

<b>Case Number:</b>	CM13-0039693		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	09/25/2004
<b>Decision Date:</b>	06/24/2014	<b>UR Denial Date:</b>	09/05/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/08/2013

### 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 Orthopaedic Surgeon 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:

This patient is a 43-year-old female who sustained an industrial injury on September 25, 2004. The mechanism of injury is not documented. The treating diagnosis included cervicalgia, reflex sympathetic dystrophy of the upper limb, cervicocranial syndrome, cervical spondylosis without myelopathy, brachial neuritis/radiculitis, and post-laminectomy syndrome, cervical region. The August 16, 2013 AP report cited a flare-up of chronic headaches due to non-certification and withdrawal of Maxalt. Headache pain was described as throbbing, shooting and stabbing, and especially severe at night, causing sleep difficulty. The use of Maxalt over the past several years helped to control the headaches. Subjective complaints included grade 4-10/10 head, neck, and right upper extremity pain that are increased with any activity longer than 10 minutes. Medications, rest, and ice/heat applications helped relieve the pain complaints. Medication side effects included constipation, concentration problems, fatigue, and sexual difficulty. Function was reported not improved. Mood was depressed and anxious. Physical exam findings documented cervical muscle spasms, restricted cervical range of motion, positive facet loading on the right, cervical and shoulder girdle muscle tend, C5/6 and C6/7 facet tenderness, normal neurologic exam, and positive right Spurling's. The treatment plan recommended continuation of current medications but did not specify the quantity of medication requested. The September 5, 2013 utilization review certified with modification the requests for Maxalt, Cymbalta, Flexeril, and Norco to a one-month supply. The request for Icy Hot was non-certified based on an absence of guideline support. The request for Zantac was non-certified based on a lack of documented gastrointestinal complaints. No additional documentation was provided for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MAXALT:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC Head Procedure Summary.

**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), Triptans

**Decision rationale:** Under consideration is a request for Maxalt. The California MTUS Guidelines do not make recommendations relative to triptans, such as Maxalt. The Official Disability Guidelines recommend the use of triptans for migraine sufferers, noting that all oral triptans are effective and well-tolerated. Guidelines have been met for this continued use of this medication. The patient has been using Maxalt for headache pain control for several years with documented benefit. Recent withdrawal has resulted in a significant flare-up. This request was non-specific relative to dosage and quantity. Therefore, this request for Maxalt is not medically necessary.

**CYMBALTA 60 MG:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Duloxetine (Cymbalta) Page(s): 43-44.

**Decision rationale:** Under consideration is a request for Cymbalta 60mg. The California MTUS guidelines recommend selective serotonin and norepinephrine reuptake inhibitors (SNRIs), such as Cymbalta, as an option in the first line treatment of neuropathic pain and as a possibility for non-neuropathic pain. Cymbalta is also FDA-approved for the treatment of major depressive disorder, generalized anxiety disorder, diabetic peripheral neuropathic pain, and fibromyalgia. Guideline criteria have been met for the continued use of this medication. The patient presents with findings of upper extremity neuropathic pain, status post laminectomy. The patient also suffers from depressed and anxious mood. The current medication regime has been documented as helpful. This request was non-specific relative to quantity. Therefore, this request for Cymbalta 60mg is not medically necessary.

**ICY HOT EXTRA STRENGTH:** 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 Page(s): 111-113.

**Decision rationale:** Under consideration is a request for Icy Hot Extra Strength. The California MTUS Guidelines do not specifically address the use of Icy Hot Extra Strength. Icy Hot cream contains menthol and methyl salicylate. Guidelines recommend the short-term use of non-steroidal anti-inflammatory agents (NSAIDs), such as methyl salicylate, for osteoarthritis and tendinitis, particularly of the knee and elbow or other joints that are amenable to topical treatment. Short-term use is defined as 4-12 weeks. Guidelines indicate that there is little evidence to support the use of topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. For topical analgesics, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Guideline criteria have not been met. There is no indication of a peripheral joint issue being treated by this medication. Spinal use is suggested by the diagnosis. Records suggest that the patient has been using this product for longer than 12 weeks. In the absence of documented indications, the continued use of this product is not supported by guidelines. Therefore, this request for Icy Hot Extra Strength is not medically necessary.

**ZANTAC 150 MG:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk Page(s): 68-69.

**Decision rationale:** Under consideration is a request for Zantac 150mg. The California MTUS guidelines recommend the use of an H2 receptor antagonist, like Zantac, in the treatment of dyspepsia secondary to NSAID therapy. Guidelines additionally support the use of Zantac for gastroesophageal reflux disease. Guideline criteria have not been met. The patient is not currently prescribed a non-steroidal anti-inflammatory drug, although intermittent use of over-the-counter Advil is noted in the record. There is no documentation of current gastrointestinal symptoms or co-morbidities to support the medical necessity of this medication. Therefore, this request for Zantac 150mg is not medically necessary.

**FLEXERIL 10 MG:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41-42.

**Decision rationale:** Under consideration is a request for Flexeril 10mg. The California MTUS guidelines recommend the use of non-sedating muscle relaxants with caution as a second-line option for short term treatment of acute exacerbations of chronic lower back pain. Flexeril is recommended as an option in the management of muscle spasms, but is not recommended to be used for longer than 2 to 3 weeks. Guideline criteria have been met for the continued use of this

medication. The patient is currently in a flare-up of her chronic pain with documented muscle spasms. The current medication regime has been documented as helpful. Continued use in the short term is reasonable but long-term use is not supported. This request was non-specific relative to quantity. Therefore, this request for Flexeril 10mg is not medically necessary.

**NORCO 325 MG-5 MG:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioid management; Hydrocodone/Acetaminophen Page(s): 77-81, 91.

**Decision rationale:** Under consideration is a request for Norco 325mg/5mg. The California MTUS guidelines support the use of hydrocodone/acetaminophen (Norco) for moderate to moderately severe pain on an as needed basis with a maximum dose of eight tablets per day. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Guidelines suggest that opioids be discontinued if there is no overall improvement in function, unless there are extenuating circumstances. Guideline criteria have not been met. The patient presents with moderate to severe pain levels with documented pain reduction attributed to her current medication regime. Continued use in the short term is reasonable to address the flare-up but long-term use is not supported if there is no documentation of a reasonably maintained functional improvement. This request was non-specific relative to quantity. Therefore, this request for Norco 325mg/5mg is not medically necessary.