

<b>Case Number:</b>	CM14-0005662		
<b>Date Assigned:</b>	02/07/2014	<b>Date of Injury:</b>	10/03/2011
<b>Decision Date:</b>	08/19/2014	<b>UR Denial Date:</b>	12/23/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/15/2014

### 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 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 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 case involves a male patient who sustained an injury on October 3, 2011. The utilization review determination dated December 23, 2013, non-certified Doral 15 mg #30, Neurontin 800 mg #90, Norco 10/325 mg #90, Fexmid 7.5 mg #60, Ultram 150mg #60, Protonix 30 mg #60, and Toradol 60mg IM. A progress note dated December 13, 2013, identifies subjective complaints of an increase in pain due to medications being stopped, numbness in legs, excruciating pain in the hips with pain level of 6/10 and a slow increase in activities. He has complaints of pain, numbness, spasms, and difficulty sleeping. The patient stated that the medications helped. Physical examination identifies normal reflex, sensory, and power testing to bilateral upper and lower extremities. Gait is normal, negative straight leg raise and bowstring, and the able to heel-walk and toe-walk. There was minimal lumbar tenderness, lumbar spine range of motion decreased about 20%, femoral stretch negative, and lower extremity pulses are normal bilaterally. Diagnoses include musculoligamentous sprain/strain of the lumbosacral spine, disc bulges at L 4 - 5 and L5 - S 1, and status post April 23, 2013 anterior lumbar discectomy and fusion of L4-S1. The treatment plan recommends refill of Doral 15 mg #30, Neurontin 800 mg #90, Norco 10/325 mg #90, Fexmid 7.5 mg #60, Ultram 150mg #60, and Protonix 30 mg #60. In addition, the treatment plan recommends X-rays of the lumbar spine and Toradol 60 mg IM.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**DORAL 15 MG #30:** 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 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain Chapter, Benzodiazepines.

**Decision rationale:** Regarding the request for Doral (quazepam) 15mg #30, Chronic Pain Medical Treatment Guidelines state the benzodiazepines are not recommended for long-term use. Most guidelines limit their use to 4 weeks. Within the documentation available for review, it is unclear what diagnosis the Doral is being prescribed to treat. There are no subjective complaints of anxiety or panic attacks. Furthermore, there is no documentation identifying any objective functional improvement as a result of the use of the Doral. Finally, there is no indication that the Doral is being prescribed for short-term use, as recommended by guidelines. In the absence of clarity regarding those issues, the currently requested Doral (quazepam) 15mg #30 is not medically necessary.

**NEURONTIN 800 MG #90: 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 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 16-21.

**Decision rationale:** Regarding request for Neurontin 800mg #90, Chronic Pain Medical Treatment 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 further 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, there is no identification of any specific analgesic benefit (in terms of percent reduction in pain or reduction of NRS), and no documentation of specific objective functional improvement. Additionally, there is no discussion regarding side effects from this medication. In the absence of such documentation, the currently requested Neurontin 800mg #90 is not medically necessary.

**NORCO 10/325 MG #90: 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 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 76-79, 120.

**Decision rationale:** Regarding the request for Norco (hydrocodone/acetaminophen) 10/325mg #90, California Pain Medical Treatment Guidelines state that Norco is an opiate pain medication. 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, there is no indication that the Norco is improving the patient's function or pain (in terms of percent reduction in pain or reduced NRS), no documentation regarding side effects, and no discussion regarding aberrant use. In the absence of such documentation, the currently requested Norco (hydrocodone/acetaminophen) 10/325mg #90 is not medically necessary.

**FEXMID 7.5 MG #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 64.

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

**Decision rationale:** Regarding the request for Fexmid (cyclobenzaprine) 7.5mg #60, Chronic Pain Medical Treatment 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. Guidelines go on to state that cyclobenzaprine specifically is recommended for a short course of therapy. Within the documentation available for review, there is no identification of a specific analgesic benefit or objective functional improvement as a result of the Fexmid. Additionally, it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation, as recommended by guidelines. In the absence of such documentation, the currently requested Fexmid (cyclobenzaprine) 7.5mg #60 is not medically necessary.

**ULTRAM 150 MG #60:** 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 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 75-79.

**Decision rationale:** Regarding the request for Ultram 150mg #60, California Pain Medical Treatment Guidelines state that Ultram is a synthetic opioid. 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, there is no indication that the Ultram is improving the patient's function (in terms of specific objective functional improvement) or pain (in terms of reduced NRS, or percent reduction in pain), no documentation regarding side effects,

and no discussion regarding aberrant use. In the absence of such documentation, the currently requested Ultram 150mg #60 is not medically necessary.

**PROTONIX 30 MG #60:** 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 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 68-69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Proton Pump Inhibitors (PPIs).

**Decision rationale:** Regarding the request for pantoprazole (Protonix), California MTUS states that proton pump inhibitors are appropriate for the treatment of dyspepsia secondary to NSAID therapy or for patients at risk for gastrointestinal events with NSAID use. Additionally, Official Disability Guidelines (ODG) recommends Nexium, Protonix, Dexilant, and AcipHex for use as 2nd line agents, after failure of omeprazole or lansoprazole. Within the documentation available for review, there is no indication that the patient has complaints of dyspepsia secondary to NSAID use, a risk for gastrointestinal events with NSAID use, or another indication for this medication. Furthermore, there is no indication that the patient has failed first-line agents prior to initiating treatment with pantoprazole (a 2nd line proton pump inhibitor). In the absence of clarity regarding those issues, the currently requested pantoprazole is not medically necessary.

**TORADOL 60 MG IM:** 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 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 67-72.

**Decision rationale:** Regarding the request for Toradol 60mg IM, Chronic Pain Medical Treatment Guidelines state that NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Guidelines state that Toradol is not recommended for minor or chronic painful conditions. Within the documentation available for review, there is no indication that the Toradol is being prescribed for an acute or severe condition as recommended by guidelines. As such, the currently requested Toradol 60mg IM is not medically necessary.