

<b>Case Number:</b>	CM14-0086418		
<b>Date Assigned:</b>	08/08/2014	<b>Date of Injury:</b>	04/16/2008
<b>Decision Date:</b>	09/12/2014	<b>UR Denial Date:</b>	05/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/09/2014

### 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 Internal 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:

The patient is an injured worker with chronic neck pain. The date of injury was 04-16-2008. Primary treating physician's progress report (PR-2) dated 05-14-2014 documented subjective complaints of neck pain. Objective findings included full range of motion neck, pain with hyperextension cervical spine. Diagnoses were cervicgia and depression. Treatment plan included MRI cervical and pain management referral. Office visit note dated 05-14-2014 documented that medications included Baclofen, Norco, Lyrica, Lidoderm patch, Omeprazole, Cymbalta, Butrans, Wellbutrin. Physical examination findings included full range of motion of cervical spine, mild pain with hyperextension, tense trapezius musculature, normal shoulder bilaterally. Appropriate mood and affect were observed. MRI of the cervical spine performed on 07-22-2014 reported stable mild reversal of the normal lordosis of the cervical spine which could be due to positioning or muscle spasm, and stable mild degenerative disc bulges and minimal to small left-sided uncovertebral spurs. The greatest degree of central canal and neural foraminal stenoses are mild. Utilization review determination date was 05/02/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Duloxetine. Quantity #6:** 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 Medical treatment utilization schedule (MTUS) Antidepressants for chronic pain Page 13-16 Page(s): 13-16. Decision based on Non-MTUS Citation U.S. Department of Justice Drug Enforcement Administration Practitioner's Manual Section V - Valid Prescription Requirements <http://www.DEAdiversion.usdoj.gov/pubs/manuals/pract/section5.htm>.

**Decision rationale:** Medical treatment utilization schedule (MTUS) Chronic Pain Medical Treatment Guidelines states that antidepressants for chronic pain are recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. Duloxetine (Cymbalta) is FDA-approved for anxiety, depression, diabetic neuropathy, and fibromyalgia. Duloxetine is used off-label for neuropathic pain and radiculopathy. Duloxetine is recommended as a first-line option for diabetic neuropathy. No high quality evidence is reported to support the use of duloxetine for lumbar radiculopathy. More studies are needed to determine the efficacy of Duloxetine for other types of neuropathic pain. Progress report dated 05-14-2014 documented subjective complaints of chronic neck pain and depression. The date of injury was 04-16-2008. Physical examination findings included full range of motion of cervical spine, mild pain with hyperextension, tense trapezius musculature, normal shoulder bilaterally. Appropriate mood and affect were observed. MRI of the cervical spine performed on 07-22-2014 reported stable mild reversal of the normal lordosis of the cervical spine, and stable mild degenerative disc bulges. Central canal and neural foraminal stenoses are mild. Physical examination and MRI demonstrated mild findings. Duloxetine 1 x 6 was requested. The DEA 's Manual Section V mandates that prescriptions must include strength, dosage, quantity, and directions for use. These elements are lacking in the request. Therefore the request for Duloxetine cannot be endorsed. Therefore, the request for Duloxetine. Quantity #6 is Not medically necessary.

**Hydrocodone /APAP. Quantity #6:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment, Chapter 8 Neck and Upper Back Complaints Page(s): 47-48, 181-183, Chronic Pain Treatment Guidelines Medical treatment utilization schedule (MTUS) Opioids Page 74-96 Page(s): 74-96. Decision based on Non-MTUS Citation U.S. Department of Justice Drug Enforcement Administration Practitioner's Manual Section V - Valid Prescription Requirements <http://www.DEAdiversion.usdoj.gov/pubs/manuals/pract/section5.htm>.

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines address opioids. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 3 states that opioids appear to be no more effective than safer analgesics for managing most musculoskeletal symptoms. Opioids should be used only if needed for severe pain and only for a short time. ACOEM guidelines state that the long-term use of opioids is not recommended for neck and upper back conditions. Progress report dated 05-14-2014 documented subjective complaints of chronic neck pain and depression. The date of injury was 04-16-2008. Physical examination findings included full range of motion of cervical spine, mild pain with hyperextension, tense trapezius musculature, normal shoulder

bilaterally. Appropriate mood and affect were observed. MRI of the cervical spine performed on 07-22-2014 reported stable mild reversal of the normal lordosis of the cervical spine, and stable mild degenerative disc bulges. Central canal and neural foraminal stenoses are mild. Physical examination and MRI demonstrated mild findings. Hydrocodone/APAP 1 x 6 was requested. The DEA 's Manual Section V mandates that prescriptions must include strength, dosage, quantity, and directions for use. These elements are lacking in the request. Therefore the request for Hydrocodone/APAP cannot be endorsed. Therefore, the request for Hydrocodone /APAP. Quantity #6 is Not medically necessary.

**Baclofen Quantity #6: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines Muscle relaxants Page 63-66 Page(s): 63-66. Decision based on Non-MTUS Citation FDA Prescribing Information Baclofen <http://www.drugs.com/pro/baclofen.html> U.S. Department of Justice Drug Enforcement Administration Practitioner's Manual Section V - Valid Prescription Requirements <http://www.DEAdiversion.usdoj.gov/pubs/manuals/pract/section5.htm>.

**Decision rationale:** Medical treatment utilization schedule (MTUS) addresses muscle relaxants. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) states that muscle relaxants seem no more effective than NSAIDs for treating patients with musculoskeletal problems, and using them in combination with NSAIDs has no demonstrated benefit. Muscle relaxants may hinder return to function by reducing the patient's motivation or ability to increase activity. Table 3-1 states that muscle relaxants are not recommended. Chronic Pain Medical Treatment Guidelines (Page 63-66) addresses muscle relaxants. Muscle relaxants should be used with caution as a second-line option for short-term treatment. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. According to a review in American Family Physician, muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. Baclofen is recommended orally for the treatment of spasticity and muscle spasm related to multiple sclerosis and spinal cord injuries. FDA Prescribing Information states that Baclofen is indicated for spasticity resulting from multiple sclerosis. Baclofen may also be of some value in patients with spinal cord injuries and other spinal cord diseases. Baclofen is not indicated in the treatment of skeletal muscle spasm resulting from rheumatic disorders. The efficacy of Baclofen in stroke, cerebral palsy, and Parkinson's disease has not been established and, therefore, it is not recommended for these conditions. Progress report dated 05-14-2014 documented subjective complaints of chronic neck pain and depression. The date of injury was 04-16-2008. Physical examination findings included full range of motion of cervical spine, mild pain with hyperextension, tense trapezius musculature, normal shoulder bilaterally. Appropriate mood and affect were observed. MRI of the cervical spine performed on 07-22-2014 reported stable mild reversal of the normal lordosis of the cervical spine, and stable mild degenerative disc bulges. Central canal and neural foraminal stenoses are mild. Physical examination and MRI demonstrated mild findings. Medical records document that the patient has chronic occupational injuries and has been

prescribed muscle relaxants long-term. MTUS guidelines do not support the long-term use of muscle relaxants. Medical records do not document multiple sclerosis or spinal cord injury. MTUS and FDA guidelines recommend Baclofen only for multiple sclerosis or spinal cord diseases. MTUS, ACOEM, and FDA guidelines do not support the use of Baclofen in this context. Baclofen 1 x 6 was requested. The DEA's Manual Section V mandates that prescriptions must include strength, dosage, quantity, and directions for use. These elements are lacking in the request. Therefore the request for Baclofen cannot be endorsed. Therefore, the request for Baclofen Quantity #6 is Not medically necessary.

**Lidocaine 5% patches . Quantity #6: 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 Medical treatment utilization schedule (MTUS) Lidoderm (lidocaine patch) Page 56-57 Topical Analgesics Page 111-112 Page(s): 56-57 111-112.

**Decision rationale:** Medical treatment utilization schedule (MTUS) Chronic Pain Medical Treatment Guidelines states that Lidoderm (Lidocaine patch 5%) is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. Further research is needed to recommend Lidoderm for chronic neuropathic pain disorders other than post-herpetic neuralgia. Lidoderm is not recommended for non-neuropathic pain. Medical records do not document a diagnosis of post-herpetic neuralgia. Per MTUS guidelines, Lidoderm is only FDA approved for post-herpetic neuralgia, and is not recommended for other chronic neuropathic pain disorders or non-neuropathic pain. Medical records and MTUS guidelines do not support the medical necessity of Lidoderm patch. Therefore, the request for Lidocaine 5% patches. Quantity #6: is Not medically necessary.

**Omeprazole . Quantity #6: 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 Medical treatment utilization schedule (MTUS) NSAIDs, GI symptoms & cardiovascular risk Page 68-69 Page(s): 68-69.

**Decision rationale:** Medical treatment utilization schedule (MTUS) Chronic Pain Medical Treatment Guidelines address NSAIDs and gastrointestinal risk factors. Proton Pump Inhibitor (PPI), e.g. Omeprazole, is recommended for patients with gastrointestinal risk factors. Progress report dated 05-14-2014 documented no gastrointestinal risk factors. NSAID medication was not documented. Medical records do not support the use of Omeprazole Therefore, the request for Omeprazole. Quantity #6 is Not medically necessary.

**Butrans Patches. Quantity #6: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment, Chapter 8 Neck and Upper Back Complaints Page(s): 47-48 181-183, Chronic Pain Treatment Guidelines Medical treatment utilization schedule (MTUS) Opioids Page 74-96 Page(s): 74-96. Decision based on Non-MTUS Citation U.S. Department of Justice Drug Enforcement Administration Practitioner's Manual Section V - Valid Prescription Requirements <http://www.DEAdiversion.usdoj.gov/pubs/manuals/pract/section5.htm>.

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines address opioids. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 3 states that opioids appear to be no more effective than safer analgesics for managing most musculoskeletal symptoms. Opioids should be used only if needed for severe pain and only for a short time. ACOEM guidelines state that the long-term use of opioids is not recommended for neck and upper back conditions. Progress report dated 05-14-2014 documented subjective complaints of chronic neck pain and depression. The date of injury was 04-16-2008. Physical examination findings included full range of motion of cervical spine, mild pain with hyperextension, tense trapezius musculature, normal shoulder bilaterally. Appropriate mood and affect were observed. MRI of the cervical spine performed on 07-22-2014 reported stable mild reversal of the normal lordosis of the cervical spine, and stable mild degenerative disc bulges. Central canal and neural foraminal stenoses are mild. Physical examination and MRI demonstrated mild findings. Butrans patches 1 x 6 was requested. The DEA 's Manual Section V mandates that prescriptions must include strength, dosage, quantity, and directions for use. These elements are lacking in the request. Therefore the request for Butrans patches cannot be endorsed. Therefore, the request for Butrans Patches. Quantity #6 is Not medically necessary.

**Wellbutrin. Quantity #6:**

**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 Medical treatment utilization schedule (MTUS) Wellbutrin (Bupropion) Pages 16, 27, 125 Page(s): 16 27 125. Decision based on Non-MTUS Citation U.S. Department of Justice Drug Enforcement Administration Practitioner's Manual Section V - Valid Prescription Requirements <http://www.DEAdiversion.usdoj.gov/pubs/manuals/pract/section5.htm>.

**Decision rationale:** Medical treatment utilization schedule (MTUS) Chronic Pain Medical Treatment Guidelines state that Wellbutrin is considered as an option after other agents. Progress report dated 05-14-2014 documented subjective complaints of chronic neck pain and depression. The date of injury was 04-16-2008. Physical examination findings included full range of motion of cervical spine, mild pain with hyperextension, tense trapezius musculature, normal shoulder bilaterally. Appropriate mood and affect were observed. MRI of the cervical spine performed on

07-22-2014 reported stable mild reversal of the normal lordosis of the cervical spine, and stable mild degenerative disc bulges. Central canal and neural foraminal stenoses are mild. Physical examination and MRI demonstrated mild findings. Medical records do not document failure of other agents, which is the MTUS requirement for consideration of Wellbutrin. Wellbutrin 1 x 6 was requested. The DEA 's Manual Section V mandates that prescriptions must include strength, dosage, quantity, and directions for use. These elements are lacking in the request. Therefore the request for Wellbutrin cannot be endorsed. Therefore, the request for Wellbutrin. Quantity #6 is Not medically necessary.

**Lyrica. Unspecified Quantity:** 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 Medical treatment utilization schedule (MTUS) Pregabalin (Lyrica) page 19-20 Page(s): 19-20. Decision based on Non-MTUS Citation FDA Prescribing Information for Lyrica <http://www.drugs.com/pro/lyrica.html> U.S. Department of Justice Drug Enforcement Administration Practitioner's Manual Section V - Valid Prescription Requirements <http://www.DEAdiversion.usdoj.gov/pubs/manuals/pract/section5.htm>.

**Decision rationale:** Medical treatment utilization schedule (MTUS) Chronic Pain Medical Treatment Guidelines state Lyrica (Pregabalin) has been documented to be effective in the treatment of diabetic neuropathy and postherpetic neuralgia, and has FDA approval for both indications. The FDA has given approval of pregabalin as treatment for fibromyalgia. FDA Prescribing Information documents that Lyrica is indicated for neuropathic pain associated with diabetic peripheral neuropathy, postherpetic neuralgia, partial onset seizures, fibromyalgia, neuropathic pain associated with spinal cord injury. Progress report dated 05-14-2014 documented subjective complaints of chronic neck pain and depression. The date of injury was 04-16-2008. Physical examination findings included full range of motion of cervical spine, mild pain with hyperextension, tense trapezius musculature, normal shoulder bilaterally. Appropriate mood and affect were observed. MRI of the cervical spine performed on 07-22-2014 reported stable mild reversal of the normal lordosis of the cervical spine, and stable mild degenerative disc bulges. Central canal and neural foraminal stenoses are mild. Physical examination and MRI demonstrated mild findings. There was no documentation of diabetic peripheral neuropathy, postherpetic neuralgia, partial onset seizures, fibromyalgia, neuropathic pain associated with spinal cord injury - which are the FDA approved indications for Lyrica. Lyrica 1 x 6 was requested. The DEA 's Manual Section V mandates that prescriptions must include strength, dosage, quantity, and directions for use. These elements are lacking in the request. Therefore the request for Lyrica cannot be endorsed. Therefore, the request for Lyrica. Unspecified Quantity is Not medically necessary.