

<b>Case Number:</b>	CM14-0035201		
<b>Date Assigned:</b>	06/23/2014	<b>Date of Injury:</b>	04/20/2002
<b>Decision Date:</b>	08/18/2014	<b>UR Denial Date:</b>	03/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/21/2014

### 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:

This patient is a 63-year-old female with a date of injury of 04/20/2002. The listed diagnoses per Dr. Amirdelfan are: 1. Post laminectomy syndrome. 2. Cervical radiculopathy. 3. Cervical strain. 4. Thoracic pain. According to progress report 02/09/2014, the patient presents with neck, right shoulder, upper back, and mid back pain. Patient's treatment history includes medications, injections, physical therapy, and TENS unit. She has undergone right shoulder arthroscopy in October 2002 and cervical fusion and discectomy in October 2003. She has some neck pain that radiates down the arms. Patient's medication regimen includes Norco, Flexeril, Etodolac, Lyrica, and Lexapro. The treater is requesting a refill of all medications which was subsequently denied by utilization review on 03/13/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**FLEXERIL 10MG QTY: 60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CYCLOBENZAPRINE (FLEXERIL, AMRIX, FEXMID).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril, Amrix, Fexmid), generic available, Muscle relaxants (for pain)  
Page(s): 64, 63.

**Decision rationale:** The patient presents with neck, right shoulder, upper back, and mid back pain. The treater is requesting of Flexeril 10mg, #60. The patient states Flexeril decreases her pain and allows her to performed simple house chores. She states Flexeril reduces her pain enough, so she could play ball with her dog. She is not able to do much lately as the medications continue to be denied and spasms are very intense without it. The MTUS Guidelines page 64 states "Cyclobenzaprine is recommended for short course of therapy, limited mixed evidence does not allow for recommendation for chronic use." In this case, the treater is requesting this medication for long-term use. Recommendation is for denial.

**NORCO 10-325MG QTY:180:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids Page(s): 60, 61, 88, 89.

**Decision rationale:** The patient presents with neck, right shoulder, upper back, and mid back pain. The treater is requesting a refill of Norco 10/325 mg #180. Medical records indicate the patient has been prescribed Norco since at least 10/09/2013. This report indicates that medications allow her to function, including improving her sitting tolerance from 10 minutes to 60 minutes, standing tolerance 5 minutes to 45 minutes, walking tolerance from 2 minutes to 50 minutes, and generally increasing her activity tolerance. She is able to perform her ADLs and light loads of laundry and folding clothes. She is also able to do dishes and cooking on her medications. Progress report 02/19/2014 indicates on Norco, pain is reduced from 10/10 to 7/10. With full quantity of Norco, pain level is decreased and patient reports being able to perform simple house chores and playing ball with her dog. Utilization review denied the request for Norco stating medications will cause dependency issues and/or end-organ complications sooner or later. Page 78 of MTUS requires "Pain Assessment" that should include, "current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts." Furthermore, "The 4 A's for ongoing monitoring" are required that include analgesia, ADL's, adverse side effects and aberrant drug-seeking behavior. In this case, progress reports from 10/09/2013 to 02/19/2014 report decrease of pain on a pain scale. Furthermore, treater lists specific functional improvements with taking this medication. Recommendation is for approval.

**LEXAPRO 20MG QTY: 30:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants Page(s): 13-15.

**Decision rationale:** The patient presents with neck, right shoulder, upper back, and mid back pain. The treater is requesting a refill of Lexapro 20mg, tablet #30 for patient's mood. The

patient notes improved mood and less crying spells with Lexapro. She states combination of her medications help control her pain and allows her to function better. Utilization review denied the request stating there are no red flags and/or significant progressive objective orthopedic or neurologic findings. The MTUS Guidelines on antidepressants page 13 and 15 states "Recommended as the first line option for neuropathic pain and as a possibility for non-neuropathic pain, tricyclics are generally considered a first line agent unless they are ineffective, poorly tolerated or contradictory. Assessment of treatment efficacy should include not only pain outcomes but also an evaluation of function, changes and use of other analgesic medication, sleep quality and duration and psychological assessment." This patient has been taking Lexapro since at least October 2013 for patient's neuropathic pain. MTUS allows for antidepressants for neuropathic and non-neuropathic pain. Given the reported efficacy of this medication, recommendation is for approval.

**ETODOLAC 400MG TABLET QTY: 60: Overturned**

**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 Anti-inflammatory medications, NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 22, 67, 68.

**Decision rationale:** The patient presents with neck, right shoulder, upper back, and mid back pain. The treater is requesting a refill of Etodolac 400mg, #60 for patient's inflammatory pain. The patient reports a reduction in pain in her entire body with this medication. For anti-inflammatory medications, the MTUS Guidelines page 22 states "anti-inflammatories are the traditional first line of treatment to reduce pain, so activity and functional restoration can resume, but long term use may not be warranted." Utilization review denied the request stating "This medication is not recommended to be use for longer 2 to 3 weeks." Medical records indicate this patient has been taking these medications since at least 10/09/2013. Review of progress reports from 10/09/2013 to 02/19/2014 indicates the patient's current medication regimen which includes Etodolac provides pain relief and is "working well." The patient reports the medications allow her to function including improving her sitting, walking and standing tolerances. She is able to perform ADLs and light loads of laundry, cooking, and dishes. She notes without her medications, she is unable to do majority of these tasks. It appears Etodolac has been working sufficiently for patient's inflammatory pain. Recommendation is for approval.

**LYRICA 100MG QTY: 90: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES-PAIN.

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

**Decision rationale:** The patient presents with neck, right shoulder, upper back, and mid back pain. The treater is requesting a refill of Lyrica 100mg, #90. Utilization review denied the

request stating there is no indication of complication to recovery, core morbidity, or extenuating clinical circumstance that would indicate Lyrica versus NSAID. The MTUS guidelines has the following regarding Pregabalin (Lyrica), "Pregabalin (Lyrica, no generic available) has been documented to be effective in treatment of diabetic neuropathy and postherpetic neuralgia, has FDA approval for both indications, and is considered first-line treatment for both. Lyrica has been prescribed for patient's continued neuropathic pain, and the patient reports this medication is "working very well for her with no significant side effects." Recommendation is for approval.