

<b>Case Number:</b>	CM14-0040131		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	07/21/2008
<b>Decision Date:</b>	08/15/2014	<b>UR Denial Date:</b>	03/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/05/2014

### 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 & Rehab, has a subspecialty in Pain Medicine and is licensed to practice in Texas & Oklahoma. 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 47-year-old male who reported an injury after he was hit in the head and right knee on 07/21/2008. The clinical note dated 03/11/2014 indicated diagnoses of degenerative disc disease cervical, degenerative joint disease, facet arthropathy cervical, and chronic daily headaches. The injured worker reported neck and arm pain and chronic daily headache. The injured worker rated his pain 10/10. The injured worker reported they began in the occipital region and extended to the temporal region and then localized behind 1 eye varying between the left side and the right side of the skull. The injured worker complained of right knee pain that resulted from his altered gait and he reported having left knee pain as well. The injured worker reported his pain was constant in duration described as aching, burning, and sharp. The injured worker reported numbness in both his forearms and occasionally in his legs. The injured worker reported his pain was worse with standing, walking, bending, lifting, and sitting, and somewhat relieved with heat, rest, and medications. The injured worker reported his daily activities were limited secondary to pain and particularly with ability to care for himself, including dressing and bathing and writing with his right hand. The injured worker reported since the time of his last visit his pain had worsened. The injured worker reported he continued to have neck pain and headaches that caused him nausea and brought him to tears. The injured worker reported significant tenderness over the bilateral cervical facet joint. On physical examination, the injured worker ambulated with a markedly antalgic gait secondary to right knee pain with the aid of a cane. There was tenderness in the midline of the cervical spine with tenderness over the right greater occipital nerve and tenderness over the cervical facet joints in the upper portion of the cervical spine bilaterally. The injured worker's cervical range of motion was decreased and lumbar range of motion was decreased. The injured worker's upper and lower extremities were decreased. The injured worker had reduced sensation to the right and normal

sensation to the left. The injured worker had a deferred straight leg raise on the right due to pain. The injured worker's prior treatments included diagnostic imaging, surgeries, home exercises, and medication management. The injured worker's medication regimen included fentanyl patch, Percocet, Flexeril, Wellbutrin, Voltaren gel, Lyrica, MS-Contin, Percocet, Lexapro, and Flexeril. The provider submitted request for fentanyl patch, Flexeril, Wellbutrin, Voltaren gel, and omeprazole. A request for authorization was not submitted for review to include the date the treatment was requested.

## **IMR ISSUES, DECISIONS AND RATIONALES**

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

### **Fentanyl patch 75mcg #15: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Fentanyl Page 44, Ongoing Management, Page 78, Opioid Dosing, Page 86 Page(s): 44, 78, 86.

**Decision rationale:** The request for Fentanyl patch 75mcg #15 is not medically necessary. The California MTUS Guidelines indicate that Duragesic (fentanyl) is not recommended as a first-line therapy. The FDA-approved product labeling states that Duragesic is indicated in the management of chronic pain in patients who require continuous opioid analgesia for pain that cannot be managed by other means. There should be documentation of an objective improvement in function, an objective decrease in pain, and evidence that the patient is being monitored for aberrant drug behavior and side effects. There is lack of significant evidence of an objective assessment of the injured worker's pain level, functional status, and evaluation of risk for aberrant drug-use behaviors and side effects. Furthermore, the request does not indicate a frequency for this medication. Therefore, the request is not medically necessary.

### **Flexeril 10mg #90: 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 (Flexeril) Page(s): 41-42.

**Decision rationale:** The request for Flexeril 10mg #90 is not medically necessary. The California MTUS guidelines recommend cyclobenzaprine (Flexeril) as an option, using a short course of therapy. Cyclobenzaprine is a skeletal muscle relaxant and a central nervous system (CNS) depressant. There was a lack of documentation of efficacy and functional improvement with the use of this medication. In addition, the injured worker's pain level is 10/10. There is no functional improvement with the use of the Flexeril. Moreover, the documents submitted did not indicate how long the injured worker had been utilizing this medication. In addition, the documentation submitted did not indicate if the injured worker had tried a first-line treatment.

Moreover, the request did not indicate a frequency for this medication. Therefore, the request is not medically necessary.

**Wellbutrin XL 150mg #30: Upheld**

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

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

**Decision rationale:** The request for Wellbutrin XL 150 mg #30 is not medically necessary. The California Chronic Pain Medical Treatment Guidelines state Wellbutrin is a second-generation non-tricyclic antidepressant (a noradrenaline and dopamine reuptake inhibitor that has been shown to be effective in relieving neuropathic pain of different etiologies. While Wellbutrin has shown some efficacy in neuropathic pain, there is no evidence of efficacy in patients with nonneuropathic chronic low back pain. The injured worker has already been prescribed Lexapro. It is not indicated why the provider would prescribe Lexapro and Wellbutrin. Clarification is needed. In addition, there is lack of documentation and functional improvement with the use of this medication. Moreover, the provider did not indicate a rationale for the request. Additionally, the request did not indicate a frequency. Therefore, the request is not medically necessary.

**Voltaren Gel 1% #5 tubes: Upheld**

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

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

**Decision rationale:** The California Chronic Pain Medical Treatment Guidelines state topical analgesics 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. The guidelines also indicate any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The California MTUS Guidelines recognize Voltaren as a non-steroidal anti-inflammatory drug. Topical application for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip or shoulder. Recommended for short-term use (4-12 weeks). There is lack of documentation of efficacy and functional improvement with the use of this medication. In addition, the injured worker reported his pain level at 10/10. Moreover, it was not indicated how long the injured worker had been utilizing this medication. The Voltaren is indicated for short-term use of 4 to 12 weeks. Additionally, the request did not indicate a frequency or quantity for this medication. Therefore, the request is not medically necessary.

**Omeprazole 20mg #30: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, Proton Pump Inhibitor.

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

**Decision rationale:** The request for Omeprazole 20mg #30 is non-certified. The California MTUS Guidelines recommend the use of proton pump inhibitors if there is a history of gastrointestinal bleeding or perforations, a prescribed high dose of NSAIDs and a history of peptic ulcers. There is also a risk with long-term utilization of PPI (> 1 year) which has been shown to increase the risk of hip fracture. The documentation submitted did not indicate the injured worker had findings that would support he was at risk for gastrointestinal bleeding, perforations, or peptic ulcers. In addition, there was a lack of documentation of efficacy and functional improvement with the use of this medication. Moreover, the request did not indicate a frequency for this medication. Therefore, the request is not medically necessary.