

<b>Case Number:</b>	CM14-0105302		
<b>Date Assigned:</b>	09/26/2014	<b>Date of Injury:</b>	08/31/1998
<b>Decision Date:</b>	10/28/2014	<b>UR Denial Date:</b>	06/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/07/2014

### 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 Pain Management, 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 50-year-old female with a date of injury of August 31, 1998. The listed diagnoses per [REDACTED] are: 1. Cervical radiculopathy; 2. Status post cervical spinal fusion on 02/17/2012; 3. Lumbar radiculopathy; 4. Fibromyalgia; 5. Headaches; 6. Anxiety; 7. Depression; 8. Hypertension; 9. Insomnia; 10. Chronic pain; 11. Anxiety state; and 12. History of urinary incontinence. Treatment reports from February 21, 2014 through June 04, 2014 were reviewed. According to a progress report dated June 04, 2014, the patient presents with neck pain that radiates into the bilateral upper extremities and low back pain that radiates down the bilateral lower extremities. The patient also reports ongoing headache and jaw pain. Pain is rated at 7/10 with medications, and 9/10 without medications. Examination of the cervical spine revealed spasm in the bilateral paraspinal muscles. There was tenderness noted at the trapezius muscles bilaterally and the paravertebral C4 to C7 area was tender upon palpation. Myofascial trigger points were noted in the rhomboids muscles bilaterally. Range of motion was moderately limited due to pain. Examination of the lumbar spine revealed tenderness upon palpation in the paravertebral L3 to S1 levels and bilateral in the buttock. Range of motion was limited and pain was significantly increased with flexion and extension. The patient is currently not working. The treating physician is requesting a refill of medications. Utilization review denied the request on June 24, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MS Contin (30mg, #60): Overturned**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids Page(s): 88,89, 76-78.

**Decision rationale:** This patient presents with chronic neck and low back pain. The treating physician is requesting a refill of MS Contin. The treating physician states that weaning of opioid medications has been unsuccessful. He continues to state that medications are medically necessary to help her cope with pain. The treating physician states that the "4 A's" criteria for continued therapy have been met. He reports that the patient has been compliant with medication use and a pain contract is on file. For opiate management, MTUS Guidelines state, that pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument. Guidelines also require documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior). The progress report dated July 30, 2014 indicates that medications continues to demonstrate superior effects, time of pain relief is average 45 minutes, specific functional improvements include being able to bath, concentrate, dress, drive, and improved mood. The patient also reports improved quality of life with medications. In this case, the patient has decreased pain and specific functional improvements are noted. The treating physician is monitoring the patient's medications with urine drug screens and a pain contract is on file. The treating physician has provided sufficient documentation for opiate management and given the efficacy of MS Contin, therefore the request is medically necessary.

**Cyclobenzaprine (10mg, #90): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63,64.

**Decision rationale:** This patient presents with chronic neck and low back pain. The treating physician is requesting a refill of Cyclobenzaprine. The patient has been prescribed Cyclobenzaprine since February 6, 2014. The California MTUS Guidelines states that Cyclobenzaprine is recommended for a short course of therapy. Limited mixed evidence does not allow for recommendation for chronic use. The California MTUS Guidelines do not recommend long-term use of muscle relaxants. Therefore, the request is not medically necessary.

**Lexapro (10mg, #30): Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants. Decision based on Non-MTUS Citation ODG, Antidepressants

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

**Decision rationale:** This patient presents with chronic neck and low back pain. The treating physician is requesting a refill of Lexapro. The patient has been utilizing Lexapro since March 6, 2014. Utilization review denied the request for Lexapro stating there is no indication of an objective severe depression condition occurring on physical exam. The California MTUS Guidelines on antidepressants states that they are recommended as the first line option for neuropathic pain and as a possibility for non-neuropathic pain, tricyclics are generally considered a first line agent unless they are ineffective, poorly tolerated or contradictive. The California MTUS Guidelines allows for antidepressants for neuropathic and non-neuropathic pain. Given the decrease in pain and functional improvement with current medications, therefore, the request is medically necessary.

**Neurontin (600mg, #120):** Overturned

**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 Gabapentin Page(s): 18,19.

**Decision rationale:** This patient presents with chronic neck and low back pain. The treating physician is requesting a refill of Neurontin. Utilization review denied the request stating, there was no mention of an objective neuropathy occurring on physical exam involving a diabetic neuropathy or post-herpetic neuralgia. The California MTUS Guidelines states that 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. The patient has ongoing pain in his neck and back, with radicular symptoms. The reports document a decrease in pain with his current medication regimen, which includes Neurontin. In this case, continuation of this medication is indicated given its efficacy and therefore, the request is medically necessary.

**Percocet (10/325mg, #120):** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids Page(s): 88,89, 76-78.

**Decision rationale:** This patient presents with chronic neck and low back pain. The treating physician is requesting a refill of Percocet. The treating physician states that weaning of opioid medications has been unsuccessful. He continues to state that medications are medically necessary to help her cope with pain. The treating physician states that the "4 A's" criteria for continued therapy have been met. He reports that the patient has been compliant with medication use and a pain contract is on file. For opiate management, California MTUS Guidelines states

that pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument. Guidelines also require documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior). The progress report July 30, 2014 indicates that medications continues to demonstrate superior effects, time of pain relief is average 45 minutes, specific functional improvements include being able to bath, concentrate, dress, drive, and improved mood. The patient also reports improved quality of life with medications. In this case, the patient has decreased pain and specific functional improvements are noted. The treating physician is a monitoring patient's medication with UDS and a pain contract is on file. The treating physician has provided sufficient documentation for opiate management and given the efficacy of Percocet, Therefore, the request is medically necessary.

**Halcion (0.25mg, #60): Upheld**

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

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

**Decision rationale:** This patient presents with chronic neck and low back pain. The treating physician is requesting a refill of Halcion. The medical file indicates that the patient has been prescribed Halcion since February 6, 2014. The California MTUS Guidelines states that benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is risk of dependency. The requested Halcion is not recommended.

**Promethazine Syrup (8.25-15mg, #4): Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) chapter, Antiemetics (for opioid nausea)

**Decision rationale:** This patient presents with chronic neck and low back pain. The treating physician is requesting a refill of Promethazine syrup. The California MTUS Guidelines and ACOEM Practice Guidelines do not discuss Promethazine. However, the Official Disability Guidelines states that Promethazine (Phenergan) is a phenothiazine. It is recommended as a sedative and antiemetic in pre-operative and post-operative situations. It is not recommended as an antiemetic for chronic opiates use. In this case, there were no surgeries and there are no discussion regarding why this medication is being prescribed. Therefore, the request is not medically necessary.

**Xanax (1mg, #60): Upheld**

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

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

**Decision rationale:** This patient presents with chronic neck and low back pain. The treating physician is requesting a refill of Xanax, to be taken twice daily for the patient's anxiety. The medical file indicates that the patient has been prescribed Xanax since February 6, 2014. The California MTUS Guidelines states that benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is risk of dependency. Therefore, the request is not medically necessary.

**Provigil (100mg, #30):** Upheld

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

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

**Decision rationale:** This patient presents with chronic neck and low back pain. The treating physician is requesting a refill of Provigil. The medical file indicates that the patient has been prescribed Provigil since February 6, 2014. The ACOEM Practice Guideline and the California MTUS Guidelines do not discuss Modafinil. However, the Official Disability Guidelines states that Provigil is not recommended solely to counteract sedation effects of narcotics. Armodafinil is used to treat excessive sleepiness caused by narcolepsy or shift work sleep disorder. It is very similar to Modafinil. Studies have not demonstrated any difference in efficacy and safety between Armodafinil and Modafinil. A review of the reports do not discuss why this medication was prescribed and with what results. There is no documentation of excessive sleepiness due to narcolepsy or other sleep disorder. Therefore, the request is not medically necessary.