

<b>Case Number:</b>	CM14-0055100		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	01/24/2009
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	04/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/24/2014

### 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 Occupational Medicine 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 is a 48-year-old female with a 1/24/09 date of injury. The injury occurred when she was trying to help a patient to the dining room. The claimant tried to flip the wheelchair and tried to stop the wheelchair from falling backwards. The claimant then went forward and injured her shoulder. According to a 7/1/14 progress report, the patient complained of persistent neck and shoulder pain. She recently fell and her leg gave out. In terms of her neck and shoulder, she had persistent pain, stiffness, and loss of range of motion. Objective findings included: tenderness along the cervical paraspinal muscles and right shoulder with abduction at 90 degrees, weakness against resistance. Diagnostic impression included: chronic neck pain due to tight muscles and muscle spasms, possible cervical radiculopathy on the right side in the distribution of the C6-C7 nerve roots, depression and insomnia, hyperlipidemia. Treatment to date includes: medication management as well as activity management. A Utilization Review decision dated 4/21/14 modified the quantity of Amrix from 120 tablets to 30 tablets, Xanax from 120 tablets to 30 tablets, and Protonix from 60 tablets to 30 tablets for weaning purposes and denied the request for Topamax. A specific rationale for the decisions were not provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Amrix 15mg #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-66.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 41-42.

**Decision rationale:** According CA MTUS, "Cyclobenzaprine is recommended as an option, using a short course of therapy." The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. Treatment should be brief. There is also a post-operative use for this medication. The addition of cyclobenzaprine to other agents is not recommended. It is noted in a 7/1/14 progress report that the patient had recently fallen. However, the patient has had an ongoing prescription of Amrix. There is no documentation that the request for this medication is for the treatment of the patient's acute exacerbation of pain. In addition, the patient has been on Amrix since at least 10/17/13, if not earlier. Guidelines do not support the long-term use of muscle relaxants. Therefore, the request for Amrix 15 mg #120 is not medically necessary.

**Xanax 1mg #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 24.

**Decision rationale:** CA MTUS Chronic Pain Medical Treatment Guidelines state that, "Benzodiazepines range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. They are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence." Most guidelines limit use to 4 weeks. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects are developed quickly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. According to the reports reviewed, it is documented that the patient has been utilizing Xanax since at least 11/15/13, if not earlier. Guidelines do not support the long-term use of benzodiazepines. Therefore, the request for Xanax 1 mg #120 is not medically necessary.

**Topamax 50mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs) Page(s): 16-22.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 16-21.

**Decision rationale:** CA MTUS Chronic Pain Medical Treatment Guidelines state that, "Topiramate is considered for use for neuropathic pain when other anticonvulsants fail." There was no documentation that the patient had been on a first-line medication for neuropathic pain, such as Gabapentin. Therefore, the request for Topamax 50 mg #60 is not medically necessary.

**Protonix 20mg #60: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms Page(s): 68-69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Proton pump inhibitors (PPIs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 page Page(s): 68. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: FDA (Pantoprazole (Protonix)).

**Decision rationale:** CA MTUS and the FDA recommend, "Proton pump inhibitors in the treatment of patients with gastrointestinal disorders such as gastric/duodenal ulcers, GERD, erosive esophagitis, or patients utilizing chronic NSAID therapy." It is documented in the reports reviewed that the patient is currently taking naproxen, an NSAID, for inflammation. Guidelines support the use of Protonix in patients utilizing chronic NSAID therapy. Therefore, the request for Protonix 20 mg #60 is considered medically necessary.

