

<b>Case Number:</b>	CM14-0034043		
<b>Date Assigned:</b>	07/21/2014	<b>Date of Injury:</b>	05/31/2007
<b>Decision Date:</b>	12/26/2014	<b>UR Denial Date:</b>	03/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/18/2014

### 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 Family Medicine and is licensed to practice in New Jersey & New York. 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 56 year-old female who was injured on 5/31/07 by unknown mechanism. She complained of neck pain radiating to bilateral upper extremities and lower back pain radiating to left lower extremity. On exam, she ambulates with a cane, has tender cervical spine with decreased sensation of C5-6 dermatomes. She has decreased range of motion of lumbar spine. An MRI of cervical and lumbar spine showed multi-level degenerative changes with disc dessication and severe hypertrophic facet changes. She was diagnosed with cervical radiculopathy, chronic pain, lumbar radiculitis, lumbar radiculopathy, headaches, depression, hypertension, and medication related dyspepsia. She used a TENS unit and cold therapy unit. The patient has developed tolerance to opiates due to long term use. She was documented to have 7/10 pain with medications and 3/10 pain without medications. She was not documented to have side effects from medications. The current request is for Tizanidine, Gabapentin, Senokot, Tramadol, Pantoprazole, Lidoderm, and Fioricet.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tizanidine HCL 2mg quantity 90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63,66.

**Decision rationale:** The request for Tizanidine is not medically necessary. It is indicated for management of spasticity which the patient is not documented to have. It may benefit patients with fibromyalgia and used off-label for back pain. The patient does not have documentation of muscle spasms. The chronic use of muscle relaxants is not recommended and efficacy tends to wane, leading to dependency. Therefore, the request is considered not medically necessary.

**Gabapentin 600 mg quantity 60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anticonvulsant, Gabapentin Page(s): 16-19, 49.

**Decision rationale:** The request is not medically necessary. Gabapentin is an anti-epilepsy drug that is effective for neuropathic pain. The patient has chronic cervical and lumbar radiculopathy but no documented objective exam findings to corroborate the history. There isn't enough evidence to support the presence of active and chronic cervical or lumbar radiculopathy. Therefore, the request for Gabapentin is considered not medically necessary.

**Senokot 8.6-50mg Quantity 90:** 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, Opioid-Induced Constipation Treatment.

**Decision rationale:** The request is considered not medically necessary. ODG guidelines were used as MTUS does not address Senokot use. Senokot is a stool softener. The patient has been on chronic opioid use which would lead us to infer that the patient is suffering from opioid-induced constipation. However, there is no documentation that the patient has constipation requiring this medication. The patient was documented not to have any side effects from the medication. Therefore, the request is considered not medically necessary at this time.

**Tramadol HCL 50 mg quantity 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 Page(s): 78-79.

**Decision rationale:** The request for Tramadol is not medically necessary. The patient's pain was documented to be 7/10 on medications and 3/10 without medications so it does not appear that tramadol is effective for the patient. The patient has developed tolerance to opiates which requires the weaning of this medication. There are no UDS results in the chart. The 4 A's of monitoring have not been documented with functional improvement and side effects listed. The risk of the medication outweighs the benefits. Therefore, the medication is considered not medically necessary.

**Pantoprazole Sod DR 20 mg quantity 60:** 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); Proton-Pump Inhibitors (PPIs), NSAIDs, GI Symptoms.

**Decision rationale:** The request for Pantoprazole is not medically necessary. There is no documentation of GI risk factors or history of GI disease requiring PPI prophylaxis. The use of prophylactic PPI's is not required unless he is on chronic NSAIDs. There was no documentation of GI symptoms that would require a PPI. She was documented to have the diagnosis of dyspepsia but this was not supported with subjective history. Long term PPI use carries many risks and should be avoided. Therefore, this request is not medically necessary.

**Lidoderm 5% patch quantity 30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm, Topical Analgesics Page(s): 56-57, 111-112.

**Decision rationale:** The request is not medically necessary. According to MTUS guidelines, Lidoderm is not first line treatment and is only FDA approved for post-herpetic neuralgia. More research is needed to recommend it for chronic neuropathic pain other than post-herpetic neuralgia. However, the patient does even not have documented neuropathic exam findings. It is unclear if patient has failed other first-line treatment. Therefore, the request is not considered medically unnecessary.

**Fioricet 50/325 40 mg quantity 60:** 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, Barbiturates Containing Analgesic Agents.

**Decision rationale:** The request is considered not medically necessary. ODG guidelines were used as Fioricet use was not addressed in MTUS. Barbiturates containing analgesic agents are not recommended for chronic pain use due to high addiction potential. She has already developed a tolerance to opiates. Fioricet is sometimes used to treat headaches. It is not indicated for cervical and lumbar radiculopathy. Therefore the request is considered not medically necessary.