

<b>Case Number:</b>	CM14-0195681		
<b>Date Assigned:</b>	12/03/2014	<b>Date of Injury:</b>	10/05/1989
<b>Decision Date:</b>	01/20/2015	<b>UR Denial Date:</b>	11/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/21/2014

### 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 Family 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:

This is a 58years female injured worker who sustained an injury on 10/5/1989. The mechanism of the injury was not specified in the records provided. The current diagnosis includes lumbar postlaminectomy pain with left radicular findings. Per the doctor's note dated 10/16/2014, she had complaints of low back pain with radiation to the left leg and sleep disturbances. The physical examination revealed positive straight leg raising on the left, low back discomfort with forward flexion and slow gait. The medications list includes Neurontin, Imipramine, Ultram, Tizanidine and Doxepin. Prior diagnostic study reports were not specified in the records provided. She had undergone lumbar laminectomy. Other therapy for this injury was not specified in the records provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Neurontin 800mg #270:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Specific Anti-Epilepsy Drugs: Gabapentin (Neurontin, Gabarone , generic available) Page(s).

**Decision rationale:** Gabapentin is an anti-epileptic drug. According to the CA MTUS Chronic pain guidelines "Gabapentin (Neurontin) has been shown to be effective for treatment of diabetic painful neuropathy and post-herpetic neuralgia and has been considered as a first-line treatment for neuropathic pain." Per the cited guidelines, "CRPS: Recommended as a Trial. Fibromyalgia: Recommended as a trial. Lumbar spinal stenosis: Recommended as a trial, with statistically significant improvement found in walking distance, pain with movement, and sensory deficit found in a pilot study."The injured worker had low back pain with radicular symptoms with history of lumbar surgery.Gabapentin is recommended in patients with this clinical condition.This request for Neurontin 800mg #270 is medically appropriate and necessary.

**Imipramine 25mg #90:** 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 Antidepressants Page(s): 13-14.

**Decision rationale:** Imipramine is an antidepressant. According to the CA MTUS chronic pain guidelines, antidepressant is "Recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. Tricyclics are generally considered a first-line agent."The injured worker had low back pain with radicular symptoms with history of lumbar surgery.Imipramine is recommended in injured workers with this clinical condition.However the injured worker is already taking doxepin which is a similar antidepressant for chronic pain.Rationale for an additional drug from the same group or class is not specified in the records provided.The medical necessity of Imipramine 25mg #90 is not fully established for this patient at this time; therefore, the request is not medically necessary.

**Ultram 50mg #270:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Central Acting Analgesics, Opioids for Neuropathic Pain Page(s): 75, 82.

**Decision rationale:** Tramadol is a centrally acting synthetic opioid analgesic. According to MTUS guidelines "Central acting analgesics: an emerging fourth class of opiate analgesic that may be used to treat chronic pain. This small class of synthetic opioids (e.g., Tramadol) exhibits opioid activity and a mechanism of action that inhibits the reuptake of serotonin and nor epinephrine. Central analgesics drugs such as Tramadol (Ultram) are reported to be effective in managing neuropathic pain." Cited guidelines also state that, "A recent consensus guideline stated that opioids could be considered first-line therapy for the following circumstances: (1) prompt pain relief while titrating a first-line drug; (2) treatment of episodic exacerbations of severe pain; [&] (3) treatment of neuropathic cancer pain."Tramadol use is recommended for treatment of episodic exacerbations of severe pain. The need for tramadol on a daily basis with

lack of documented improvement in function is not fully established. A request for a smaller quantity for prn use for episodic exacerbations of severe pain would be considered medically appropriate and necessary. However the rationale for a large quantity of tramadol 270 tablets for episodic exacerbations of severe pain is not specified in the records provided. The medical necessity of Ultram 50mg #270, as prescribed, is not fully established for this patient; therefore, the request is not medically necessary.

**Tizanidine 2mg #270:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antispasticity/Antispasmodic Drugs: Tizanidine (Zanaflex) Page(s): 66.

**Decision rationale:** According to MTUS guidelines "Tizanidine (Zanaflex, generic available) is a centrally acting alpha2-adrenergic agonist that is FDA approved for management of spasticity; unlabeled use for low back pain. Eight studies have demonstrated efficacy for low back pain. One study (conducted only in females) demonstrated a significant decrease in pain associated with chronic myofascial pain syndrome and the authors recommended its use as a first line option to treat myofascial pain. May also provide benefit as an adjunct treatment for fibromyalgia."The patient has chronic low back. The need for Tizanidine on a daily basis with lack of documented improvement in function is not fully established. A request for a smaller quantity for prn use for episodic exacerbations of severe pain would be considered deemed medically appropriate and necessary. However, the rationale for such a large quantity of Tizanidine 270 tablets for episodic exacerbations of severe pain is not specified in the records provided. The medical necessity of Tizanidine 2mg #270, as prescribed, is not fully established in this patient at this time; therefore the request is not medically necessary.

**Doxepin 25mg #90:** Overturned

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

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

**Decision rationale:** Doxepin is an antidepressant. According to the CA MTUS chronic pain guidelines, antidepressant is "Recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. Tricyclics are generally considered a first-line agent."The patient had low back pain with radicular symptoms with history of lumbar surgery. Doxepin is recommended in patients with this clinical condition. This request for Doxepin 25mg #90 is medically appropriate and necessary.