

<b>Case Number:</b>	CM14-0006720		
<b>Date Assigned:</b>	02/07/2014	<b>Date of Injury:</b>	08/18/1988
<b>Decision Date:</b>	07/14/2014	<b>UR Denial Date:</b>	12/19/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/17/2014

### 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 & Rehabilitation 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 56-year-old male who has filed a claim for cervicogenic headaches and chronic neck pain associated with an industrial injury date of August 18, 1988. Review of progress notes indicates worsening speech impairment, and intermittent left arm numbness and dysesthesia. Patient reports persistent headache in the occiput, radiating to the front of the head toward the left eye. There is associated blurring of vision since July 2013. Findings include a severely obese female with good mental status and antalgic gait. Head CT dated September 18, 2013 was normal. CT angiogram of the head and neck was normal as well. Treatment to date has included NSAIDs, Tylenol opioids, muscle relaxants, antiepilepsy drugs, antidepressants, Sumatriptan, physical therapy, TENS, and left elbow cortisone injection. Of note, patient had a failed L5-S1 laminectomy and discectomy in 2002. Utilization review from December 19, 2013 denied the retrospective requests for Alprazolam (Xanax) 1mg tab as there was no evidence that this medication was only used for a short-term course; Amitriptyline (Elavil) 25mg as use with triptans is not recommended; ibuprofen (Advil) 600mg due to the chronicity of treatment, and due to patient's history of hypertension; and Cyclobenzaprine (Flexeril) 10mg due to chronicity of treatment. There is modified certification for Sumatriptan (Imitrex) 100mg and Topiramate (Topamax) 25mg after dinner and increase by 25mg for 5 days until 100mg for patient's intractable migraines and cervicogenic headaches; and Hydrocodone/APAP (Norco) 5/325mg as there is inadequate documentation regarding efficacy and medication monitoring, and thus weaning has been initiated.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ALPRAZOLAM (XANAX) 1MG TAB: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

**Decision rationale:** As noted on page 24 of the CA MTUS Chronic Pain Medical Treatment Guidelines, benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. There is a report indicating that the patient has been taking this medication since 1989. Long-term use of this medication is not recommended. The requested quantity is not specified. Therefore, the request for Alprazolam (Xanax) 1mg was not medically necessary.

**AMITRIPTYLINE (ELAVIL) 25 MG: Upheld**

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

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

**Decision rationale:** Pages 13-15 of CA MTUS Chronic Pain Medical Treatment Guidelines state that tricyclics are considered first-line agents for neuropathic pain, especially when accompanied by insomnia, anxiety, or depression. It is a possible option for non-neuropathic pain in depressed patients. Amitriptyline is also effective for fibromyalgia and CPRS. Patient has been on this medication since 1989. A report in 2004 notes that patient experiences intolerance to this medication. The rationale for continued use of this medication was not indicated. The requested quantity is not specified. Therefore, the request for Amitriptyline (Elavil) 25mg was not medically necessary.

**CYCLOBERZAPRIL (FLEXERIL) 10MG: Upheld**

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

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

**Decision rationale:** As stated on CA MTUS Chronic Pain Medical Treatment Guidelines pages 63-66, non-sedating muscle relaxants are recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. They may be effective

in reducing pain and muscle tension, and increasing mobility. However, they show no benefit beyond NSAIDs in pain and overall improvement. Patient has been on this medication since 1995. This medication is not recommended for chronic use, and there is no documentation regarding significant benefits derived from this medication. The requested quantity is not specified. Therefore, the request for Cyclobenzaprine (Flexeril) 10mg was not medically necessary.

**HYDROCODONE APAP (NORCO) 5/325MG: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use; On-Going Management Page(s): 78-82.

**Decision rationale:** As noted on page 78-82 of the CA MTUS Chronic Pain Medical Treatment Guidelines, there is no support for ongoing opioid treatment unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Patient has been on this medication since October 2013. There is no documentation regarding symptomatic improvement or objective functional benefits derived from this medication. The requested quantity is not specified. Therefore, the request for Hydrocodone APAP (Norco) 5/325mg was not medically necessary.

**IBUPROFEN (ADVIL) 600MG - 1 TAB PO Q6H: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (nonsteroidal anti-inflammatory drugs) Page(s): 67-69.

**Decision rationale:** As stated on pages 67-69 of the California MTUS Chronic Pain Medical Treatment Guidelines, NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain and there is no evidence of long-term effectiveness for pain or function. The patient has been taking ibuprofen since 1995. Patient experienced side effects of this medication such as stomach upset and edema of the legs. Also, there were no significant improvement or benefits derived from this medication, and this medication is not recommended for chronic use. The requested quantity is not specified. Therefore, the request for ibuprofen (Advil) 600mg was not medically necessary.

**SUMATRIPTAN (IMITREX) 100MG: 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).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head chapter, Triptans.

**Decision rationale:** The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, ODG was used instead. According to ODG, Triptans are recommended for migraine sufferers. There is note of use of this medication since 2006, but not on a continued basis. Patient had been on a combination of Imitrex and Motrin for migraines, which did not provide adequate relief. Continued use of this medication is reasonable to manage the intractable migraine and cervicogenic headache episodes, in combination with Topiramate. Previous utilization review determination, dated December 19, 2013, has already certified this request. Therefore, the request for Sumatriptan (Imitrex) 100mg is not medically necessary.

**TOPAMAX- NEWLY ADDED 25MG -100MG:** Upheld

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

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

**Decision rationale:** CA MTUS Chronic Pain Medical Treatment Guidelines state that Topiramate is considered for use for neuropathic pain when other anticonvulsants fail. Patient had been on a combination of Imitrex and Motrin for migraines, which did not provide adequate relief. Patient has been on this medication since October 2013. Although there was improvement of headache and neck pain, patient was unable to tolerate this medication after 17 days of use due to numbness and tingling around the mouth, lips, and tongue; frequent urination; and reddening of the eyes and eyelids. Previous utilization review determination, dated December 19, 2013, has already certified this request. Therefore, the request for Topamax 25mg-100mg is not medically necessary.