

<b>Case Number:</b>	CM15-0124865		
<b>Date Assigned:</b>	07/09/2015	<b>Date of Injury:</b>	12/04/2001
<b>Decision Date:</b>	10/13/2015	<b>UR Denial Date:</b>	06/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/29/2015

### 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, 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 39 year old male/female who sustained an industrial /work injury on 12/4/01. She reported an initial complaint of back pain. The injured worker was diagnosed as having bipolar affective disorder, lumbago, sacroiliitis, lumbar myofascial pain, lumbar spondylosis, anxiety, depression, chronic pain syndrome, and opioid dependence. Treatment to date includes medication, yoga, exercises, physical therapy, walking, and diet. Currently, the injured worker complained of pain in the lower back and S1 joints, mostly on the left. Per the primary physician's report (PR-2) on 6/1/15, exam noted good head and neck range of motion, no exaggerated kyphosis, lordosis, or scoliosis. Lumbar spine range of motion is full in all planes, axial back pain due to some maneuvers on the right side, S1 joint remains tender on the left > right but unchanged from previous exam, cranial nerves intact, cognition is normal, mood and affect is appropriate, strength is 5/5 throughout, and walking is coordinated. The requested treatments include Geodon 80mg, Cymbalta 60mg, Dizaepam 5mg, Colace 250mg, Senna 8.6mg, Baclofen 20mg, Dilaudid 2mg, and Oxycodone IR 10mg.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Geodon 80mg #30 with 5 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Stress-Related Conditions 2004.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medcape Drugs and Disease: ziprasidone.

**Decision rationale:** The patient is diagnosed with bipolar disorder for which anti psychotic medications such as geodon are indicated. Based upon the reported diagnosis and the clinical indications for this medication, this request for Geodon is medically necessary. However, this request includes an additional 5 refills of the medication without any medical monitoring or reassessment for side effects or effectiveness. Therefore, this request for Geodon with 5 refills is not medically necessary.

**Cymbalta 60mg #30 with 5 refills:** 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): Antidepressants for chronic pain.

**Decision rationale:** MTUS 2009 recommends anti-depressants as an option to treat chronic neuropathic and non-neuropathic pain. Cymbalta is an antidepressant and its use adheres to MTUS 2009 guidelines. However, this request also includes 5 refills. Ongoing use of the medication requires monitoring for effectiveness and side effects as well as adjusting dose as needed. This request for 5 refills is not medically necessary.

**Dizaepam 5mg #30 with 4 refills:** 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): Benzodiazepines.

**Decision rationale:** MTUS 2009 recommends against the sustained use of benzodiazepines due to risk of addiction and lack off efficacy. Furthermore, there is significant concern about the morbidity associated with the combined use of opioid medications and benzodiazepines. The use of valium in this case does not adhere to MTUS 2009 and is not medically necessary.

**Colace 250mg #60 with 5 refills:** 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) Opioid Induced Constipation.

**Decision rationale:** ODG recommends treatment for opioid induced constipation. Colace is an appropriate approach to address constipation. Therefore, the use of Colace is appropriate in this circumstance. However, medication use requires monitoring for effectiveness and management. Therefore, 5 refills of Colace are not medically necessary.

**Senna 8.6mg #60 with 5 refills:** 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) Opioid Induced Constipation.

**Decision rationale:** ODG recommends treatment for opioid induced constipation. Senna is an appropriate approach to address constipation. Therefore, the use of Senna is appropriate in this circumstance. However, medication use requires monitoring for effectiveness and management. Therefore, 5 refills of Senna are not medically necessary.

**Baclofen 20mg:** 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:** Baclofen is an anti spasticity agent used to treat neurogenic muscle spasticity due to central nervous system damage. MTUS 2009 recommends against the sustained use of muscle relaxants for pain. This request of ongoing use of Baclofen does not adhere to MTUS 2009 and is not medically necessary.

**Dilaudid 2mg #150:** 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, California Controlled Substance Utilization Review and Evaluation System (CURES) [DWC], Opioids, criteria for use, Opioids for chronic pain.

**Decision rationale:** MTUS 2009 recommends that opioids used to treat chronic non-cancer pain provide functional improvement. Therefore, ongoing assessment of function and side effects is necessary prior to providing opioids to patients. In this case, the prescription for Dilaudid has already been provided and a new prescription should be provided after assessing the patient. This request for a second prescription of Dilaudid is not medically necessary.

**Oxycodone IR 10mg #90:** 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 (Classification), Opioids, criteria for use, Opioids for chronic pain.

**Decision rationale:** MTUS 2009 recommends that opioids used to treat chronic non-cancer pain provide functional improvement. Therefore, ongoing assessment of function and side effects is necessary prior to providing opioids to patients. In this case, the prescription for Oxycodone has already been provided and a new prescription should be provided after assessing the patient. This request for a second prescription of Oxycodone is not medically necessary.