

<b>Case Number:</b>	CM13-0015984		
<b>Date Assigned:</b>	09/08/2014	<b>Date of Injury:</b>	06/01/2009
<b>Decision Date:</b>	10/09/2014	<b>UR Denial Date:</b>	07/31/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/23/2013

### 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 Physical Medicine and Rehabilitation and is licensed to practice in California. 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:

The injured worker is a 47-year-old male who reported an injury on 06/01/2009. The mechanism of injury was attributed to continuous repetitive bending, stooping, pushing, pulling, reaching and prolonged sitting. The injured worker has undergone x-rays of his hands and wrists, and MRIs were done on his upper extremities. On 11/19/2009, the injured worker underwent left carpal tunnel release surgery and on 04/01/2010, the injured worker underwent right carpal tunnel release surgery. In 10/2011, the injured worker underwent left elbow surgery. On 04/02/2013, the injured worker complained of neck, shoulder, back and lower extremity pain. It was noted in the report that the injured worker had a pain rating of 10/10 throughout his body. The injured worker has diagnoses of major depressive disorder, generalized anxiety disorder, sleep disorder due to chronic pain and psychological factors effecting medical condition. There were no physical findings in the submitted documentation regarding the injured worker's pain of the neck, shoulders, and entire back. Past medical treatment consists of cognitive behavioral therapy, psychotherapy, psychiatric therapy, surgery, PT, the use of TENS unit, and medication therapy. The rationale and Request for Authorization form were not submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Oxycontin 40MG:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids (Oxycontin) Page(s): 78, 98.

**Decision rationale:** The request for Oxycontin 40MG is not medically necessary. The California MTUS Guidelines state that prescriptions should be from a single practitioner taken as directed, and all prescriptions should be from a single pharmacy. The lowest possible dose should be prescribed to improve pain and function. The MTUS also state that there should be an ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The use of drug screening or inpatient treatment with issues of abuse, addiction, or poor pain control is recommended. The submitted documentation did not indicate any side effects the injured worker might be having with the OxyContin. Furthermore, the efficacy of the medication was not submitted for review. There was no indication of the injured worker's pain levels before, during, and after the medication. Additionally, guidelines recommend the use of drug screens; there were none submitted for review. There was also no evidence of range of motion, motor strength, or sensory deficits the injured worker might be having. The request as submitted also failed to provide the frequency and duration of the medication. Given the above, the injured worker is not within the MTUS recommended guidelines. As such, the request is not medically necessary. Furthermore, the efficacy of the medication was not submitted for review. There was no indication of the injured worker's pain levels before, during, and after the medication. Additionally, guidelines recommend the use of drug screens; there were none submitted for review. There was also no evidence of range of motion, motor strength, or sensory deficits the injured worker might be having. The request as submitted also failed to provide the frequency and duration of the medication. Given the above, the injured worker is not within the MTUS recommended guidelines. As such, the request is not medically necessary.

**Neurontin 600MG:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 16-22.

**Decision rationale:** The request for Neurontin 600MG is not medically necessary. The California MTUS Guidelines state that Neurontin has been shown to be effective for diabetic painful neuropathy and postherpetic neuralgia, and has been considered a first line treatment for neuropathic pain. After initiation of treatment, there should be documentation of pain relief, and improvement in function, as well as documentation of side effects incurred with use. The continued use of AEDs depends on improved outcomes vs. tolerability and adverse side effects. The documentation did not indicate how long the injured worker has been taking Neurontin. The

efficacy of the medication was not submitted for review. Furthermore, the provider's rationale was not provided. Additionally, the documentation submitted for review did not indicate any functional deficits the injured worker might be having. There was also no diagnosis of diabetic neuropathy. The request as submitted also did not indicate a frequency or duration of the medication. Given the above, the injured worker is not within the MTUS recommended guidelines. As such, the request is not medically necessary.

**Zanaflex 4MG:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
Tizanidine Page(s): 66.

**Decision rationale:** The request for Zanaflex 4 mg is not medically necessary. The California MTUS Guidelines recommended non-sedating muscle relaxants with caution as a second line option for short term treatment of acute exacerbations. They show no benefit beyond NSAIDs in pain and overall improvement and efficacy appears to diminish over time. Prolonged use of some medications in this class may lead to dependence. It was not indicated in the submitted documentation how long the injured worker has been taking Zanaflex. There was also no documentation showing efficacy of the medication. Furthermore, the use of Zanaflex is recommended for short term use only. The documentation submitted is dated 04/02/2013, exceeding recommended guidelines of short term use. Additionally, the documentation submitted failed to indicate any functional deficits the injured worker might be having. Given the above, the injured worker is not within the MTUS recommended guidelines. As such, the request for Zanaflex 4 mg is not medically necessary..

**Wellbutrin XL 150MG:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
Antidepressants for chronic pain Page(s): 13, 16.

**Decision rationale:** The request for Wellbutrin XL 150MG is not medically necessary. The California MTUS state that non-tricyclic antidepressants have been shown to be effective in relieving neuropathic pain of different etiologies. While it has shown to have some efficacy in neuropathic pain, there is no evidence of efficacy in patients with non-neuropathic pain. Additionally, a recent review suggested that it is generally a third line medication for diabetic neuropathy and may be considered when patients have not had a response to a tricyclic or SNRI. The submitted documentation did not indicate that the injured worker had a diagnoses that was congruent with guidelines above. Furthermore, the documentation did not indicate the efficacy of the medication. Given the above, the injured worker is not within the MTUS recommended guidelines. As such, the request for Wellbutrin XL 150MG is not medically necessary.

### **Remeron 15MG: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13.

**Decision rationale:** The request for Remeron 15 mg is not medically necessary. The California MTUS Guidelines recommend antidepressants 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 analgesic medication and sleep quality and duration. Side effects including excessive sedation, especially that which would affect work performance, should be assessed. The optimal duration of treatment is not known because most double blind trials have been of short duration, between 6 to 12 weeks. The submitted documentation lacked evidence of an objective assessment of the injured worker's pain level. Furthermore, there is no indication in the submitted report that the injured worker had neuropathic pain. Additionally, there were no diagnoses submitted for review indicating that the injured worker was congruent with recommended guidelines. The request as submitted did not indicate the duration or frequency of the medication. Given the above, the injured worker is not within the MTUS recommended guidelines. As such, the request is not medically necessary.

### **Naprosyn 550MG: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 70.

**Decision rationale:** The request for Naprosyn 550 mg is not medically necessary. The California MTUS Guidelines recommend the use of NSAIDs for patients with osteoarthritis, and patients with acute exacerbations of chronic low back pain. The guidelines recommend NSAIDs at the lowest dose for the shortest period of time in patients with moderate to severe pain. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain, and in particular, for those with gastrointestinal, cardiovascular, or renovascular risk factors. In patients with acute exacerbation of chronic low back pain, the guidelines recommend NSAIDs as an option for short term symptomatic relief. The submitted documentation did not indicate how long the injured worker had been taking Naprosyn. There was also no evidence of the efficacy of the medication. Furthermore, it was not noted in the submitted documentation what the injured worker's pain levels were before, during, and after the medication. Additionally, the request as submitted did not indicate a frequency or duration of the medication. Given the above, the injured worker is not within the MTUS recommended guidelines. As such, the request is not medically necessary.

**Docusate:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Opioid-induced constipation treatment (Docusate).

**Decision rationale:** The request for Docusate is not medically necessary. ODG recommend opioid induced constipation treatment. On prescribing an opioid, especially if it will be needed for more than a few days, there should be an open discussion with the injured worker that this medication may be constipating, and the first step should be to identify and correct it. Simple treatments including increasing physical therapy, maintaining hydration by drinking enough water, and advising the injured worker to follow a proper diet rich in fiber. These can reduce the chance and severity of opioid induced constipation and constipation in general. In addition, some laxatives may help to stimulate gastric motility. Other over the counter medications can help loosen otherwise hard stools and bulk, and increase water content of stool. There was no indication in the submitted report that the provider had educated the injured worker on proper hydration, proper diet, and proper exercise regarding opioid induced constipation. Furthermore, the submitted documentation did not indicate that the injured worker had complaints of constipation. The injured worker did mention nausea and heartburn, though it was not clear as to whether this was due to medication. Given the above, the medical necessity of Docusate is unclear. As such, the request is not medically necessary.