

<b>Case Number:</b>	CM14-0188046		
<b>Date Assigned:</b>	11/18/2014	<b>Date of Injury:</b>	12/12/2008
<b>Decision Date:</b>	01/09/2015	<b>UR Denial Date:</b>	11/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/12/2014

### 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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Georgia. 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 a 39-year-old male presenting with a work-related injury on December 12, 2008. On October 31, 2014 the patient complained of neck pain and back pain. The patient reported that the medications improved pain control and function. The patient is status post lumbar fusion on September 12, 2012. According to the medical records the provider noted that the cyclobenzaprine and nortriptyline are being utilized to aid in fleet and muscle spasm. The patient reported neck pain that was rated as 8/10. It is unclear if the pain is rated with or without medications. The physical exam was documented as baseline level of function and ambulating with a cane for stability; otherwise were no additional exam findings. The patient's medications included lansoprazole, gabapentin, Norco, cyclobenzaprine, nortriptyline, and tramadol. The patient was diagnosed with lumbar or lumbosacral disc degeneration, thoracic or lumbosacral neuritis or radiculitis not otherwise specified, fasciitis not otherwise specified, neuralgia, neuritis and radiculitis not otherwise specified, and encounter for long-term use of medication.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lansoprazole DR 30mg capsule (1 cap by mouth daily), quantity: 30, refills: 2: 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 NSAIDs Page(s): 67.

**Decision rationale:** Lansoprazole DR 30mg capsule (1 cap by mouth daily), quantity: 30, refills: 2 is not medically necessary. CA MTUS does not make a direct statement on proton pump inhibitors (PPI) but in the section on NSAID use page 67. Long term use of PPI, or misoprostol or Cox-2 selective agents has been shown to increase the risk of Hip fractures. CA MTUS does state that NSAIDs are not recommended for long term use as well and if there possible GI effects of another line of agent should be used for example acetaminophen. Lansoprazole is therefore, not medically necessary.

**Gabapentin 600mg tablet (1 tab every morning, 1 tab every evening, 1 tab every night), quantity 90, refills: 2:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin Page(s): 78 of 127.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epileptic Drugs Page(s): 17-19.

**Decision rationale:** Gabapentin 600mg tablet (1 tab every morning, 1 tab every evening, 1 tab every night), quantity 90, refills: 2 is not medically necessary. CA MTUS 17-19 Recommended for neuropathic pain (pain due to nerve damage. There is a lack of expert consensus on the treatment of neuropathic pain in general due to heterogeneous etiologies, symptoms, physical signs and mechanisms. Most randomized controlled trials (RCTs) for the use of this class of medication for neuropathic pain have been directed at post-herpetic neuralgia and painful polyneuropathy (with diabetic polyneuropathy being the most common example). There are few RCTs directed at central pain and none for painful radiculopathy. (Attal, 2006) The choice of specific agents reviewed below will depend on the balance between effectiveness and adverse reactions. Additionally, Per MTUS One recommendation for an adequate trial with gabapentin is three to eight weeks for titration, then one to two weeks at maximum tolerated dosage. (Dworkin, 2003) The patient should be asked at each visit as to whether there has been a change in pain or function. The claimant did not show improved function on his most recent office visit; therefore, the requested medication is not medically necessary.

**Norco 10-325mg tablet (1/2 tab by mouth 4/day), quantity: 60, refills: 2:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 79.

**Decision rationale:** Norco 10-325mg tablet (1/2 tab by mouth 4/day), quantity: 60, refills: 2 is not medically necessary. Per MTUS Page 79 of MTUS guidelines states that weaning of opioids are recommended if (a) there are no overall improvement in function, unless there are

extenuating circumstances (b) continuing pain with evidence of intolerable adverse effects (c) decrease in functioning (d) resolution of pain (e) if serious non-adherence is occurring (f) the patient requests discontinuing. The claimant's medical records did not document that there was an overall improvement in function or a return to work with previous opioid therapy. The claimant has long-term use with this medication and there was a lack of improved function with this opioid. In fact the claimant was designated permanent and stationary; therefore the requested medication is not medically necessary. It is more appropriate to wean the claimant of this medication to avoid side effects of withdrawal.

**Cyclobenzaprine 7.5mg tablet (1 every morning, 2 every night), quantity: 90, refills: 2:**  
Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Spasmodics Page(s): 66.

**Decision rationale:** Cyclobenzaprine 7.5mg tablet (1 every morning, 2 every night), quantity: 90, refills: 2 is not medically necessary for the client's chronic medical condition. The peer-reviewed medical literature does not support long-term use of cyclobenzaprine in chronic pain management. Additionally, Per 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. (Browning, 2001). As per MTUS, the addition of cyclobenzaprine to other agents is not recommended. In regards to this claim, cyclobenzaprine was prescribed for long term use and in combination with other medications. Cyclobenzaprine is therefore, not medically necessary.

**Nortriptyline HCL 25mg cap (1-2 cap by mouth at hours of sleep) quantity: 60, refills: 2 for symptoms related to lumbar spine as an outpatient.:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines treatment of gastroesophageal reflux disease Page(s): 68-69.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-depressants Page(s): 13-14.

**Decision rationale:** Nortriptyline HCL 25mg cap (1-2 cap by mouth at hours of sleep) quantity: 60, refills: 2 for symptoms related to lumbar spine as an outpatient is not medically necessary. CA MTUS page 13-14 states that antidepressants for chronic pain as recommended as first-line option for neuropathic pain and as a possibility for non-neuropathic pain. Tricyclics are generally considered first line agent unless they are ineffective, poorly tolerated, or contraindicated. Analgesia generally occurs within a few days to a week, whereas antidepressant effects take longer to occur. Assessment of treatment efficacy should include not only pain outcomes but also in evaluation of function, changes in the use of other analgesic medication, sleep quality and duration, and psychological assessment. Side effects include excessive

sedation (Additional side effects are listed below for each specific drug.) It is recommended that these outcome measurements should be initiated at one week of treatment with a recommended trial of at least 4 weeks. The optimal duration of treatment is not known because most double-blind trials have been of short duration (6-12 weeks). It has been suggested that if pain is in remission for 3-6 months, a gradual tapering of anti-depressants may be undertaken. (Perrot, 2006) (Schnitzer, 2004) (Lin-JAMA, 2003) (Salerno, 2002) (Moulin, 2001) (Fishbain, 2000) (Taylor, 2004) (Gijssman, 2004) (Jick-JAMA, 2004) (Barbui, 2004) (Asnis, 2004) (Stein, 2003) (Pollack, 2003) (Ticknor, 2004) (Staiger, 2003) Long-term effectiveness of anti-depressants has not been established. (Wong, 2007) The effect of this class of medication in combination with other classes of drugs has not been well researched. The medical records did not document treatment efficacy including pain outcome, function, changes in medication, sleep quality and duration or even provide a true psychological assessment. Given the lack of positive response to the medication as the patient continued to display psychogenic pain as well as disability, Nortriptyline is not medically necessary.