

<b>Case Number:</b>	CM14-0029235		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	07/26/2000
<b>Decision Date:</b>	07/18/2014	<b>UR Denial Date:</b>	02/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/07/2014

### 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 and Rehabilitation 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 injured worker is a 55-year-old male with a reported date of injury on 07/26/2007. The mechanism of injury was not provided within the documentation available for review. The injured worker presented with persistent headaches and pain. The pain was located in the right side and left shoulder, rated at 3/10. The clinical information provided for review does not include documentation of previous physical therapy or prior conservative care. On physical examination the injured worker was revealed to have spasms and decreased lordosis. The injured worker's diagnoses included lumbar spine sprain/strain and unspecified gastritis and gastroduodenitis. The injured worker's medication regimen includes Robaxin, Nuvigil, tizanidine, orphenadrine citrate, Norco, gabapentin, ibuprofen, meclizine, trazodone, and Cymbalta. The request for authorization for Doxepin 50 mg #60, Prilosec 20 mg #30, Mylanta, Norco 10/325 #90 and Zanaflex 4mg #60 was submitted on 03/02/2014. The rationale for the request was not provided within the clinical information available for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Doxepin 50 mg # 60:** Upheld

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

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

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines state that antidepressants are recommended as a first-line option for neuropathic pain, and a possibility for non-neuropathic pain. Analgesia generally occurs within a few days to a week, whereas antidepressant effect takes longer to occur. Assessment of treatment effectiveness should include not only pain outcomes, but also an evaluation of function, changes in use of other analgesic medication, sleep quality and duration, and psychological assessment. Side effects, including excessive sedation, should be assessed. It is recommended that these outcome measurements should be initiated at 1 week of treatment with a recommended trial of at least 4 weeks. According to the clinical information provided for review, the injured worker previously took trazodone and Cymbalta. The addition of Doxepin to the injured worker's medication regimen rationale was not provided within the documentation available for review. There is a lack of documentation related to the assessment of treatment effectiveness including pain outcomes, evaluation of function, changes in use of other analgesic medications, sleep quality and duration, and psychological assessment. In addition, the request as submitted failed to provide frequency and directions for use. Therefore, the request for Doxepin 50 mg #60 is not medically necessary.

**Prilosec 20 mg # 30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Proton pump inhibitors(PPIs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & Cardiovascular Risk Page(s): 68.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines recommend the use of proton pump inhibitors in injured workers who are at risk for gastrointestinal events. To determine if the injured worker is at risk for gastrointestinal events documentation would include that the injured worker is greater than 65 years of age, history of peptic ulcer, GI bleeding or perforation, concurrent use of aspirin, corticosteroids, and/or anticoagulant or high dose/multiple NSAID use. According to the clinical documentation, the injured worker has utilized Prilosec prior to 08/13/2013. The rationale for the addition of Prilosec to the injured worker's medication regimen was not provided within the documentation available for review. In addition, there is a lack of documentation related to the therapeutic effects of ongoing use of Prilosec. The request as submitted failed to provide frequency and directions for use for Prilosec. Therefore, the request for Prilosec 20 mg #30 is not medically necessary.

**Mylanta:** 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 Other Medical Treatment Guideline or Medical Evidence: Medlineplus.com.

**Decision rationale:** According to Medlineplus.com, Mylanta, or simethicone, is used to treat the symptoms of gas such as uncomfortable or painful pressure, fullness, and bloating. According to the clinical documentation, the injured worker was prescribed Mylanta on 08/13/2013. There is a lack of documentation related to the rationale for the addition of Mylanta to the injured worker's medication regimen. In addition, there is a lack of documentation related to the ongoing use and therapeutic benefit of Mylanta. In addition, the request as submitted failed to provide frequency, dosage, and directions for use of Mylanta. Therefore, the request for Mylanta is not medically necessary.

**Norco 10/325mg #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-going Management Page(s): 78.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines recommend the ongoing management of opioids should include the ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. According to the clinical documentation provided for review, the injured worker has utilized Norco prior to 08/13/2013. The clinical information provided for review lacks documentation of pain relief, functional status, appropriate medication use, and side effects. There is a lack of documentation related to the ongoing therapeutic benefit in the long term utilization of Norco. In addition, the request as submitted failed to provide frequency and directions for use. Therefore, the request for Norco 10/325 mg #90 is not medically necessary.

**Zanaflex 4mg # 60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain), Antispasticity/Antispasmodic Drugs: Zanaflex Page(s): 66.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines state that Zanaflex is a centrally-acting alpha 2 adrenergic agonist that is FDA-approved for management of spasticity and use for low back pain. One study conducted only in females demonstrated a significant decrease in pain associated with chronic myofascial pain syndrome and the authors recommend its use as a first-line option to treat myofascial pain. According to the clinical documentation provided for review, the injured worker has been utilizing Zanaflex prior to 08/13/2013. The

rationale and therapeutic benefit of the long term utilization of Zanaflex was not provided within the documentation available for review. There is a lack of documentation related to the injured worker's functional deficits or muscle spasms. In addition, the request as it was submitted failed to provide frequency and directions for use. Therefore, the request for Zanaflex 4 mg #60 is not medically necessary.