

<b>Case Number:</b>	CM13-0059649		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	04/29/1998
<b>Decision Date:</b>	05/09/2014	<b>UR Denial Date:</b>	11/05/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/02/2013

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 46-year-old female with a date of injury of 04/29/1999. The listed diagnoses per [REDACTED] are: 1. Complex regional pain syndrome in both upper extremities. 2. Status post cervical spinal cord stimulator leads. 3. Left upper cervical facet arthropathy causing cervicogenic headaches. 4. Left lower lumbar pain. 5. Lumbar spondylosis. 6. Facet arthropathy. According to report dated 10/29/2013 by [REDACTED], patient presents for pain management and pharmacological assessment. Patient continues to have great pain in the upper back, posterior neck, and down both upper extremities. She also has pain across her low back and shooting pain down the left lower extremity. Patient's biggest complaints are of worsening pain down the left lower extremity, ongoing neuropathic pain and episodes of severe constipation. Examination revealed there is neuropathic pain in the upper extremities. Range of motion in the neck is decreased to some extent. Examination of the spine shows well-healed multiple surgical scars in the upper back where the spinal cord stimulator had been placed in the past. It is noted the current IPG is now in the mid to lower back region to the right of midline within the subcutaneous fascia. Patient's medications include Prozac, Prilosec, Soma, ibuprofen, Topamax, Lidoderm patch, and gabapentin. She is also on Vicodin Extra Strength at 3 times per day. The provider notes these medications are all medically necessary and they have "helped her be more functional."

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MIRALAX 2 REFILLS:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76-78.

**Decision rationale:** This patient continues to have pain in the upper back, posterior neck, and low back that radiates down both upper and lower extremities. The provider is recommending a trial of Miralax for patient's severe constipation. Utilization review dated 11/05/2013 modified the certification for Miralax to be certified without the 2 refills. The MTUS guidelines pg. 76-78 discusses prophylactic medication for constipation when opiates are used. In this case, medical records indicate this patient has been taking opiates, specifically Vicodin since at least 01/31/2013, and Final Determination Letter for IMR Case Number [REDACTED] has severe constipation. The requested Miralax and the 2 refills are medically necessary and recommendation is for approval.

**SOMA #90:** Upheld

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

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

**Decision rationale:** This patient continues to have pain in the upper back, posterior neck, and low back that radiates down both upper and lower extremities. The provider is requesting a refill of Soma 350 mg #90. The MTUS Guidelines page 63 regarding muscle relaxants states, "Recommended non-sedating muscle relaxants with caution as a second line option for short term treatment of acute exasperations in patients with chronic LBP. Muscle relaxants may be effective in reducing pain and muscle tension and increasing mobility; however, in most LBP cases, they showed no benefit beyond NSAIDs and pain with overall improvement. Efficacy appears to diminish over time, and prolonged use of some medication in this class may lead to dependence." Review of medical records indicates this patient has been prescribed Soma since 09/07/2010. Muscle relaxants are recommended for short-term use only. Recommendation is for denial.

**GABAPENTIN 300 MG #60, 3 REFILLS:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 18 AND 19.

**Decision rationale:** This patient continues to have pain in the upper back, posterior neck, and low back that radiates down both upper and lower extremities. The MTUS Guidelines page 18 and 19 has the following regarding Gabapentin, "Gabapentin has been shown to be effective for treatment of diabetic painful neuropathy and post-therapeutic neuralgia and has been considered a first-line treatment for neuropathic pain." In this case, medical records document neuropathic pain down both upper and lower extremities. The patient may very well benefit from this medication. However, the provider does not provide any documentation as to how the medication is tolerated and beneficial for the patient's symptoms. MTUS requires, "The patient should be asked at each visit as to whether there has been a change in pain or function..." In this case the patient has been prescribed Gabapentin since 06/23/2011. Progress reports from 01/03/2013 to 10/29/2013 have no discussions on the efficacy of Gabapentin. Given the lack of appropriate assessment and discussion of efficacy, recommendation is for denial.

**PROZAC #60 3 REFILLS:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13-15.

**Decision rationale:** This patient continues to have pain in the upper back, posterior neck, and low back that radiates down both upper and lower extremities. The provider is requesting a refill of Prozac #60. For Anti-depressants, the MTUS page 13-15 states, "Selective Serotonin reuptake inhibitors (SSRIs), a class of antidepressants that inhibit serotonin reuptake without action on noradrenaline, are controversial based on controlled trials. It has been suggested that the main role of SSRIs may be in addressing psychological symptoms associated with chronic pain. More information is needed regarding the role of SSRIs and pain." In this case, the provider notes "psychological assessment and treatments by her psychologist and psychiatrists have been quite helpful." There are no further discussions of psychological issues in this patient that may require this medication. No psychological reports were provided for review. Given the lack of information provided, recommendation is for denial.

**TOPIRAMATE 50MG #60 3 REFILLS:** Overturned

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

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

**Decision rationale:** This patient continues to have pain in the upper back, posterior neck, and low back that radiates down both upper and lower extremities. The provider is requesting a refill of Topiramate 50mg. According to MTUS Guidelines page 21, "Topiramate (Topamax) has been shown to have variable efficacy, with failure to demonstrate efficacy in neuropathic pain of "central" etiology. It is still considered for use for neuropathic pain when other anticonvulsants

have failed." MTUS Guidelines page 16 and 17 regarding antiepileptic drugs for chronic pain also states "that there is a lack of expert consensus on the treatment of neuropathic pain in general due to heterogeneous etiologies, symptoms, physical signs, and mechanisms. Most randomized controlled trials for the use of this class of medication for neuropathic pain had been directed at postherpetic neuralgia and painful polyneuropathy." In this case, report from 10/29/2013 reports neuropathic pain in both upper and lower extremities. MTUS Guidelines support antiepileptic medications for the use of neuropathic pain. The requested Topamax is medically necessary and recommendation is for approval.

**PRILOSEC 20 MG #30 3 REFILLS:** Upheld

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

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

**Decision rationale:** This patient continues to have pain in the upper back, posterior neck, and low back that radiates down both upper and lower extremities. The provider is requesting a refill Prilosec 20mg. The MTUS Guidelines states omeprazole recommended with precautions as indicated below: 1) Clinicians should weigh the indications for NSAIDs against both GI and cardiovascular risk factors. 2) Determine if the patient is at risk for gastrointestinal events (3) age is greater than 65 years, (4) history of peptic ulcer, GI bleeding, or perforation (5) concurrent use of ASA, corticosteroids and/or an anticoagulant or for high dose/multiple NSAID. The patient has been prescribed Prilosec since 09/07/2010. In this case, review of reports from 01/03/2013 to 10/29/2013 does not mention any gastric irritation or peptic ulcer history, no concurrent use of ASA, etc. In addition, the patient is not noted to be taking any NSAIDs. The requested Prilosec is not medically necessary and recommendation is for denial.