

<b>Case Number:</b>	CM14-0155510		
<b>Date Assigned:</b>	09/25/2014	<b>Date of Injury:</b>	01/04/2002
<b>Decision Date:</b>	10/31/2014	<b>UR Denial Date:</b>	09/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/23/2014

### 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 Anesthesiologist, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 claimant was injured on 01/04/02. Cyclobenzaprine, tramadol, gabapentin, and Terocin patches are under review. On 12/18/13, he reported daily pain at level 8/10 and by the end of the day it was 10/10. Norco helped to keep his pain at 6/10. He was using a knee support and a cane and had daily spasms in the left leg with numbing in the back and burning in the left knee and foot on a daily basis. He was at limited activity. He reported that topical patches were helpful and he was using hot and cold modalities. He was overweight. He had low back pain with radicular pain into the legs due to active left S1 lumbar radiculopathy on electrodiagnostic studies. Ultram, Protonix, and Terocin patches were appealed. He was using Ultram in between use of Norco. This was recommended after he saw pain management. He has used a number of different medications over the years. He has multiple other medical conditions. On 12/18/13, Ultram, Protonix, Terocin patches, and Norco were all requested. Gabapentin is not mentioned in the records.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cyclobenzaprine 7.5mg #60:** Upheld

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

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

**Decision rationale:** The history and documentation do not objectively support the request for cyclobenzaprine 7.5 mg #60. The MTUS state for cyclobenzaprine (Flexeril), "Recommended as an option, using a short course of therapy. The effect is greatest in the first four days of treatment, suggesting that shorter courses may be better. (Browning, 2001). Treatment should be brief." Additionally, MTUS and ODG state "relief of pain with the use of medications is generally temporary and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity. Before prescribing any medication for pain, the following should occur: (1) determine the aim of use of the medication; (2) determine the potential benefits and adverse effects; (3) determine the patient's preference. Only one medication to be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. Analgesic medication should show effects within 1 to 3 days, ... A record of pain and function with the medication should be recorded. (Mens 2005) Uptodate for "Flexeril" also recommends "do not use longer than 2-3 weeks" and is for "short-term (2-3 weeks) use for muscle spasm associated with acute painful musculoskeletal conditions." The medical documentation provided does not establish the need for long-term/chronic usage of cyclobenzaprine, which MTUS guidelines advise against. Additionally, the medical records provided do not provide objective findings of acute spasms or a diagnosis of acute spasm. In this case, the claimant's pattern of use of medications, including other first-line drugs such as acetaminophen and anti-inflammatories and his response to them, including relief of symptoms and documentation of functional improvement, have not been described. As such, this request for cyclobenzaprine hydrochloride 7.5 mg #60 is not medically necessary.

**Tramadol 150mg #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Page(s): 145.

**Decision rationale:** The history and documentation do not objectively support the request for the use of tramadol 150 mg #30. The MTUS state "tramadol (Ultram) is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic." Page 114 further states "Opioid analgesics and Tramadol have been suggested as a second-line treatment (alone or in combination with first-line drugs). A recent consensus guideline stated that opioids could be considered first-line therapy for the following circumstances: (1) prompt pain relief while titrating a first-line drug; (2) treatment of episodic exacerbations of severe pain; [&] (3) treatment of neuropathic cancer pain. (Dworkin, 2007) Response of neuropathic pain to drugs may differ according to the etiology of therapeutic pain. There is limited assessment of effectiveness of opioids for neuropathic pain, with short-term studies showing contradictory results and intermediate studies (8-70 days) demonstrating efficacy." In this case, there is no documentation of trials and failure of or intolerance to other more commonly used first line

drugs and no evidence that this medication was prescribed while a first line drug was being titrated to pain relief. The claimant's pattern of use of this medication and the anticipated benefit or indications for the continued use of this medication have not been clearly stated. He reportedly uses it to help him use less Norco but it is not clear whether he has been able to decrease his use of Norco in this way. The request is not medically necessary.

**Gabapentin 600mg #90: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin/Anti-epilepsy drugs/Medications for Chronic Pain Page(s): 83, 46, 94.

**Decision rationale:** The history and documentation do not objectively support the use of gabapentin 600 mg #90. The MTUS state "gabapentin (Neurontin) is an anti-epilepsy drug (AEDs - also referred to as anti-convulsants), which has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain." Also, MTUS states "anti-epilepsy drugs (AEDs) are also referred to as anti-convulsants. Recommended for neuropathic pain (pain due to nerve damage. (Gilron, 2006) (Wolfe, 2004) (Washington, 2005) (ICSI, 2005) (Wiffen-Cochrane, 2005) (Attal, 2006) (Wiffen-Cochrane, 2007) (Gilron, 2007) (ICSI, 2007) (Finnerup, 2007) There is a lack of expert consensus on the treatment of neuropathic pain in general due to heterogeneous etiologies, symptoms, physical signs and mechanisms. Most randomized controlled trials (RCTs) for the use of this class of medication for neuropathic pain have been directed at postherpetic neuralgia and painful polyneuropathy (with diabetic polyneuropathy being the most common example). There are few RCTs directed at central pain and none for painful radiculopathy. (Attal, 2006) The choice of specific agents reviewed below will depend on the balance between effectiveness and adverse reactions." Before prescribing any medication for pain, the following should occur: (1) determine the aim of use of the medication; (2) determine the potential benefits and adverse effects; (3) determine the patient's preference. Only one medication to be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. Analgesic medication should show effects within 1 to 3 days, and the analgesic effect of antidepressants should occur within one week. A record of pain and function with the medication should be recorded. (Mens 2005)" In this case, there is no clear evidence of neuropathic pain. No focal neurologic deficits have been described and the claimant has primarily soft tissue musculoskeletal complaints, including tenderness and spasms. Reportedly, his EMG showed radiculopathy but the date of the study is unclear and there is no evidence of diabetic neuropathy or postherpetic neuralgia. There is no evidence of trials of other first line medications for pain including acetaminophen and NSAIDs, which have failed to provide relief. There is also no evidence that the claimant has tried local modalities or has been involved in an ongoing exercise program to help maintain any benefits he gets from treatment modalities. No indications for gabapentin have been described in the records. The medical necessity of this request for gabapentin 600 mg #90 has not been clearly demonstrated. The request is not medically necessary.

**Terocin patches #10: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 143.

**Decision rationale:** The history and documentation do not objectively support the request for Terocin patches #10. The CA MTUS p. 143 state "topical agents may be recommended as an option [but are] largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. (Namaka, 2004)." There is no evidence of failure of all other first line drugs. The claimant received refills of other oral medications, also, with no documentation of intolerance or lack of effectiveness. He reported benefit from the use of these patches but the no specific measurable objective/functional improvement was documented. It is not clear whether the claimant has been involved in an ongoing exercise program to help him to maintain the benefits he gets from treatment measures. The medical necessity of this request has not been clearly demonstrated. The request is not medically necessary.