

<b>Case Number:</b>	CM13-0019412		
<b>Date Assigned:</b>	03/26/2014	<b>Date of Injury:</b>	01/10/2002
<b>Decision Date:</b>	06/24/2014	<b>UR Denial Date:</b>	08/29/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/03/2013

### 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 Occupational Medicine, 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic neck pain, hand pain, forearm, and low back pain associated with an industrial injury sustained on January 10, 2002. Thus far, the applicant has been treated with analgesic medications, adjuvant medications, earlier cervical fusion surgery, antidepressant medications, and the imposition of permanent work restrictions. In a progress note of February 19, 2014, the applicant is described as having persistent neck and low back pain. Norco results in diminution of pain levels from 8-9/10 to 5-6/10. The applicant is still having numbness, tingling, and depression. He is able to do some light cooking and wash some dishes, although he does have ongoing issues with insomnia and depression. The applicant is status cervical fusion. Norco allows the applicant to be more functional, while Neurontin results in diminution of numbness, tingling, and paresthesias, it is stated. It does not appear that the applicant is working. An earlier note of January 22, 2014 is notable for comments that the applicant is not working and is receiving State Disability Insurance (SDI). The applicant is both hypertensive and diabetic, it is stated. It is again stated that Norco diminishes the applicant's chronic pain issues and allows him to be more functional. On September 25, 2013, the attending provider stated that the claims administrator denied the CT scan of the cervical spine in an untimely fashion. The applicant has had electrodiagnostic testing suggestive of C5 radiculopathy, it is stated. On August 14, 2013, the applicant again presented with neck pain radiating to the right arm with associated numbness and tingling about the digits. Prilosec was apparently renewed to treat stomach upset associated with medication consumption. Neurontin was endorsed for neuropathic pain. Effexor was endorsed for depression, Flexeril for muscle spasm, Remeron for depression and insomnia, and Tramadol extended release for long-acting pain relief. A CT scan of the cervical spine was

sought. On November 6, 2013, the applicant was described as having frequent neck spasms, was receiving Social Security Disability, and was only able to do minimal chores.

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

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

#### **60 TRAMADOL ER 150MG: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 80.

**Decision rationale:** The applicant does not clearly meet MTUS criteria for continuation of Tramadol, a synthetic opioid. Specifically, the applicant has not returned to work. The applicant does not appear to have benefitted markedly in terms of performance of non-work activities of daily living despite ongoing opioid usage. The applicant is still having difficulty performing even basic household chores. Therefore, the request is not certified.

#### **1 PRESCRIPTION OF PRILOSEC 20MG #120 BETWEEN 8/14/2013 AND 8/14/2013: Overturned**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 69.

**Decision rationale:** As noted in the MTUS Chronic Pain Medical Guidelines, introducing proton pump inhibitors such as Prilosec is appropriate for applicants who develop NSAID-induced dyspepsia. In this case, the applicant consistently describes exhibiting stomach upset with medications. Introduction of Prilosec is indicated and appropriate to combat the same. Therefore, the request is certified.

#### **60 TRAMADOL ER 150MG (DATE OF SERVICE 8/14/13): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 80.

**Decision rationale:** Tramadol is a synthetic opioid. As noted in the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for the continuation of opioid therapy are evidence of successful return to work, improved functioning, and/or reduced pain effected as a

result of ongoing opioid usage. In this case, the applicant meets only one of the three criteria set forth in the MTUS Chronic Medical Treatment Guidelines for continuation of opioid therapy. Specifically, the applicant does report appropriate analgesia with opioid therapy. Nevertheless, this is outweighed by the applicant's failure to return to any form of work and also outweighed by the applicant's seeming difficulty performing basic activities of daily living, such as cooking, household chores, washing dishes, etc. While the attending provider has stated that usage of opioids allows the applicant to remain more functional, he has not elaborated or expounded upon which activities the applicant has specifically been able to improve performance of as a result of ongoing Tramadol usage. Therefore, the request remains non-certified.

**180 NEURONTIN 600MG: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 19,49.

**Decision rationale:** The MTUS Chronic Pain Medical Treatment Guidelines note that Neurontin, an anticonvulsant medication, is a first-line treatment for neuropathic pain, as is present here. In this case, however, the applicant has seemingly used Neurontin chronically and has failed to achieve any lasting benefit or functional improvement. As noted in the MTUS Chronic Pain Medical Treatment Guidelines, the recommended trial period for Gabapentin is 3-8 weeks for titration purposes and then 1-2 weeks at the maximum tolerated dose. In this case, the applicant has seemingly used Gabapentin in excess of this timeframe and has failed to achieve any lasting benefit. Significant pain complaints persist. The applicant has failed to return to work. Significant complaints of numbness and paresthesias also persist. The applicant remains highly reliant on numerous other medications. On balance, it does not appear that ongoing usage of Gabapentin has been beneficial. Therefore, the request is not certified.

**120 PRILOSEC 20MG (DATE OF SERVICE 8/14/13): Overturned**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 69.

**Decision rationale:** As noted in the MTUS Chronic Pain Medical Treatment Guidelines, proton pump inhibitors such as Prilosec are indicated in the treatment of NSAID-induced dyspepsia. In this case, the applicant reported stomach upset associated with medication usage, including Naprosyn usage, during multiple office visits. Usage of Prilosec was therefore indicated and appropriate. Therefore, the request is certified.

**120 NAPROXEN 550MG: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 69.

**Decision rationale:** As noted in the MTUS Chronic Pain Medical Treatment Guidelines, applicants who develop NSAID-induced dyspepsia should discontinue the offending NSAID. In this case, the applicant is consistently described as having issues with stomach upset despite prior introduction of Prilosec. Discontinuation of Naprosyn, the offending NSAID, thus, appears to be a more appropriate option than continuation of the same. Therefore, the request is not certified.

**120 FLEXERIL 7.5MG:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 41.

**Decision rationale:** As noted in the MTUS Chronic Pain Medical Treatment Guidelines, the addition of Flexeril to other agents is not recommended. In this case, the applicant is using numerous other analgesic and adjuvant medications. Adding Flexeril to the mix is not recommended. Therefore, the request is not certified.

**120 FLEXERIL 7.5MG (DATE OF SERVICE 8/14/2013):** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 41.

**Decision rationale:** As noted in the MTUS Chronic Pain Medical Treatment Guidelines, the addition of Flexeril to other agents is not recommended. In this case, the applicant is using numerous other analgesic and adjuvant medications. Adding Flexeril to the mix is not recommended. Therefore, the request is not certified.