

<b>Case Number:</b>	CM14-0188215		
<b>Date Assigned:</b>	11/18/2014	<b>Date of Injury:</b>	09/30/2010
<b>Decision Date:</b>	01/07/2015	<b>UR Denial Date:</b>	10/24/2014
<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 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:

Injured worker is a female with date of injury 9/20/2010. Per clinical encounter summary dated 10/16/2014, the injured worker followed up regarding her cervical post-fusion syndrome, status post multilevel cervical reconstruction, chronic upper extremity radiculopathy, diffuse regional myofascial pain, cervicogenic headaches and hypertension as well as chronic pain syndrome with both sleep and mood disorder. She continues to report severe neck, bilateral upper extremity pain as well as headaches. With severe pain her blood pressure gets very high and is difficult to manage. She saw a cardiologist who recommended starting hydrochlorothiazide and Norvasc for days when her systolic blood pressure is greater than 180 mmHg. She is currently not able to perform home exercise program and is not independent in all of her activities of daily living. She continues to have issues with mood associated with her injury. On examination the injured worker is noted to have a service dog accompanying her. Neurological exam is normal. She demonstrates pain behaviors within expected context of disease. Diagnoses include 1) chronic pain syndrome 2) displacement of cervical intervertebral disc without myelopathy 3) cervical post-laminectomy syndrome 4) degeneration of cervical intervertebral disc 5) anxiety state 6) myofascial pain 7) depressive disorder 8) psychophysiologic disorder.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norvasc 10 mg # 50:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines(ODG), Treatment Index, 11th Edition(web), 2013 Diabetes/ Hypertension treatment

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation James PA, Oparil S, Carter BL, et al. 2014 Evidence-Based Guideline for the Management of High Blood Pressure in Adults: Report From the Panel Members Appointed to the Eighth Joint National Committee (JNC 8). JAMA. 2014, 311(5), 507-520

**Decision rationale:** The MTUS Guidelines does not address the treatment of hypertension. The ODG provides recommendations for hypertension treatment with diabetes only. JNC 8 guidelines recommend in the general nonblack population, including those with diabetes, initial antihypertensive treatment should include a thiazide-type diuretic, calcium channel blocker (CCB), angiotensin-converting enzyme inhibitor (ACEI), or angiotensin receptor blocker (ARB). Norvasc is a calcium channel blocker, and is prescribed for the injured worker when her systolic blood pressure is over 180 mmHg. The injured worker has also been prescribed hydrochlorothiazide, a thiazide-type diuretic. Medical necessity of this request has been established. The request for Norvasc 10 mg # 50 is determined to be medically necessary.

**Omeprazole 20mg # 30 with 2 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms and cardiovascular risk Page(s): 69.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk Page(s): 68, 69.

**Decision rationale:** Proton pump inhibitors, such as omeprazole are recommended by the MTUS Guidelines when using NSAIDs if there is a risk for gastrointestinal events. There is no indication that the injured worker has had a gastrointestinal event or is at increased risk of a gastrointestinal event, which may necessitate the use of omeprazole when using NSAIDs. The request for omeprazole is determined to not be medically necessary.

**Lidoderm Patch 700mg/patch # 90 2 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (Lidocaine Patch) Page(s): 56, 57.

**Decision rationale:** Lidoderm is a lidocaine patch providing topical lidocaine. The MTUS Guidelines recommend the use of topical lidocaine primarily for neuropathic pain when trials of antidepressant and anticonvulsants have failed. There is no clear evidence in the clinical reports that this injured worker has neuropathic pain that has failed treatment with trials of

antidepressants and anticonvulsants. This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. The injured worker has cervical spine disorders with bilateral upper extremity pain. This pain is not well characterized, and she has a normal neurological exam. It is not clear that she is suffering from neuropathic pain. The use of Lidoderm patch is also not reported to have provide significant pain relief or improvement in function. Medical necessity for continued use of Lidoderm patch has not been established. The request for Lidoderm Patch 700mg/patch # 90 2 refills is determined to not be medically necessary.

**Zoloft 100mg # 30 2 refills:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants Page(s): 13, 107.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for Chronic Pain Page(s): 13-16.

**Decision rationale:** Antidepressant for chronic pain are recommended by the MTUS Guidelines as a first line option for neuropathic pain and as a possibility of non-neuropathic pain. Selective serotonin reuptake inhibitor (SSRIs) such as Zoloft are effective at addressing psychological symptoms associated with chronic pain. The injured worker is also noted to be diagnosed with depression, and has psychology approved. The request for Zoloft 100mg # 30 2 refills is determined to be medically necessary.

**Gralise 300mg # 30 2 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines AED Page(s): 16.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy Drugs Page(s): 16-19.

**Decision rationale:** The MTUS Guidelines recommend gabapentin as first-line therapy for painful polyneuropathy. It is also recommended for postherpetic neuralgia, central pain, peripheral neuropathy, spinal cord injury, CRPS, fibromyalgia, and lumbar spinal stenosis. Most randomized controlled trials for the use of antiepilepsy drugs for neuropathic pain have been directed at postherpetic neuralgia and painful polyneuropathy, with polyneuropathy being the most common example. There are few RCTs directed at central pain, and none for painful radiculopathy. A good response to the use of antiepilepsy drugs has been defined as a 50% reduction in pain and a moderate response as a 30% reduction. It has been reported that a 30% reduction in pain is clinically important to patients and a lack of response to this magnitude may be the trigger for switching to a different first line agent, or combination therapy if treatment with a single drug fails. After initiation of treatment, there should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with use. The continued use of antiepilepsy drugs depends on improved outcomes versus tolerability of adverse effects. The injured worker has cervical spine disorders with bilateral upper extremity pain. This pain is not well characterized, and she has a normal neurological exam. It is not clear that she is

suffering from neuropathic pain. The use of Gralise is also not reported to have provided significant pain reduction as specified in the MTUS Guidelines, or a improvement in function. Side effects experienced with the use of Gralise are also not reported. Medical necessity of this request has not been established. The request for Gralise 300mg # 30 2 refills is determined to not be medically necessary.