

<b>Case Number:</b>	CM13-0040205		
<b>Date Assigned:</b>	12/20/2013	<b>Date of Injury:</b>	06/04/1998
<b>Decision Date:</b>	03/05/2014	<b>UR Denial Date:</b>	09/10/2013
<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 a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Management, 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 physician 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 is a male patient with a date of injury of 6/4/98. A utilization review determination dated 9/10/13 recommends non-certification of finasteride and Zantac. Partial certifications were recommended for Baclofen #20 and a 2-month supply each of levothyroxine, Requip, Wellbutrin, Nucynta, and Neurontin. The report contains handwritten comments in the margin, presumably from the patient. These comments note that: Finasteride and levothyroxine were never requested, but rather that he pays for them; Nucynta was just started; Neurontin was recently prescribed to try for better relief; Prescriptions "tear up my stomach"; Sleep was poor due to bizarre dreams; Many symptoms are described, apparently in reference to the need for Requip, including the sensations of ants under the skin, electrical shock from foot to knee, cramps in thighs, calves, arch of the foot, twisting of the foot, and nighttime "screamers," all noted to be "back w/ a vengeance since Requip has been denied." A progress report dated 8/19/13 identifies subjective complaints including pain continues with no major changes, pain meds work a 'little.' Constant pain in the low back and lower extremities bilaterally, R>L. He has difficulty with general activities and daily activities are becoming more difficult and painful. The trial of Nucynta ER was delayed 2 weeks due to the pharmacy. He tried it for a full month and feels that it is causing insomnia and nystagmus. Neurontin helps some. Baclofen and Requip do help. Current medications include baclofen, finasteride, levothyroxine, Requip, vitamins, Wellbutrin SR, and Zantac. Objective examination findings identify decreased sensation along the lateral and posterior aspect of the leg. Difficulty with 2 point discrimination is noted. + SLR bilaterally. Gait is mildly ataxic. Diagnoses include chronic severe low back pain and R>L leg pain; s/p L4-S1 fusion, s/p hardware removal; myofascial pain/spasm; neuropathic pain of lower extremity, R>L; poor sleep hygiene due to pain. Treatment plan recommends continue Nucynta ER 50 mg 1 PO QD PRN pain #30; change Neurontin 600 mg 1 PO TID #90 from 300 mg 1

BID then 2 QHS 4/d #120; continue baclofen 1- mg 1-2 BID PRN, #90 via PTP; continue Requip 1 mp QHS, #30 via PTP; consider Gralise.

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

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

#### **Baclofen 10mg: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66.

**Decision rationale:** The MTUS Chronic Pain Guidelines support the use of nonsedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. MTUS Chronic Pain Guidelines recommend against long term use of Baclofen. Within the documentation available for review, there is no identification of a specific analgesic benefit or objective functional improvement as a result of the Baclofen to support its use. In the absence of such documentation, the currently requested baclofen is not medically necessary and appropriate.

#### **Finasteride 5mg: 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 Finasteride's Official FDA Information, <http://www.drugs.com/pro/finasteride.html#indications>

**Decision rationale:** The FDA notes that Finasteride is indicated in the treatment of symptomatic benign prostatic hyperplasia, to reduce the risk of the need for surgery including transurethral resection of the prostate (TURP) and prostatectomy, and in combination with the alpha-blocker doxazosin to reduce the risk of symptomatic progression of BPH. Within the documentation available for review, there is a notation that the patient pays for this medication on his own, but there is no documentation of a condition/diagnosis (with supportive findings, diagnostic testing, etc.) for which it is indicated. In the absence of such documentation, the currently requested finasteride is not medically necessary and appropriate.

#### **Levothyroxine 75mcg: 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 Levothyroxine's Official FDA Information, <http://www.drugs.com/pro/levothyroxine.html#indications>

**Decision rationale:** The FDA notes that this medication is indicated as replacement or supplemental therapy in congenital or acquired hypothyroidism of any etiology, except transient hypothyroidism during the recovery phase of subacute thyroiditis, in the treatment or prevention of various types of euthyroid goiters, including thyroid nodules, subacute or chronic lymphocytic thyroiditis (Hashimoto's thyroiditis), multinodular goiter, and as an adjunct to surgery and radioiodine therapy in the management of thyrotropin-dependent well-differentiated thyroid cancer. Within the documentation available for review, there is a notation that the patient pays for this medication on his own, but there is no documentation of a condition/diagnosis (with supportive findings, diagnostic testing, etc.) for which it is indicated. In the absence of such documentation, the currently requested levothyroxine is not medically necessary.

**Requip 1mg:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee and Leg Chapter section on Restless legs syndrome (RLS)

**Decision rationale:** The Official Disability Guidelines cites that dopamine agonists such as Requip® (ropinirole) and Mirapex® (pramipexole) are not considered first-line treatment and should be reserved for patients who have been unresponsive to other treatment. Within the documentation available for review, there is documentation of sensations of ants under the skin, electrical shock from foot to knee, cramps in thighs, calves, arch of the foot, twisting of the foot, and nighttime "screamers," all noted to be "back w/ a vengeance since Requip has been denied." However, there is no documentation of failure of first-line treatment. In the absence of such documentation, the currently requested Requip is not medically necessary and appropriate.

**Wellbutrin 150mg:** Overturned

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

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

**Decision rationale:** The MTUS Chronic Pain Guidelines state that this medication has been shown to be effective in relieving neuropathic pain of different etiologies. Within the documentation available for review, there is documentation of neuropathic pain. In light of the above, the currently requested Wellbutrin is medically necessary and appropriate.

**Zantac 150mg:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines section on NSAIDS Page(s): 68-69.

**Decision rationale:** The MTUS Chronic Pain Guidelines state that H2 blockers are appropriate for the treatment of dyspepsia secondary to NSAID therapy or for patients at risk for gastrointestinal events with NSAID use. Within the documentation available for review, there is documentation of dyspepsia secondary to medication use. In light of the above, the currently requested Zantac is medically necessary.

**Nucynta ER 50mg:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-79.

**Decision rationale:** The MTUS Chronic Pain Guidelines note that, due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, it is noted that the patient has only recently begun to use the medication. He tried it for a full month and feels that it is causing insomnia and nystagmus. However, it appears that some benefit was provided and an additional month (#30) of treatment was requested. It appears that the provider and patient clearly discussed proper use of opioids and continued use appears appropriate. In light of the above, the currently requested Nucynta is medically necessary.

**Neurontin 600mg:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy Drugs Page(s): 16-21.

**Decision rationale:** The MTUS Chronic Pain Guidelines state that antiepilepsy drugs are recommended for neuropathic pain. They go on to state that a good outcome is defined as 50% reduction in pain and a moderate response is defined as 30% reduction in pain. Guidelines go on to state that 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 versus tolerability of adverse effects. Within the documentation available for review, it is noted that the dosage of Neurontin was increased in an attempt to better address the patient's neuropathic pain and the current prescription is for a 1-month supply. Previous use of the medication was noted to be helpful and a trial of the increased dosage is appropriate. In light of the above, the currently requested Neurontin is medically necessary.