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| <b>Case Number:</b>   | CM14-0137711 |                              |            |
| <b>Date Assigned:</b> | 09/05/2014   | <b>Date of Injury:</b>       | 09/07/2000 |
| <b>Decision Date:</b> | 10/06/2014   | <b>UR Denial Date:</b>       | 07/31/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 08/26/2014 |

### 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 54 year-old female with date of injury 06/07/2000. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 05/22/2014. Lists subjective complaints as bilateral leg numbness, left lateral thigh pain and left ankle pain with walking, bilateral hip burning pain and ankle weakness. Objective findings: The patient ambulated slowly with analgesia. Swelling and medial bursitis was noted in the right knee. Range of motion of the lumbar spine was decreased in all planes. The diagnoses are failed back syndrome and status post implant permanent spinal cord stimulator with mild relief. The medical records supplied showed that the patient had been taking the following medications since at least as far back 01/23/2013. Medications include Zantac 150mg, #60 SIG: bid, Flexeril 10mg, #60 SIG: bid, Colace 100mg, #120 SIG: 1-2 bid, Topamax 50mg, #60 SIG: bid, and Hydrocodone/APAP 5/300, #90 SIG: 1 q6hrs prn.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Zantac 150mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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

**Decision rationale:** According to the Chronic Pain Medical Treatment Guidelines, prior to starting the patient on a proton pump inhibitor or histamine H2-receptor antagonist, physicians are asked to evaluate the patient and to determine if the patient is at risk for gastrointestinal events. Criteria used are: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID. There is no documentation that the patient has any of the risk factors needed to recommend the histamine H2-receptor antagonist Zantac. Therefore, this request is not medically necessary.

**Flexeril 10mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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

**Decision rationale:** The MTUS Chronic Pain Treatment Guidelines do not recommend long-term use of muscle relaxants such as Cyclobenzaprine. The patient has been taking Flexeril for at least 18 months, long past the recommended 2-3 weeks by the MTUS. Flexeril is not medically necessary.

**Colace 100mg #120:** 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:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 77.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines makes provision for the prophylactic treatment of constipation secondary to chronic opiate use; however, the patient was previously provided with a sufficient quantity of narcotics to be weaned from opioids which makes a laxative not medically necessary.

**Topamax 50mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-17.

**Decision rationale:** Topamax is an anti-epilepsy drug sometimes recommended for neuropathic pain, i.e. pain due to nerve damage. Randomized controlled studies have been limited in regard to central pain, and there have been none for painful radiculopathy. If an antiepileptic drug is

prescribed for a patient for other than painful polyneuropathy or postherpetic neuralgia, a first-line medication such as Gabapentin or Pregabalin should be tried initially. The patient complains of central-type and radicular pain. The medical record lacks documentation that the patient has been tried on any first-line agents. Topamax is not medically necessary.

**Hydrocodone/APAP 5/300 #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-94.

**Decision rationale:** A previous utilization review decision provided the patient with sufficient quantity of medication to be weaned slowly off of narcotic. The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. Despite the long-term use of narcotics, the patient has reported very little, if any, functional improvement or pain relief over the course of the last year. Therefore, this request is not medically necessary.