

<b>Case Number:</b>	CM14-0088759		
<b>Date Assigned:</b>	08/04/2014	<b>Date of Injury:</b>	08/30/2010
<b>Decision Date:</b>	10/02/2014	<b>UR Denial Date:</b>	06/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/12/2014

### 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:

The injured worker is a 47-year-old female who was injured on August 21, 2010 and has complaints of right-sided neck pain and numbness, right arm pain, numbness, tingling, and tremors, right leg pain, numbness, tingling, and tremors. She has a history of multiple neck surgeries with fusion at C6-7. From the recent exam she has mild tenderness over the left supraclavicular area with movement mildly restricted in all directions. On exam reduced range of motion at the lumbar spine and positive straight-leg-raise (SLR) on right at 15 degrees noted. There was mild tenderness in the right lumbar paraspinal area, sacral, coccygeal and pelvis area. Muscle strength is 4/5 in bilateral upper extremities. She also appeared to have poor concentration and her mood and affect were depressed. She is on Tramadol ER, Sumatriptan Succinate, Lexapro and Neurontin. Electromyographic studies on March 19, 2014 showed chronic C6 radiculopathy. Diagnoses include depressive disorder, other chronic pain, degenerative intervertebral disc, lumbago, unspecified neuralgia, neuritis, radiculitis and headache. The utilization review request was for Tramadol ER HCL (150mg, #30 with 1 refill); Sumatriptan Succinate (25mg, #60 with 1 refill); Orphenadrine (100mg, #90 with 1 refill); Lexapro (20mg, #30 with 1 refill); Cyclobenzaprine (7.5mg, #90 with 1 refill); and Neurontin (300mg, #90 with 1 refill).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol ER HCL (150mg, #30 with 1 refill): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids, Weaning of Medications.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Page(s): 82.

**Decision rationale:** According to the California MTUS Guidelines, Tramadol (Ultram) is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic, it is indicated for moderate to severe pain. The California MTUS Guidelines indicate "four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids; pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors)." The guidelines state opioids may be continued: (a) If the patient has returned to work and (b) If the patient has improved functioning and pain. The medical records have not demonstrated the requirements for continued opioid therapy have been met. There is no evidence of urine drug screen to monitor the patient's compliance. There is no evidence of return to work in this injured worker. There is little to no documentation of pain level and function with prior use. Therefore, the medical necessity of Ultram has not been established per guidelines.

**Sumatriptan Succinate (25mg, #60 with 1 refill): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Head (acute and chronic), Triptans

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Physicains Desk Reference (PDR).

**Decision rationale:** The California MTUS Guidelines, the ACOEM Practice Guidelines and the Official Disability Guidelines do not address the issue. According to medical literature, Sumatriptan is used for the treatment of Migraine headaches. However, there is no documentation of Migraine in this injured worker. Therefore, this request is considered not medically necessary.

**Orphenadrine (100mg, #90 with 1 refill): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain), Norflex.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines antispasmodics Page(s): 65.

**Decision rationale:** According to the California MTUS Guidelines, Orphenadrine is used to decrease muscle spasm in conditions such as low back pain, although it appears that these

medications are often used for the treatment of musculoskeletal conditions whether spasm is present or not. The mechanism of action for most of these agents is not known. This drug is similar to diphenhydramine, but has greater anticholinergic effects. Effects are thought to be secondary to analgesic and anticholinergic properties. Chronic use of muscle relaxants is not recommended by the guidelines. In this case, there is no documentation of substantial muscle spasm refractory to first line treatment. There is no documentation of any significant improvement in pain and function with prior use. Thus, the medical necessity for Orphenadrine is not established.

**Lexapro (20mg, with 1 refill): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-depressants for Chronic Pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness & Stress (Acute and Chronic) Antidepressants for treatment of MMD (major depression disorder), Escitalopram (Lexapro)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain

**Decision rationale:** According to the California MTUS Guidelines, escitalopram (Lexapro, no generic available) from the class of selective serotonin re-uptake inhibitors (SSRIs) antidepressant drugs is approved for major depressive disorder, personality disorder (PD), generalized anxiety disorder (GAD), obsessive-compulsive disorder (OCD), and post-traumatic stress disorder (PTSD). In this case, the injured worker has been diagnosed with depressive disorder; however there little to is no evidence of significant improvement with its prior use. Thus, the request is not medically necessary.

**Cyclobenzaprine (7.5mg, #90 with 1 refill): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain), Cyclobenzaprine.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Flexeril, Page(s): 41.

**Decision rationale:** According to the Chronic Pain Medical Treatment Guidelines, antispasmodics are used to decrease muscle spasms. Cyclobenzaprine is recommended as an option, using a short course. The medical records do not document the presence of substantial spasm to warrant antispasmodic therapy. The medical records do not demonstrate the patient presented with exacerbation unresponsive to first-line interventions. The medical records demonstrate the patient has been prescribed Cyclobenzaprine on an ongoing basis; however, no significant improvement in pain or function has been documented. Chronic use of muscle relaxants is not recommended by the guidelines. Thus, the medical necessity for Cyclobenzaprine is not established.

**Lexapro (20mg, #30 with 1 refill): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness & Stress (Acute and Chronic) Antidepressants for treatment of MMD (major depression disorder), Escitalopram (Lexapro)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain

**Decision rationale:** According to the California MTUS Guidelines, escitalopram (Lexapro, no generic available) from the class of selective serotonin re-uptake inhibitors (SSRIs) antidepressant drugs is approved for major depressive disorder, personality disorder (PD), generalized anxiety disorder (GAD), obsessive-compulsive disorder (OCD), and post-traumatic stress disorder (PTSD). In this case, the injured worker has been diagnosed with depressive disorder; however there little to is no evidence of significant improvement with its prior use. Thus, the request is not medically necessary.

**Neurontin (300mg, #90 with 1 refill): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Neurontin, Gabapentin.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin Page(s): 49.

**Decision rationale:** According to the Chronic Pain Medical Treatment Guidelines, an anti-epilepsy drug (AED), such as Gabapentin, is recommended for neuropathic pain (pain due to nerve damage). Gabapentin has been shown to be effective for treatment of diabetic painful neuropathy and post-herpetic neuralgia, for which has been considered as a first-line treatment. There are no subjective complaints, correlative objective clinical findings, and/or corroborative Electrodiagnostic evidence to establish active neuropathy is present. There are no signs or symptoms of neuropathy. However, the medical records indicate that the patient has radiculopathy. Gabapentin use in neuropathy is considered off-label use. The medical necessity of Gabapentin has not been established according to the guidelines.