

<b>Case Number:</b>	CM14-0019768		
<b>Date Assigned:</b>	04/28/2014	<b>Date of Injury:</b>	05/17/2010
<b>Decision Date:</b>	07/10/2014	<b>UR Denial Date:</b>	02/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/18/2014

### 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 Occupational Medicine 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 [REDACTED] employee who has filed a claim for cervical and lumbar strain, lumbar radiculopathy, and myofascial pain syndrome associated with an industrial injury date of May 17, 2010. Thus far, the patient has been treated with NSAIDs, opioids, muscle relaxants, triptans, gabapentin, antidepressants, sedatives, TENS, lidocaine injections, and physical therapy. Patient had cervical fusion in 2008. Review of progress notes reports chronic headaches, neck and upper thoracic spinal pain, weakness and numbness of the left hand, and weakness and numbness of the left leg. Patient continues to have lumbar pain with numbness of the left foot and uses a wheelchair for ambulation. Findings include positive straight leg raise on the left, decreased sensation in the left foot, decreased left ankle reflex, decreased range of motion of the cervical and lumbar spine, and spasms of bilateral trapezii. EMG performed on September 20, 2013 was normal except for reduced recruitment in the left lower extremity muscles. Lumbar, thoracic, and cervical MRIs were done on January 13, 2012. Results were unremarkable for the lumbar and thoracic spine. Cervical MRI showed post-cervical fusion changes, mild central canal stenosis at C4-6, mild right foraminal narrowing at C6-7, and mild left foraminal narrowing at C3-4. A psychiatric report dated March 10 and 11, 2014 notes that patient fits the diagnosis for somatoform disorder considering the multi-systemic problems with a background of significant self-destructive behaviors and many false positive neurological findings and therefore, the neurological symptomatology of this patient will not respond to measures directed to organic causes. Utilization review dated February 11, 2014 indicates that the claims administrator denied a request for omeprazole 20mg as there is no documentation of GI symptomatology or treatment with NSAID in the latest report; Fexmid 7.5mg as there is no documentation of spasm and improvement despite treatment for more than 3 months, and this medication is not recommended for long-term use; Savella 25mg as patient does not have

fibromyalgia for which this medication is indicated for; Lunesta 2mg as there is no documentation of sleep disorder in this patient; and urine drug test as there was no documentation of the results of the repeat test. There was modified certification for gabapentin to #90 as there is no significant improvement despite treatment for more than 3 months and a reduced supply was given to prevent abrupt withdrawal.

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

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

#### **OMEPRAZOLE 20MG, #100: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68.

**Decision rationale:** CA MTUS and the FDA support proton pump inhibitors in the treatment of patients with GI disorders such as; gastric/duodenal ulcers, GERD, erosive esophagitis, or patients utilizing chronic NSAID therapy. In general, the use of a PPI should be limited to the recognized indications and used at the lowest dose for the shortest possible amount of time. Patient has been on this medication since December 2012. An appeal dated February 12, 2014 indicated that patient has a history of bleeding ulcer as noted in the first progress note dated July 17, 2012. However, since the progress report dated December 20, 2012, there is no documentation that the patient is on NSAID therapy and of any adverse GI symptomatology. There is no clear indication as to why this medication is necessary in this patient. Therefore, the request for Omeprazole was not medically necessary per the guideline recommendations of CA MTUS and FDA.

#### **GABAPENTIN 600MG, #100: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-18.

**Decision rationale:** As stated on pages 16-18 in the CA MTUS Chronic Pain Medical Treatment Guidelines, Gabapentin is useful for treating diabetic painful neuropathy and postherpetic neuralgia, and is considered first-line for neuropathic pain. Patient has been on this medication since December 2012. There has been no documentation of improvement on this medication, and patient still presents with neuropathic symptoms of the left lower extremity. A psychiatric report dated March 10 and 11, 2014 notes that patient fits the diagnosis for somatoform disorder with many false positive neurological findings and therefore, the neurological symptomatology of this patient will not respond to measures directed to organic causes. Therefore, the request for

Gabapentin 600mg, #100 was not medically necessary per the guideline recommendations of CA MTUS.

**FEXMID 7.5MG, #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:** As stated on CA MTUS Chronic Pain Medical Treatment Guidelines page 63, 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 also show no benefit beyond NSAIDs in pain and overall improvement. Patient has been on this medication since August 2010. Changes in medication regimen to Tizanidine were noted in December 2012, but progress note from December 2013 indicated therapy with Flexeril, which is also Cyclobenzaprine. Appeal letter dated February 12, 2014 noted that patient has acute muscle spasms of the lumbar paraspinals, and Zanaflex had to be changed for Flexeril for better efficacy. However, latest progress note dated April 15, 2014 does not document lumbar spasms or acute exacerbations of pain. This medication is also not recommended for long-term use. Therefore, the request for Fexmid 7.5mg was not medically necessary per the guideline recommendations of CA MTUS.

**SAVELLA 25MG, #180:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 15,105.

**Decision rationale:** As noted on pages 15 and 105 of the CA MTUS Chronic Pain Medical Treatment Guidelines, SNRIs are recommended as an option in first-line treatment of neuropathic pain, especially if tricyclics are ineffective, poorly tolerated, or contraindicated. Patient has been on this medication since December 2012. An appeal dated February 12, 2014 noted that patient still has uncontrolled paresthetic pains and problems with sleep despite treatment with Zanaflex, Flexeril, Neurontin, Terocin, Omeprazole, Cymbalta, and Oxycontin and this medication was added to the regimen. There has been no documentation of improvement on this medication, and patient still presents with neuropathic symptoms of the left lower extremity. A psychiatric report dated March 10 and 11, 2014 notes that patient fits the diagnosis for somatoform disorder with many false positive neurological findings and therefore, the neurological symptomatology of this patient will not respond to measures directed to organic causes. Therefore, the request for Savella 25mg was not medically necessary per the guideline recommendations of CA MTUS.

**LUNESTA 2MG, #90:** Upheld

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

**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, Insomnia Treatment.

**Decision rationale:** CA MTUS does not address this issue. ODG states Eszopiclone (Lunesta) is a non-benzodiazepine sedative-hypnotic and is a first-line medication for insomnia; it is a schedule IV controlled substance that has potential for abuse and dependency. Patient has been on this medication since December 2012. An appeal dated February 12, 2014 noted that patient still has uncontrolled paresthetic pains and problems with sleep despite treatment with Zanaflex, Flexeril, Neurontin, Terocin, Omeprazole, Cymbalta, and Oxycontin and this medication was added to the regimen. However, there is no documentation regarding sleep hygiene of the patient that can support its continued use. Therefore, the request for Lunesta 2mg was not medically necessary per the guideline recommendations of ODG.

**URINE DRUG TEST:** Overturned

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

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

**Decision rationale:** As stated on page 78 of the California MTUS Chronic Pain Medical Treatment Guidelines, urine drug screens are recommended as an option to assess order use or presence of illegal drugs and as ongoing management for continued opioid use. Patient had a urine drug screen in January 20, 2014 that was positive for cannabinoid (THC). An appeal dated February 12, 2014 indicates that patient still takes narcotics from an old prescription provided by previous primary treating physician. A repeat urine drug screen is reasonable in this patient as the previous test was positive for THC. Also, given a psychiatric report that this patient has a history of self-destructive behaviors and a diagnosis of somatoform disorder, it is appropriate to screen for illegal substance use or inappropriate medication compliance. Therefore, the request for urine drug screen is medically necessary per the guideline recommendations of CA MTUS.