

<b>Case Number:</b>	CM14-0011243		
<b>Date Assigned:</b>	02/21/2014	<b>Date of Injury:</b>	03/16/2000
<b>Decision Date:</b>	07/23/2014	<b>UR Denial Date:</b>	01/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/27/2014

### 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 is a female patient with a date of injury of March 16, 2000. A utilization review determination dated December 31, 2013 recommends a non-certification of B12 injection, tizandine 2mg, pantoprazole DR 20 mg, Neurontin 300 mg, hydrocodone/APAP 10 - 325, and Butrans 10 g/hr #4. Non-certification is recommended for the B12 injection due to the fact that the patient does not have pernicious anemia and vitamin B-12 is not recommended for pain management. Noncertification is recommended for tizanidine 2mg due to the patient's persistent spasms despite long-term use of this muscle relaxant and the fact that the patient has exceeded the guidelines recommendations of two weeks of use. Noncertification is recommended for pantoprazole DR 20 mg due to lack of risk factors associated with a gastrointestinal event and lack of subjective and objective findings. Noncertification is recommended for Neurontin 300 mg because the medication has not produced at least a 30% reduction in the patient symptoms. Noncertification is recommended for hydrocodone/APAP due to lack of improvement in functioning or pain, modification of this request is recommended for 96 tablets with the goal to wean the patient off of the medication. Noncertification is recommended for Butrans 10 g/hr #4 because of no improvement in pain level or functioning. A progress note dated December 18, 2013 identifies subjective complaints of low back pain that radiates to bilateral lower extremities down to foot and toes, weakness and numbness in the lower extremity associated with the back pain, neck pain with radiation to bilateral upper extremities, headache, and an unchanged pain level with the average team level being 7/10 with medications and 9/10 without medications. The patient has continued limitations with activities of daily living that include activity, ambulation, and sleep. Physical examination identifies moderate reduction in lumbar spine range of motion secondary to pain, spinal vertebral tenderness at L4 through S1 level, lumbar myofascial tenderness with palpation, moderate reduction of cervical spine range of motion secondary to

pain, spinal vertebral tenderness at C4 through C7, cervical myofascial tenderness with palpation, and it appears spinous muscle spasm with palpation. Diagnoses include lumbar radiculopathy, cervical radiculopathy, myalgia, fibromyalgia, headaches, chronic pain, medication related dyspepsia, vitamin D deficiency, status post spinal cord stimulation explant, chronic nausea/vomiting, and treated under FMC. The treatment plan recommends a vitamin B12 intramuscular injection, follow-up in one month for reevaluation, refill of medications that include vitamin D 2000 units to tablets once daily #60, tizanidine 2 mg one tablet three times a day #90, pantoprazole DR 20 mg one by mouth daily #30, Senokot - S 1 tablet twice daily #60, Neurontin 300 mg twice a day #60, hydrocodone/APAP 10 - 325 one tablet by mouth every six hours for pain #120, Naprosyn 500 mg one tablet twice daily with food #30, and Butrans 10mcg/hr patch change every 7 days #4. An electrodiagnostic study performed on September 5, 2006 revealed normal findings of the bilateral upper extremities. An MRI of the cervical spine done on September 2, 2006 revealed posterior disc bulges at C4-5 measuring 1 to 2 mm, C5-6 measuring 4-5mm, and C6-7 measuring 3mm without evidence of canal stenosis or neural foraminal narrowing. A request for authorization letter dated January 2, 2014 recommends reconsideration of noncertification of aqua therapy, Neurontin 300mg, hydrocodone/APAP 10/325mg, and Senokot-S 8.6-50mg. The request for aqua pool therapy states that the patient has functional limitations that would respond better to aquatic pool therapy versus land therapy. The request for opiate pain medications is recommended due to the fact that the patient has signed and complied with an opiate pain treatment agreement, the patient has not exhibited any "red flags" of potential abuse, and because the medications have been effective in maintenance of function. The request for pantoprazole is recommended because the patient has dyspepsia related to NSAID use. The request for gabapentin is recommended to reduce the patient's chronic neuropathic pain symptoms. The request for tizanidine is recommended for occasional use to treat the patient's acute episodes of muscle spasms. The request for Senokot S is recommended to reduce the side effect of chronic constipation associated with long-term opiate use. The request for Naprosyn is recommended because it has provided benefit in pain reduction and functional improvement.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**B 12 INJECTION:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Vitamin B Other Medical Treatment Guideline or Medical Evidence.

**Decision rationale:** Regarding the request for vitamin B12 intramuscular injection, California MTUS guidelines do not contain criteria for the use of B12. ODG states that vitamin B is not medically necessary. They go on to state that when comparing vitamin B with placebo, there is no significant short-term benefit in pain intensity. As such, the current request for vitamin B12 intramuscular injection is not medically necessary.

**TIZANIDINE HCL 2 MG: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 113 of 127.

**Decision rationale:** Regarding the request for Tizanidine 2mg Chronic Pain Medical Treatment Guidelines support the use of non-sedating 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 Tizanidine is FDA approved for management of spasticity; unlabeled use for low back pain. Within the documentation available for review, there is no identification of a specific analgesic benefit or objective functional improvement as a result of the Tizanidine. Additionally, it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation, as recommended by the guidelines. In the absence of such documentation, the currently requested Tizanidine 2mg is not medically necessary.

**PANTOPRAZOLE DR 20 MG: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Nasaid, GI And Cardiovascular Risks.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69 of 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Proton Pump Inhibitors (PPIs).

**Decision rationale:** Regarding the request for Pantoprazole DR 20mg, 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. Pantoprazole is a second line PPI. Within the documentation available for review, there is no indication that the patient has complaints of dyspepsia secondary to the current NSAID being use, a risk for gastrointestinal events with NSAID use, or another indication for this medication. Additionally, there is no documentation that the patient has failed treatment with a first line PPI. In light of the above issues, the currently requested Pantoprazole 20mg is not medically necessary.

**NEURONTIN 300 MG: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-21 of 127.

**Decision rationale:** Regarding request for Gabapentin 300mg, Chronic Pain Medical Treatment Guidelines state that anti-epilepsy 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 go on to 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 antiepileptic drugs 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 Gabapentin 300mg is not medically necessary.

**HYDROCODONE- ACETAMINOPHEN 10-325 MG:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76-79, 120 of 127.

**Decision rationale:** Regarding the request for Norco (Hydrocodone/acetaminophen), 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 significantly improving the patient's function or pain (in terms of percent reduction in pain or reduced NRS), and no documentation regarding side effects. In the absence of such documentation, the currently requested Norco is not medically necessary.

**4 BUTRANS 10 MCG:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 26-27, 76-79 of 127.

**Decision rationale:** Regarding the request for Butrans 10mcg/hr #4, The California Pain Medical Treatment Guidelines state that Butrans is recommended for treatment of opiate addiction. It is also recommended as an option for chronic pain, especially after detoxification in patients who have a history of opiate addiction. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. 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. Within the documentation available for review, there is no indication that the Butrans is significantly improving the

patient's function or pain (in terms of percent reduction in pain or reduced NRS), and no documentation regarding side effects. In the absence of such documentation, the currently requested Butrans is not medically necessary.