

<b>Case Number:</b>	CM13-0046066		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	01/04/2001
<b>Decision Date:</b>	12/11/2015	<b>UR Denial Date:</b>	10/28/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/13/2013

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Texas, Illinois, Indiana

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pediatric Rehabilitation Medicine

### 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 a 42-year-old female who reported injury on 01/04/2001. The mechanism of injury was not provided. The patient was noted to have a progression of back pain with radicular symptoms. The patient was noted to have a spinal cord stimulator placed on 01/05/2009. It was indicated the patient had required Norco on an ongoing basis. It was indicated the patient was previously on Neurontin and was requesting to go back on the medication. It was indicated that the patient had been having more and more pain and complained of withdrawal symptoms in between dosing of the Norco and it was indicated as such the physician would trial Ultram ER. The patient was noted to muscle rigidity in the posterior lumbar musculature. The patient was noted to have decreased range of motion with obvious muscle guarding. It was indicated the patient's medications were to prescribe to manage and relieve the effects of chronic pain and physical and emotional dysfunction resulting from the patient's injury. The patient's medications were noted to be Norco 10/325 mg, Ultram ER 150 mg, Neurontin 600 mg, Prilosec 20 mg, Cymbalta 30 mg, Xanax .25 mg, and Lisinopril 10 mg. The patient's diagnoses were noted to include lumbar postlaminectomy syndrome, status post L4-5 and L5-S1 interbody fusion 11/2003, cervical spine sprain/strain syndrome, and spinal cord stimulator implant 01/05/2009. The physician indicated the request was made for medication refills and they were going to be refilled for 2 months.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325 mg #240:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain, ongoing management Page(s): 60, 78.

**Decision rationale:** California MTUS Guidelines indicate that Norco is useful for chronic pain. For ongoing use, there needs to be documentation of objective decrease in VAS score, objective functional improvement, documentation of adverse side effects, and documentation of aberrant drug taking behavior. The clinical documentation submitted for review failed to provide documentation of the above. Additionally, there was a lack of documentation indicating the patient had a necessity for 240 pills without reassessment. Given the above, the request for 1 prescription of Norco 10/325 mg #240 is not medically necessary.

**Ultram ER 150 mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63.

**Decision rationale:** California MTUS Guidelines indicate that muscle relaxants are a second line treatment and are for short-term use for acute exacerbation of chronic low back pain. The medication is noted not to be used for more than 2 to 3 weeks. The clinical documentation submitted for review indicated the physician was trialing the medication; however, the prescription was written for 2 months and there was a lack of documentation indicating the rationale for 2 months without re-assessment. There was a lack of documented rationale for long-term treatment as treatment should be limited to 3 weeks. Given the above, the request for 1 prescription of Ultram ER 150 mg #60 is not medically necessary.

**Unknown prescription of Neurontin:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic Pain, AED Page(s): 16, 60.

**Decision rationale:** California MTUS Guidelines indicate that Neurontin is useful for chronic pain. However, there should be documentation of objective functional improvement and documentation of an objective decrease in the VAS scale. The request as submitted failed

to indicate the strength as well as the quantity of medication being requested. Given the above, the request for unknown prescription of Neurontin is not medically necessary.

**Unknown prescription of Cymbalta: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants Page(s): 13, 14.

**Decision rationale:** California MTUS Guidelines indicate that antidepressants are the first line treatment for chronic pain. There should be documentation of an objective functional improvement as well as documentation of a decrease in the VAS score. The request as submitted was for an unknown prescription of Cymbalta. There was a lack of documentation indicating the quantity or the strength of the medication. Given the above, the request for an unknown prescription of Cymbalta is not medically necessary.

**Unknown prescription of Xanax: Upheld**

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

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

**Decision rationale:** California MTUS guidelines do not recommend Benzodiazepines for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks and the guidelines indicate that chronic benzodiazepines are the treatment of choice in very few conditions. The clinical documentation submitted for review failed to provide documentation of the necessity for long-term use of Xanax. Additionally, it failed to provide the efficacy of the requested medication. The request as submitted failed to provide the strength as well as the quantity of medication being requested. Given the above, the request for unknown prescription of Xanax is not medically necessary.