

<b>Case Number:</b>	CM13-0050553		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	05/03/2006
<b>Decision Date:</b>	05/09/2014	<b>UR Denial Date:</b>	11/07/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/13/2013

### 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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Florida. 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 patient is a 55 year old who was injured on 5/3/2006. The diagnoses listed are chronic low back pain, neck pain, insomnia and depression associated with chronic pain syndrome. The patient was evaluated by [REDACTED], psychologist on 10/31/2013. The diagnoses listed are mood disorder, anxiety, stress and depression. [REDACTED] noted on 11/1/2013 that the patient had significant improvement in the insomnia, neuropathic pain and depression following treatment with Lexapro and nortriptyline. There is no documentation of sustained increased ADL or decreased in pain scores despite chronic opioids and NSAID treatment. The medications listed are Opana ER, Topamax, Flector patch and Celebrex for pain, Amrix and Fexmid for muscle spasm, Lexapro and nortriptyline for depression. A Utilization Review was rendered on 11/7/2013 recommending non certification for pantoprazole 10mg, Flector 1.3% patch, Fexmid 7.5mg, Amrix 15mg and Amitiza 8mcg. A modified certification was rendered for Lexapro 5mg, Opana ER 5mg, Nortriptyline 25mg and Topamax 100mg for weaning schedule.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**LEXAPRO 5MG #60:** Overturned

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

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

**Decision rationale:** The CA MTUS addressed the use of antidepressant in the management of neuropathic pain and depression associated with chronic pain. It is recommended that psychological symptoms associated with chronic pain be managed effectively with combined medication and psychotherapy. The reason given for non-certification of Lexapro was absence of documentation of depression. The records did show that the patient had a long history of depression associated with chronic pain. [REDACTED] psychologist diagnosed the patient with mood changes, stress, anxiety and depression on 10/31/2013.

**OPANA ER 5MG #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76-96, 124.

**Decision rationale:** The CA MTUS addressed the indications for opioids in the management of chronic pain. Opioids may be utilized for short term treatment of severe pain during acute injury or periods of exacerbations of chronic pain that is not responsive to standard treatment with NSAID, physical therapy and exercise. The patient has been on opioid medications for several years. Documentation during opioid therapy should include compliance measures such as Pain Contract, UDS, monitoring for evidence of aberrant drug behaviors and improvement in ADL / functional restoration. The patient should also be screened and treated for co-existing severe psychiatric conditions that will adversely affect chronic pain treatment outcome. The MTUS guideline recommends the involvement of multidisciplinary chronic pain program or addiction medicine specialists for the weaning of patients on high dose opioids.

**1 PRESCRIPTION OF PANTOPRAZOLE 10MG:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Nsaids, Gi Symptoms And Cardiovascular Risk.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-71.

**Decision rationale:** The CA MTUS addressed the use of proton pump inhibitors to prevent or treat gastritis during chronic NSAID therapy. Proton pump inhibitors are indicated for prophylaxis and treatment of gastritis in patient who have a history of NSAID induced gastrointestinal complications or those with symptomatic GERD, gastric ulcer disease or history of GI bleed. The records indicate that this patient does not have a history of gastrointestinal symptoms. The patient have utilized various NSAIDs without any complication. The guideline for the use of pantoprazole was not met because the potential of gastric complications is significantly reduced with the use of Celebrex is a COX-2 selective NSAID.

## **1 PRESCRIPTION OF AMITZA 8MCG: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (Odg), Pain (Chronic).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-96.

**Decision rationale:** The CA MTUS addressed the indications of prophylaxis and treatment of opioid induced constipation. The prolonged use of opioid in the treatment of chronic pain is associated with decrease in gastrointestinal motility and constipation. The patient has been on opioid medications since 2007. The non certification of Opana ER will eliminate the need for prophylaxis against opioid induced constipation.

## **1 PRESCRIPTION OF NORTRIPTYLINE 25MG: Overturned**

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

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

**Decision rationale:** The CA MTUS addressed the use of antidepressants in the treatment of depression and neuropathic pain. It is recommended that antidepressants be incorporated as a first line medication in neuropathic pain and as a possibility for non neuropathic pain unless proven ineffective, poorly tolerated or contraindicated. The treatment of co-existing depression and anxiety is also regarded as an integral part of effective pain management. This patient has been diagnosed with stress, anxiety and depression.

## **1 PRESCRIPTION OF CELEBREX 100MG: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Nsaids, Specific Drug List & Adverse Effects.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-73.

**Decision rationale:** The CA MTUS addressed the use of NSAIDs for the treatment of chronic musculoskeletal pain. The chronic use of NSAIDs can lead to cardiovascular, renal and gastrointestinal complications. The selection of COX-2 medications is indicated in patients who are at moderate to high risk for NSAID induced complications. This record did not indicate that the patient has a risk factor for these complications. The patient has been treated with regular NSAID without any complication. There is concurrent treatment with

topical NSAID in the form of Flector 1.3% patch. The use of multiple NSAIDs in both topical and oral formulation is associated with increased incident of complications.

### **1 PRESCRIPTION OF TOPAMAX 100MG: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy Drugs (Aeds)..

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

**Decision rationale:** The CA MTUS addressed the treatment of neuropathic pain with anticonvulsant medications. The recommendation is that neuropathic pain be treated with first line anticonvulsant medications such as gabapentin and antidepressants. A trial of Topamax is indicated in patient who have failed first line medications or who cannot tolerate the side effects of the medication. The record does not indicate that treatment with first line anticonvulsant medications had failed.

### **FEXMID 7.5MG #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Fexmid)..

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

**Decision rationale:** The CA MTUS addressed the use of muscle relaxants in the treatment of muscle spasms associated with chronic pain. It is recommended that non-sedating muscle relaxants be used with caution as a second line option for short term treatment of acute exacerbation of symptoms that are non-responsive to standard treatment with NSAIDs and physical therapy. The short term course for 2-3 weeks will minimize the risk of dependency, sedation and addiction associated with chronic use of sedating muscle relaxants. These risks are further increased in patients who are on concurrent treatment with antidepressants and other sedatives. The records indicate that the patient has been on two formulations of sedating muscle relaxants- Fexmid and Amrix for many years.

### **1 PRESCRIPTION OF AMRIX 15MG: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Amrix).

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

**Decision rationale:** The CA MTUS addressed the use of muscle relaxants in the treatment of muscle relaxants in the treatment of muscle spasms associated with chronic pain. It is

recommended that non-sedating muscle relaxants be used with caution as a second-line option for the short term treatment of acute exacerbation of symptoms that are non-responsive to standard treatment including NSAIDs and physical therapy. The concurrent use of sedating muscle relaxants with opioids and antidepressants is associated with increased risk of drug interactions and complication. The patient is on chronic treatment with two formulations of muscle relaxants - Amrix and Fexmid.

**2 BOXES OF FLECTOR 1.3% PATCHES:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (Odg), Pain (Chronic).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-73, 111-113.

**Decision rationale:** The CA MTUS addressed the use of NSAIDs in the treatment of chronic musculoskeletal pain. The chronic use of NSAIDs can lead to cardiovascular, renal and gastrointestinal complications. It is recommended that the use of NSAIDs be limited to the lowest effective dose for the shortest periods during acute injury and exacerbations of musculoskeletal pain. This patient is utilizing multiple NSAIDs through both topical and oral routes. The risks of NSAIDs induced complications is significantly increased.