

<b>Case Number:</b>	CM14-0206202		
<b>Date Assigned:</b>	12/18/2014	<b>Date of Injury:</b>	09/17/2009
<b>Decision Date:</b>	02/10/2015	<b>UR Denial Date:</b>	11/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/09/2014

### 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 Physical Medicine Rehabilitation, has a subspecialty in Interventional spine 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 patient is a 58 year old female with an injury date of 09/17/09. Based on the 11/18/14 progress report, the patient came for follow-up visit after cervical epidural steroid injection on 10/31/14. The patient reports a significant decrease in neck pain and tightness and improvements in ease of movements of the head and neck since the injection. The patient also reports decreased right hand numbness and tingling, and reduced Relafen usage since the injection. The patient has depression/suicidal thoughts and on psychotropic medications. The patient complains of ongoing neck pain and stiffness that radiates into the mid thoracic region. The pain radiates into the sternum and in the front of the chest. The patient has occasional pain that radiates all the way down to the lower back and has frequent headaches in the front region of relatively severe onset with associated neck pain and stiffness. The patient has occasional dizziness with feelings of nausea with the headache and neck symptoms. The patient has pain in the left thumb and difficult to do lateral rotation of the head to right and left side. There is tenderness to palpation over the posterior cervical paraspinal muscles from the approximate levels of C4-C7. There is tenderness to palpation over the thoracic paraspinal muscles from the approximate levels of T1-T4. Current medications are Pantoprazole-protonix, Orphenadrine-norflex Er, Diclofenac Sodium, Lyrica, Ketamine 5% cream, Venlafaxine Hcl Er, Nabumetone-relafen, Lovastatin, Amlodipine Besylate, Cogentin, Docusate Sodium, Senna, and Latuda. The diagnoses include followings:1. Cervical spinal stenosis2. Syndrome cervicocranial3. Carpal tunnel syndrome4. Unspecified Major Depression, Single Episode5. Spasm muscle6. Cervical spondylosis7. Epicondylitis lateral8. Unspecified Major Depression, Recurrent Episode9. Epicondylitis medialThe utilization review determination being

challenged is dated 11/18/14. The requesting physician provided treatment reports from 05/08/14-12/17/14.

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

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

**Nabumetone-Relafen 500mg #90 qty. 90, DOS: 09/10/14: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain; Anti-inflammatory medications Page(s): 60, 61; 22.

**Decision rationale:** This patient presents with ongoing neck pain and stiffness that radiates into the mid thoracic region, headaches, and depression. The request is for Nabumetone-Relafen 500mg #90. Regarding NSAID's, MTUS page 22 supports it for chronic low back pain, at least for short-term relief. MTUS p60 also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. Review of the reports does not provide when the patient started the medication, but is listed as early as 05/08/14. Review of the reports does not show documentation of functional benefit or pain reduction from Nabumetone. None of the reports discuss medication efficacy. MTUS page 60 require recording of pain and function when medications are used for chronic pain. Given the lack of sufficient documentation regarding this medication, the request IS NOT medically necessary.

**Pantoprazole-Protonix 20mg #60 qty. 60, DOS: 09/10/14: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 69.

**Decision rationale:** This patient presents with ongoing neck pain and stiffness that radiates into the mid thoracic region, headaches, and depression. The request is for Pantoprazole-protonix 20mg #60. Regarding PPI an it's prophylactic use, MTUS page 69 states, "Clinicians should weight the indications for NSAIDs against both GI and cardiovascular risk factors. Determine if the patient is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA)." "Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." Review of the reports does not provide when the patient started the medication. Per 11/18/14 report, the patient reports occasional nausea and the treater states this medication is for stomach. The patient is on Nabumetone, an oral NSAID, and use of PPI may be indicated with proper GI risk assessment and if the patient has GI side effects. In this case, the treater does not describe GI side effects from the use of NSAIDs. The treater does not

discuss what the "occasional nausea" may be due to, and does not explain why Relafen must be continued. There is no documentation that Relafen has been helpful in managing this patient's pain. The request IS NOT medically necessary.

**Orphenadrine-Norflex Er 100mg #90 qty. 90, DOS: 09/10/14: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxant for pain Page(s): 63.

**Decision rationale:** This patient presents with ongoing neck pain and stiffness that radiates into the mid thoracic region, headaches, and depression. The request is for Orphenadrine-Norflex ER 100mg #90. Regarding muscle relaxant for pain, MTUS page 63 states "recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP... Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs." In this case the treater does not mention that this medication is to be used for short-term. Review of the reports does not provide when the patient started the medication, but is listed as early as 05/08/14. MTUS only supports short-term use of sedating muscle relaxants for flare-up's or acute injury. The request IS NOT medically necessary.

**Diclofenac Sodium 1.5% g qty. 1, DOS: 09/10/14: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines topical creams, Topical analgesics Page(s): 111.

**Decision rationale:** This patient presents with ongoing neck pain and stiffness that radiates into the mid thoracic region, headaches, and depression. The request is for Diclofenac Sodium 1.5% 60g. The MTUS Guidelines page 111 has the following regarding topical creams, "Topical analgesics are largely experimental and used with few randomized controlled trials to determine efficacy or safety." MTUS further states, "Any compounded product that contains at least one (or drug class) that is not recommended is not recommended." Topical NSAIDs are recommended for peripheral joint arthritis/tendinitis problems. In this case, the patient does not present with peripheral joint tendinitis/arthritis problems. The patient has neck and low back pain for which topical NSAIDs are not recommended. The request IS NOT medically necessary.

**Ketamine cream 5% 60g qty. 1, DOS: 09/10/14: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines topical creams, Topical analgesics Page(s): 111.

**Decision rationale:** This patient presents with ongoing neck pain and stiffness that radiates into the mid thoracic region, headaches, and depression. The request is for Ketamine Cream 5% 60g qty 1. The MTUS Guidelines page 111 has the following regarding topical creams, "Topical analgesics are largely experimental and used with few randomized controlled trials to determine efficacy or safety." MTUS states "Ketamine: Under study: Only recommended for treatment of neuropathic pain in refractory cases in which all primary and secondary treatment has been exhausted. Topical ketamine has only been studied for use in non-controlled studies for CRPS I and post-herpetic neuralgia and both have shown encouraging results. The exact mechanism of action remains undetermined." In this case, the patient does not present with refractory neuropathic pain where all other treatments have failed. The request IS NOT medically necessary.

**Venlafaxine HCL Er 37.5mg #60 qty. 180, DOS: 09/10/14: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines anti-depressants Page(s): 13-15.

**Decision rationale:** This patient presents with ongoing neck pain and stiffness that radiates into the mid thoracic region, headaches, and depression. The request is for Venlafaxine HCL ER 37.5mg #60 qty.180.Regarding anti-depressants, MTUS page 13-15 has the following: "Recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain... Assessment of treatment efficacy should include not only pain outcomes, but also an evaluation of function, changes in use of other analgesic medication, sleep quality and duration, and psychological assessment. Side effects, including excessive sedation (especially that which would affect work performance) should be assessed."Review of the reports does not provide when the patient started the medication, but it is listed since 05/08/14 report. None of the reports show this medication's efficacy in terms of pain reduction, depression management and functional improvement. The treater does not discuss what this medication is being used for. MTUS page 60 requires recording of pain and function when medications are used for chronic pain. The request IS NOT medically necessary.