

<b>Case Number:</b>	CM14-0191098		
<b>Date Assigned:</b>	11/24/2014	<b>Date of Injury:</b>	06/17/1999
<b>Decision Date:</b>	01/12/2015	<b>UR Denial Date:</b>	11/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/17/2014

### 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:

The applicant is a represented [REDACTED] employee who has filed a claim for carpal tunnel syndrome, hand pain, and chronic upper extremity pain reportedly associated with an industrial injury of June 17, 1999. In a Utilization Review Report dated November 7, 2014, the claims administrator failed to approve requests for Topamax, Elavil, tizanidine, Tylenol with Codeine, and Lidoderm patches while approving a request for acetaminophen. The claims administrator stated that its decision was based on a RFA form received on October 31, 2014 and further stated that its decision was based on the non-MTUS ODG Formulary. The applicant's attorney subsequently appealed. In a progress note dated October 23, 2014, the applicant reported persistent complaints of left upper extremity pain, relatively minimal. 5/10 pain with medications was appreciated. The applicant stated that he was down to three medications in one section of the note. The applicant stated that he was using Topamax, Elavil, tizanidine, and Tylenol. The applicant was working part time as a classroom assistant. The applicant was also using a TENS unit, it was acknowledged. The applicant was working on a part-time basis as a classroom assistant, it was stated. The applicant was only infrequently missing work owing to flares of pain. The applicant suggested that his ability to grip and grasp was ameliorated with medications and also stated that warmer weather ameliorated his pain. The applicant's grip strength was 45 pounds about the dominant right hand versus 30 pounds about the impaired left hand. Some thenar atrophy was appreciated. The applicant did exhibit some edema about the hand. The applicant was given refills of Topamax, Elavil, tizanidine, Tylenol, Tylenol with Codeine and Lidoderm patches. Home exercises were endorsed. Permanent work restrictions were also apparently renewed. In an earlier progress note dated October 15, 2003, the applicant was described using Vicodin, Soma, Skelaxin, and Darvocet. On October 31, 2003, the applicant reported 7/10 low back pain radiating to the right

leg. The attending provider noted that a previously performed epidural steroid injection had not been very successful. Medication selection and medication efficacy were not discussed. The attending provider stated that the applicant was unlikely to benefit from future epidurals, given the poor response to an earlier epidural.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Topamax 100mg quantity 60; 3-6 month supply: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs Page(s): 22. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Anti-epilepsy drugs

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topiramate section Page(s): 21.

**Decision rationale:** While page 21 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that tizanidine or Zanaflex can be employed for neuropathic pain purposes when other anticonvulsants fail, in this case, however, there was no mention of other first-line oral anticonvulsant adjuvant medications such as Neurontin and/or Lyrica's having been employed and/or failed here. There was no mention of pregabalin and/or Neurontin having been attempted on any of the progress notes on file, including the October 23, 2014 progress note, October 31, 2003 progress note, and/or the October 15, 2003 progress note on file. Therefore, the request is not medically necessary.

**Elavil 25mg quantity 30; 3-6 month supply: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants Page(s): 14-15.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Amitriptyline topic Page(s): 13.

**Decision rationale:** As noted on page 13 of the MTUS Chronic Pain Medical Treatment Guidelines, Elavil or amitriptyline, a tricyclic antidepressant, is "recommended" in the chronic pain context present here. The applicant has responded favorably to previous usage of amitriptyline as evinced by his reports of analgesia with the same, his successful return to part-time work as a classroom assistant, and his reportedly improved ability to perform activities of daily living such as gripping and grasping with the injured left hand. Continuing the same, on balance, was indicated. Therefore, the request is medically necessary.

**Tizanidine 4mg quantity 30; 3-6 month supply: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 67. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tizanidine/Zanaflex section Muscle Relaxants topic Page(s): 66, 63.

**Decision rationale:** While page 66 of the MTUS Chronic Pain Medical Treatment Guidelines acknowledges that tizanidine or Zanaflex is FDA approved in the management of spasticity but can be employed off-label for low back pain, in this case, however, the most recent progress report of October 23, 2014 made no mention of any active symptoms of low back pain for which tizanidine could be employed. Rather, it appeared that the applicant's symptoms were confined to the symptomatic left upper extremity as of this point in time. The applicant's symptoms, on that date, were consistent with a diagnosis of de Quervain's tenosynovitis versus carpal tunnel syndrome versus complex regional pain syndrome of the left upper extremity. There was no mention made of any issues or symptoms with low back pain present as of that point in time. It is further noted that page 63 of the MTUS Chronic Pain Medical Treatment Guidelines qualifies the MTUS position on muscle relaxants by noting that muscle relaxants, as a class, are recommended with caution as a second-line option for short-term treatment of acute exacerbations of chronic low back pain. The 30-tablet, three- to six-month supply of tizanidine at issue, however, implies chronic, long-term, and/or scheduled usage of the same. Such usage, however, is incompatible with page 63 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request is not medically necessary.

**Acetaminophen 500mg quantity 30; 3-6 month supply:** 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)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Acetaminophen topic Page(s): 11.

**Decision rationale:** As noted on page 11 of the MTUS Chronic Pain Medical Treatment Guidelines, acetaminophen (Tylenol) is recommended for the treatment of chronic pain and for acute exacerbations of chronic pain. As with several of the other medications, the applicant has demonstrated a favorable response to ongoing acetaminophen usage as evinced by his reports of improved grip strength received as a result of the same, as evinced by his successful return to part-time work as a classroom assistant, and as evinced by his self-reports of appropriate analgesia achieved as a result of ongoing acetaminophen usage. Therefore, the request was medically necessary.

**Tylenol with codeine #4 quantity 30; 3-6 month supply:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 82-88, 91.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Recommended Frequency of Visits While in the Trial Phase topic, When to Continue Opioids topic P.

**Decision rationale:** As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, the applicant has apparently returned to and maintained part-time work as a classroom assistant, it has been suggested, reportedly achieved, in part, as a result of ongoing medication usage, the requesting provider has posited. The applicant's ability to grip and grasp has reportedly been ameliorated as a result of ongoing medication usage, including ongoing Tylenol with Codeine usage, the attending provider has posited. The applicant is performing repetitive gripping, grasping, and typing activities during the course of his work as a classroom assistant, the attending provider suggested. The applicant is apparently deriving appropriate analgesia from this and other medications, the attending provider suggested. Continuing the same, on balance, was therefore indicated. It is further noted that page 79 of the MTUS Chronic Pain Medical Treatment Guidelines notes that applicants who are managed with controlled substances, per the Medical Board of California, should be seen monthly, quarterly, or semi-annually as required by the standard of care. Here, the admittedly limited information on file suggested that the applicant's chronic left upper extremity issues are stable and well managed with the current medication regimen. A quarterly to semi-annual follow-up may therefore be appropriate here, given the chronicity and stability of the applicant's issues. The request, thus, as written, is in-line with MTUS parameters. Therefore, the request is medically necessary.

**Lidoderm patch 5% quantity 30; 3-6 month supply:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 117-118. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Topical Lidocaine

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Lidocaine section Page(s): 112.

**Decision rationale:** While page 112 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledged that topical lidocaine is indicated in the treatment of localized peripheral pain or neuropathic pain in applicants in whom there has been a trial of first-line therapy with antidepressants and/or anticonvulsants, in this case, however, the applicant's ongoing usage of Elavil, an antidepressant adjuvant medication, effectively obviated the need for the Lidoderm patches also at issue. Therefore, the request is not medically necessary.