performing a walking and stretching program on a regular basis. Current medications include allopurinol, atenolol, citalopram, cyclobenzaprine, diazepam, Effexor XR, hydroxyzine, Lidoderm patch, percocet, prilosec, simvastatin, and venlafaxine. Objective findings include trigger points and tenderness at the top of her lumbar spine as well as her buttocks. Seated straight leg raise was negative. The treating physician requested authorization for multiple medications. The documentation from the physician states that medications have improved her function and stabilized her care, and states "she remains unable to compete the open labor force." On 4/16/15, Utilization Review (UR) non-certified or modified requests for

the items currently under Independent Medical Review, citing the MTUS, ODG, and additional medical literature. The UR determination noted requests for both Effexor (the brand name version of venlafaxine) and venlafaxine. UR certified the request for Effexor but denied the request for venlafaxine, noting that an additional prescription for the same medication is not warranted.

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

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

**Percocet 5mg-325mg #240:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Percocet (oxycodone & acetaminophen); Criteria for use of Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 74-96.

**Decision rationale:** This injured worker has chronic back pain. Percocet has been prescribed for at least 6 months. There is insufficient evidence that the treating physician is prescribing opioids according to the MTUS, which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, and opioid contract. None of these aspects of prescribing is in evidence. Per the MTUS, opioids are minimally indicated, if at all, for chronic non-specific pain, osteoarthritis, "mechanical and compressive etiologies," and chronic back pain. There is no evidence of significant pain relief or increased function from the opioids used to date. The MTUS states that a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. There is no evidence that the treating physician has utilized a treatment plan NOT using opioids, and that the patient "has failed a trial of non-opioid analgesics." Ongoing management should reflect four domains of monitoring, including analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors. The documentation does not reflect improvement in pain. Change in activities of daily living, discussion of adverse side effects, and screening for aberrant drug-taking behaviors were not documented. The MTUS recommends urine drug screens for patients with poor pain control and to help manage patients at risk of abuse. There is no record of a urine drug screen program performed according to quality criteria in the MTUS and other guidelines. As currently prescribed, percocet does not meet the criteria for long term opioids as elaborated in the MTUS and is therefore not medically necessary.

**Lidoderm 5% #60 with 3 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-113.

**Decision rationale:** Topical lidocaine is recommended for localized peripheral pain after there has been evidence of a trial of first line therapy with tricyclic or serotonin/norepinephrine reuptake inhibitor antidepressants or an antiepileptic drug such as gabapentin or Lyrica. The FDA for neuropathic pain has designated topical lidocaine in dermal patch form (Lidoderm) for orphan status, and further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. This injured worker has chronic low back pain. The MTUS recommends against Lidoderm for low back pain or osteoarthritis. There is no evidence in any of the medical records that this injured worker has peripheral neuropathic pain, or that the injured worker has failed the recommended oral medications. Due to lack of specific indication, the request for Lidoderm is not medically necessary.

**Cyclobenzaprine 10mg #60 with 3 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines cyclobenzaprine, muscle relaxants Page(s): 41-42, 63-66.

**Decision rationale:** This injured worker has chronic low back pain. Cyclobenzaprine (Flexeril) has been prescribed for at least 6 months. The MTUS for chronic pain does not recommend muscle relaxants for chronic pain. Non-sedating muscle relaxants are an option for short-term exacerbations of chronic low back pain. The muscle relaxant prescribed in this case is sedating. The injured worker has chronic pain with no evidence of prescribing for flare-ups. The quantity prescribed implies long term use, not for a short period of use for acute pain. No reports show any specific and significant improvement in pain or function as a result of prescribing muscle relaxants. Return to work was not documented, there was no documentation of improvement in activities of daily living, no decrease in medication use was noted, and office visits have continued at the same frequency. Per the MTUS chronic pain medical treatment guidelines, cyclobenzaprine (Flexeril, Fexmid, Amrix, Trabadol) is a skeletal muscle relaxant and a central nervous system depressant. It is recommended as an option for a short course of therapy, with greatest effect in the first four days of treatment. Guidelines state that treatment should be brief. Cyclobenzaprine is not recommended to be used for longer than 2-3 weeks. The addition of cyclobenzaprine to other agents is not recommended. Limited, mixed evidence does not allow for a recommendation for chronic use. Cyclobenzaprine, per the MTUS, is not recommended in combination with other agents. This injured worker has been prescribed multiple medications along with cyclobenzaprine. Due to length of use in excess of the guidelines and lack of functional improvement, the request for cyclobenzaprine is not medically necessary.

**Prilosec 20mg #30 with 3 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Prilosec (proton pump inhibitors). Decision based on Non-MTUS Citation University of Michigan Health System. Gastroesophageal reflux disease (GERD). Ann Arbor (MI): University of Michigan Health System; 2012 May. 12 p. (11 references).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI symptoms and cardiovascular risk Page(s): 68-69.

**Decision rationale:** Per the MTUS, co-therapy with a nonsteroidal anti-inflammatory medication (NSAID) and a proton pump inhibitor (PPI) is not indicated in patients other than those at intermediate or high risk for gastrointestinal events (including age > 65 years, history of peptic ulcer, gastrointestinal (GI) bleeding or perforation, concurrent use of aspirin, corticosteroids and/or an anticoagulant, or high dose/multiple NSAIDS such as NSAID plus low dose aspirin). None of these risk factors were documented for this injured worker, and there was no documentation of prescription of a NSAID. Prilosec has been prescribed for at least six months. Long term proton pump inhibitor (PPI) use (> 1 year) has been shown to increase the risk of hip fracture. The MTUS, FDA, and recent medical literature have described a significantly increased risk of hip, wrist, and spine fractures, pneumonia, Clostridium-difficile-associated diarrhea, and hypomagnesemia in patients on proton pump inhibitors. There are no medical reports, which describe any signs and symptoms of possible GI (gastrointestinal) disease. There is no examination of the abdomen on record. Due to lack of specific indication, the request for prilosec is not medically necessary.

**Diazepam 10mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402, Chronic Pain Treatment Guidelines Benzodiazepine. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental Illness & Stress.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines benzodiazepines, muscle relaxants Page(s): 24, 66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter: benzodiazepines.

**Decision rationale:** This injured worker has chronic back pain, anxiety, and sleep disturbance. The specific reason for prescription of diazepam was not discussed. Diazepam has been prescribed for at least 6 months. Per the MTUS, benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long term use may actually increase anxiety. The MTUS states that a more appropriate treatment for anxiety disorder is an antidepressant. The MTUS does not recommend benzodiazepines for long term use for any condition. The MTUS does not recommend benzodiazepines as muscle relaxants. The Official Disability Guidelines recommend against prescribing benzodiazepines with opioids and other sedatives. This injured worker has also been prescribed percocet, an opioid medication. Due to length of use in excess of the guidelines, the request for diazepam is not medically necessary.

**Venlafaxine 37.5mg #60 with 3 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Effexor (Venlafaxine).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 401-402, Chronic Pain Treatment Guidelines antidepressants p. 13-16, SNRIs p. 105, venlafaxine p. 123 Page(s): 13-16, 105, 123. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) mental illness and stress chapter: antidepressants for treatment of major depressive disorder.

**Decision rationale:** This injured worker has chronic low back pain, depression, and anxiety. No recent psychiatric assessment or examination was documented. The specific reason for prescription of venlafaxine was not discussed. Venlafaxine has been prescribed for at least 6 months. The most recent medication list included both effexor (brand name of venlafaxine) and venlafaxine at the same milligram dose. The MTUS states that antidepressants are recommended as a first line option for neuropathic pain and as a possibility for non-neuropathic pain. Assessment of treatment efficacy should include not only pain outcomes, but also an evaluation of function, changes in use of other analgesic medication, sleep quality and duration, and psychological assessment. In this case there was no documentation of functional improvement, change in use of other analgesic medication, discussion of sleep quality and duration, or documentation of psychological assessment. Return to work was not documented, there was no documentation of improvement in activities of daily living, no decrease in medication use was noted, and office visits have continued at the same frequency. The ACOEM notes that brief courses of antidepressants may be helpful to alleviate symptoms of depression, but that given the complexity of available agents, referral for medication evaluation is advised. The ODG states that antidepressants offer significant benefit in the treatment of the severest depressive symptoms, but may have little or no therapeutic benefit over and above placebo in patients with mild to moderate depression. The severity of depression was not discussed. Venlafaxine (Effexor) is a selective serotonin and norepinephrine reuptake inhibitor (SNRI) which is FDA approved for treatment of depression and anxiety. It is recommended off-label for treatment of neuropathic pain, diabetic neuropathy, fibromyalgia, and headaches; none of these conditions were documented for this injured worker. The MTUS states that it is recommended as an option in first-line treatment of neuropathic pain, a condition that was not noted to be present for this injured worker. Dosage adjustments may be necessary in patients with hepatic and renal impairment. There was no documentation of assessment of hepatic or renal function. The UR determination noted requests for both Effexor (the brand name version of venlafaxine) and venlafaxine; as noted above, the current medication list for this injured worker contains both effexor and venlafaxine. UR certified the request for Effexor but denied the request for venlafaxine, noting that an additional prescription for the same medication is not warranted. Due to lack of a psychiatric assessment, lack of functional improvement, lack of assessment of hepatic or renal function, and prescriptions for both effexor and venlafaxine, which is duplicative and potentially toxic, the request for venlafaxine is not medically necessary.