

<b>Case Number:</b>	CM14-0150677		
<b>Date Assigned:</b>	09/19/2014	<b>Date of Injury:</b>	09/01/2008
<b>Decision Date:</b>	11/06/2014	<b>UR Denial Date:</b>	09/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/16/2014

### 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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Connecticut. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

After careful review of the medical records, this is a 54 year old male with complaints of low back pain and right leg pain. The date of injury is 9/1/08 and the mechanism of injury is not elicited. At the time of request for the following: 1. Gemfibrozil 600mg#60 2. DSS Sodium 250mg capsule#120 3. Oxcarbazepine 150mg#180, there is subjective (low back pain, right leg pain) and objective (weakness right lower extremity, decreased S1 sensory right lower extremity, antalgic gait, positive FABER maneuver right side, positive PATRICK's maneuver right side, pain over the L4-5,L5-S1 facet joints right side) findings, imaging findings (MRI lumbar spine 11/13/09 shows multi-level degenerative disc disease with decreased signal intensity, L5-S1 right facet hypertrophy), diagnoses (chronic discogenic lumbosacral pain, disc annular disruption, facet syndrome, chronic pain) and treatment to date (facet injections, medications, physical therapy). Gemfibrozil is a peroxisome proliferator receptor alpha agonist with the action of lowering high cholesterol and triglyceride level in the blood. DSS(dioctyl sodium sulfosuccinate) Sodium is an anionic detergent used widely as a laxative and promoted as a stool softener. Per ODG, Treatment of constipation due to opioids are recommended. If prescribing opioids has been determined to be appropriate, then ODG recommends that prophylactic treatment of constipation should be initiated. Opioid-induced constipation is a common adverse effect of long-term opioid use because the binding of opioids to peripheral opioid receptors in the gastrointestinal (GI) tract results in absorption of electrolytes, such as chloride, with a subsequent reduction in small intestinal fluid. Activation of enteric opioid receptors also results in abnormal GI motility. Constipation occurs commonly in patients receiving opioids and can be severe enough to cause discontinuation of therapy. AEDs or drug class known as anticonvulsants are recommended for neuropathic pain. There are randomized controlled trials for the use of the class of medications for the treatment of neuropathic pain

studied mostly from post herpetic neuralgia and diabetic neuropathy patients. Oxcarbazepine is a first line treatment for specific pain conditions such as Trigeminal Neuralgia but is not currently recommended for neuropathic pain secondary to painful diabetic neuropathy or post herpetic neuralgia. Evidence for treating other neuropathies is inconclusive.

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

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

#### **Gemfibrozil 600mg tablet # 60: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.ncbi.nlm.nih.gov/pubmed/2245435>

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Gemfibrozil prescribing information, <http://www.uptodate.com/contents/high-cholesterol-treatment-options-beyond-the-basics>

**Decision rationale:** Review of MTUS, ODG, ACOEM, guidelines are quiet regarding specific use of the drug Gemfibrozil. Gemfibrozil is a peroxisome proliferator receptor alpha agonist with the action of lowering high cholesterol and triglyceride level in the blood. As there is no documentation by the treating physician as to the indication for this medication, unfortunately the request for Gemfibrozil is not medically necessary.

#### **DSS Sodium 250mg capsule # 120: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77.

**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), Opioid induced constipation treatment

**Decision rationale:** DSS(dioctyl sodium sulfosuccinate) Sodium is an anionic detergent used widely as a laxative and promoted as a stool softener. Per ODG, Treatment of constipation due to opioids are recommended. If prescribing opioids has been determined to be appropriate, then ODG recommends that prophylactic treatment of constipation should be initiated. Opioid-induced constipation is a common adverse effect of long-term opioid use because the binding of opioids to peripheral opioid receptors in the gastrointestinal (GI) tract results in absorption of electrolytes, such as chloride, with a subsequent reduction in small intestinal fluid. Activation of enteric opioid receptors also results in abnormal GI motility. Constipation occurs commonly in patients receiving opioids and can be severe enough to cause discontinuation of therapy. Therefore, the request for DSS Sodium 250mg capsule #120 is medically necessary.

#### **Oxcarbazepine tablet 150mg film coated # 180: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-21.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs(AEDs) Page(s): 16-18. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain(Chronic), Antiepilepsy drugs(AEDs)for pain

**Decision rationale:** Per MTUS-Chronic Pain Medical Treatment Guidelines and ODG, AEDs or drug class known as anticonvulsants are recommended for neuropathic pain. There are randomized controlled trials for the use of the class of medications for the treatment of neuropathic pain studied mostly from post herpetic neuralgia and diabetic neuropathy patients. Oxcarbazepine is a first line treatment for specific pain conditions such as Trigeminal Neuralgia but is not currently recommended for neuropathic pain secondary to painful diabetic neuropathy or post herpetic neuralgia. Evidence for treating other neuropathies is inconclusive. In review of the medical records, there is no documentation of analgesic efficacy nor any defined indication for oxcarbazepine. Therefore, the request for this medication is not medically necessary.