

<b>Case Number:</b>	CM13-0024360		
<b>Date Assigned:</b>	03/03/2014	<b>Date of Injury:</b>	12/07/2005
<b>Decision Date:</b>	05/13/2014	<b>UR Denial Date:</b>	08/14/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/13/2013

### 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 Internal Medicine and is licensed to practice in New York. 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 claimant is a 62 year old female who sustained an industrial injury on 12/07/2005. The mechanism of injury was not provided. Her diagnoses include cervical and lumbar radiculitis, right knee internal derangement- s/p total knee replacement, neuropathic pain, myofascial pain syndrome, pain-related depression, insomnia, and tension headaches. She continues with ongoing right knee pain. Treatment has included medical therapy with opiates. The treating provider has requested Zanaflex 4mg #90, Medrox patches # 30, 4 nutrition consultations, weight loss supplements, urine drug screen, Nucynta 100mg # 180, Elavil 25mg # 60, Lyrica 150mg #60, and Cidaflex.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ZANAFLEX (TIZANIDINE) 4MG #90:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants - (Tizanidine).

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

**Decision rationale:** The documentation indicates the claimant has a diagnosis of myofascial pain syndrome as part of her chronic pain condition. Tizanidine ( Zanaflex) is a centrally acting alpha-2-adrenergic agent FDA approved for the treatment of spasticity; unlabeled use for low back

pain. It is indicated for the treatment of chronic myofascial pain and as adjunct treatment for the treatment of fibromyalgia. The claimant has been stable on this medication with a documented benefit to therapy. Medical necessity for the requested item has been established. the requested item is medically necessary.

#### **MEDROX PATCHES #30: 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 Section Page(s): 111-113.

**Decision rationale:** There is no documentation provided necessitating use of the requested topical medication, Medrox Patch. Per California MTUS Guidelines topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These agents are applied topically to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, alpha-adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists, gamma agonists, prostanooids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor) Any compounded product that contains at least one drug ( or drug class) that is not recommended is not recommended. There is no indication for the Menthol component of Medrox Patch. In addition, Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments there is no documentation of failure to oral medication therapy. The requested treatment is not medically necessary.

#### **4 NUTRITION CONSULTATIONS: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation NON-MTUS

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medscape Internal Medicine- Weight Loss Programs 2012.

**Decision rationale:** There is no specific documentation addressed by ACOEM/MTUS Guidelines for weight loss programs. Per Medscape Internal Medicine weight loss is beneficial for partial relief of symptoms for patients with morbid obesity and arthritis. There are no known evidence based guidelines supporting the efficacy of any specific weight loss programs including nutrition consultation and prescription weight loss supplements. The provider has not provided a specific goal for weight loss. Medical necessity for the requested item has not been established. The requested service is not medically necessary.

#### **1 PRESCRIPTION OF WEIGHT LOSS SUPPLEMENTS: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation NON-MTUS

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medscape Internal Medicine- Weight Loss Programs 2012.

**Decision rationale:** There is no specific indication that weight loss supplements are indicated. Weight reduction medications should be used as an adjunct to caloric restriction, exercise, and behavioral modification, when these measures alone have not resulted in adequate weight loss. Factors influencing successful weight loss are: weight loss during dieting alone, adherence to diet, eating habits, motivation and personality. Weight loss due to weight reduction medication use is generally temporary. In addition, the potential for development of physical dependence and addiction is high. Because of this, their use to aid in weight loss is not regarded as therapeutic, but rather involves a risk/benefit ratio, which makes it medically inappropriate in most cases. Medical necessity for the requested item has not been established. The requested item is not medically necessary.

**1 URINE DRUG SCREEN:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Section Page(s): 43.

**Decision rationale:** Per Chronic Pain Management Treatment Guidelines, urine drug screening is recommended in chronic pain patients to differentiate dependence and addiction with opioids as well as compliance and potential misuse of other medications. The claimant has been on opioid medications long-term and is thus an established patient. There were no indications of aberrant drug taking behavior in the documentation. The treating provider has submitted frequent requests for urine drug screens. Based on the documentation presented, twice yearly urine drug screen testing would be considered appropriate. A urine drug screen was certified 05/11/2013 and again on 8/12/2013. There was no specific indication for additional testing requested. Medical necessity for the requested item was not established. The requested item was not medically necessary.

**1 PRESCRIPTION OF NUCYNTA 100MG #180:** 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 Page(s): 91-97.

**Decision rationale:** Tapentadol ( Nycynta) is a centrally acting analgesic with a dual mode of action as an agonist of the u-opioid receptor and as a norepinephrine re uptake inhibitor Its painkilling properties come into effect within thirty-two minutes of administration. It is similar to Tramadol in its dual mechanism of action; namely, its ability to activate the mu opioid receptor and inhibit the reuptake of norepinephrine. Unlike Tramadol, it has only weak effects on the reuptake of serotonin, is a significantly more potent opioid and has no known active metabolites. The treatment of chronic pain with any opioid agent requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include current pain: last reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid, and the duration of pain relief. Per the medical documentation the claimant had not been taking Nycynta since May 2013 and an alternate pain medication had been authorized. Discontinuation of Nycynta was suggested due to failure of the opioid therapy to provide any significant and quantifiable improvement. Medical necessity for the requested treatment was established. The requested treatment was not medically necessary.

**1 PRESCRIPTION OF ELAVIL 25MG #60: Overturned**

**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 Page(s): 13.

**Decision rationale:** The documentation indicates the claimant has neuropathic pain as part of her chronic pain condition. Tricyclics are generally considered a first-line agent unless they are ineffective, poorly tolerated, or contraindicated. Analgesia generally occurs within a few days to a week, whereas antidepressant effect takes longer to occur. 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. Side effects, including excessive sedation (especially that which would affect work performance) should be assessed.

**1 PRESCRIPTION OF LYRICA 150MG #60: Overturned**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 15, 20.

**Decision rationale:** The documentation indicates the claimant has neuropathic pain as part of her chronic pain condition. Per California MTUS Guidelines 2009 antiepilepsy medications are a first line treatment for neuropathic pain. Lyrica is FDA approved for diabetic neuropathy and post-herpetic neuralgia and has been used effectively for the treatment of neuropathic pain. The patient has reported a reduction in her pain with the medical therapy which would be defined as a 50% reduction which would represent a "good "response. Medical necessity has been

documented and the requested treatment is medically necessary for treatment of the patient's chronic pain condition.

**1 PRESCRIPTION OF CIDAFLEX:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 50.

**Decision rationale:** Glucosamine chondroitin is recommended as an option given its low risk, in patients with moderate arthritis pain, especially for knee osteoarthritis. Studies have demonstrated a highly significant efficacy for crystalline glucosamine sulphate (GS) on all outcomes, including joint space narrowing, pain, mobility, safety, and response to treatment. The medication has proved beneficial. Medical necessity for the requested item has been established. The requested item is medically necessary.