

<b>Case Number:</b>	CM14-0209582		
<b>Date Assigned:</b>	12/22/2014	<b>Date of Injury:</b>	01/01/2004
<b>Decision Date:</b>	02/19/2015	<b>UR Denial Date:</b>	11/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/15/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & Gen Prev Med

### 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 49-year-old patient with date of injury of 01/01/2004. Medical records indicate the patient is undergoing treatment for complex regional pain syndrome, severe depression and seizures. Subjective complaints include right shoulder pain rated 9/10 with medication, anxiety, right shoulder, and hip and calf pain. Objective findings include no swelling of hand, ambulates with cane, full upper extremity motor strength with apprehension, fair grip strength. Treatment has consisted of Restoril, Xanax, Gabapentin, Keppra and Norco. The utilization review determination was rendered on 11/20/2014 recommending non-certification of Restsoril 30mg Qty 30, Xanax 1mg Qty 60, Gabapentin 600mg Qty 150, Keppra 500mg Qty 60 and Norco 10/325mg Qty 120.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Restoril 30mg Qty 30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Temazepam; Temazepam (Restoril) package insert.

**Decision rationale:** Restoril (Temazepam) is a benzodiazepine. MTUS states regarding benzodiazepine, "Not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks." ODG also notes "Not recommended" and "Criteria for use if provider & payor agree to prescribe anyway: 1) Indications for use should be provided at the time of initial prescription. 2) Authorization after a one-month period should include the specific necessity for ongoing use as well as documentation of efficacy." Medical records indicate that the patient has been on benzodiazepines far in excess of 4 weeks. The treating physician has not provided subjective or objective complaints of insomnia or decreased sleep quality. Based on the medical documentation provided, there is no evidence of functional improvement from Restoril. Additionally, no documentation as to if a trial of antidepressants was initiated and the outcome of this trial. As such, the request for Restoril 30mg Qty 30 is not medically necessary.

**Xanax 1mg Qty 60:** 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 Benzodiazepines Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness, Benzodiazepines.

**Decision rationale:** MTUS and ODG states that benzodiazepine (ie Xanax, Lorazepam) is "Not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks." ODG further states regarding Lorazepam "Not recommended". Medical records indicate that the patient has been on Xanax greater than 4 weeks exceeding MTUS recommendations. The medical record does not provide any extenuating circumstances to recommend exceeding the guideline recommendations. As such, the request for Xanax 1mg Qty 60 is not medically necessary.

**Gabapentin 600mg Qty 150:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin, Gabarone, generic available).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy Drugs Page(s): 16-22. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain, Anti-epilepsy drugs (AEDs) for pain, Gabapentin (Neurontin®).

**Decision rationale:** The MTUS considers Gabapentin as a first-line treatment for neuropathic pain and effective for the treatment of spinal cord injury, lumbar spinal stenosis, and post op pain. MTUS also recommends a trial of Gabapentin for complex regional pain syndrome. ODG states "Recommended Trial Period: 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. Current consensus based treatment algorithms for diabetic neuropathy suggests that if inadequate control of pain is found, a switch to another first-line drug is recommended." Additionally, ODG states that Gabapentin "has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain". Medical documentation provided indicate that this patient has been on Gabapentin for at least a year. The treating physician has not provided subjective or objective findings of functional improvement while on this medication. The previous reviewer has modified request for weaning. As such, the request for Gabapentin 600mg Qty 150 is not medically necessary.

**Keppra 500mg Qty 60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Levetiracetam (Keppra, no generic).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs), Tiagabine (Gabitril) Pain Page(s): 16, 22.

**Decision rationale:** Levetiracetam (Keppra, no generic) is anti-epilepsy drugs. MTUS states that anti-epilepsy drugs are recommended, but do specify with caveats by medication. MTUS states Gabitril, "is among the AED's most recently approved, while these drugs may be effective for neuropathic pain, the ultimate role of these agents for pain requires further research and experience (ICSI, 2007) (Knotkova, 2007) (Eisenberg, 2007). In the interim, these agents should be used to treat neuropathic pain only when carbamazepine, gabapentin, or lamotrigine cannot be used. (Guay, 2003)." Medical records do not indicate that this patient is currently taking Gabapentin as well as Keppra, which guidelines recommend against. Additionally, there is concern for side effects when taking both drugs. Side effects include increased risk of anxiety and depression and this patient has a history of anxiety and severe depression. As such, the request for Keppra 500mg Qty 60 is not medically necessary.

**Norco 10/325mg Qty 120: 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): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute and Chronic), Low Back - Lumbar & Thoracic (Acute & Chronic), Shoulder, Pain, Opioids.

**Decision rationale:** ODG does not recommend the use of opioids for lower extremity and shoulder pain "except for short use for severe cases, not to exceed 2 weeks." The patient has exceeded the 2 week recommended treatment length for opioid usage. MTUS does not discourage use of opioids past 2 weeks, but does state that "ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." The treating physician does not fully document the least reported pain over the period since last assessment, increased level of function, or improved quality of life. Additionally, medical documents indicate that the patient has been on Norco in excess of the recommended 2-week limit. As such, the question for Norco 10/325mg Qty 120 is not medically necessary.