

<b>Case Number:</b>	CM14-0209759		
<b>Date Assigned:</b>	12/22/2014	<b>Date of Injury:</b>	08/27/2011
<b>Decision Date:</b>	02/27/2015	<b>UR Denial Date:</b>	11/19/2014
<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: California

Certification(s)/Specialty: Physical Medicine & Rehabn, Pain Management

### 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 patient with a date of injury of 9/26/84. A utilization review determination dated 11/17/14 recommends non-certification/modification of Botox, tramadol, Imitrex, Robaxin, and Neurontin. 11/3/14 medical report identifies back pain, neck pain, and headaches. Tramadol brings pain from 8/10 to 5/10 and allows him to continue working and taking care of personal hygiene and chores without side effects. "Urine drug screens have been inconsistent in the past." On exam, there is tenderness. Medications were refilled, a trial of Botox for the low back was discussed, additional acupuncture was recommended, and a UDS was to be obtained.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Imitrex 50 mg #18:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 26, 78, 63, 18 & 19. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 12th Edition (web), 2014, Head - Triptans

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head Chapter,

Triptans Other Medical Treatment Guideline or Medical Evidence: [http://ihs-classification.org/en/02\\_klassifikation/02\\_teil1/01.01.00\\_migraine.html](http://ihs-classification.org/en/02_klassifikation/02_teil1/01.01.00_migraine.html)

**Decision rationale:** Regarding the request for Imitrex, California MTUS does not contain criteria regarding the use of triptan medications. ODG states the triptans are recommended for migraine sufferers. The International Headache Society contains criteria for the diagnosis of migraine headaches. Within the documentation available for review, there is no indication that the patient has met the criteria for the diagnosis of migraine headaches. Additionally, there is no documentation indicating how the headaches have responded to the use of this medication. In the absence of clarity regarding those issues, the currently requested Imitrex is not medically necessary.

**Botox injection, 400 units for lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 26, 78, 63, 18 & 19. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 12th Edition (web), 2014, Head - Triptans

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 25-26 of 127.

**Decision rationale:** Regarding the request for Botox, Chronic Pain Treatment Guidelines state that botulinum toxin is recommended for chronic low back pain as an option in conjunction with a functional restoration program if a favorable initial response predicts subsequent responsiveness. Within the documentation available for review, there is no indication that the patient is participating in a functional restoration program with a favorable initial response to injection. In the absence of such documentation, the currently requested Botox is not medically necessary.

**Tramadol 50mg #100:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 26, 78, 63, 18 & 19. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 12th Edition (web), 2014, Head - Triptans

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 44, 47, 75-79, 120 of 127.

**Decision rationale:** Regarding the request for tramadol, California Pain Medical Treatment Guidelines note that it is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is some indication of improved pain and function, but there is no clear indication of appropriate medication usage/absent aberrant behavior given the mention of inconsistent urine drug screens in the past and no subsequent discussion regarding the reason for

the inconsistencies, current risk stratification, etc. As such, there is no clear indication for ongoing use of the medication. Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In light of the above issues, the currently requested tramadol is not medically necessary.

**Robaxin 750 mg #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 26, 78, 63, 18 & 19. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 12th Edition (web), 2014, Head - Triptans

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66 of 127.

**Decision rationale:** Regarding the request for Robaxin, Chronic Pain Medical Treatment Guidelines support the use of nonsedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Within the documentation available for review, this is a sedating muscle relaxant apparently being prescribed for long-term use despite the recommendations of the CA MTUS. In light of the above issues, the currently requested Robaxin is not medically necessary.

**Neurontin 300 mg #180:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 26, 78, 63, 18 & 19. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 12th Edition (web), 2014, Head - Triptans

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-21 of 127.

**Decision rationale:** Regarding request for gabapentin (Neurontin), Chronic Pain Medical Treatment Guidelines state that antiepilepsy drugs are recommended for neuropathic pain. They go on to state that a good outcome is defined as 50% reduction in pain and a moderate response is defined as 30% reduction in pain. Guidelines go on to state that 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 AEDs depends on improved outcomes versus tolerability of adverse effects. Within the documentation available for review, there is no identification of current neuropathic pain to support the ongoing use of this medication. In the absence of such documentation, the currently requested gabapentin (Neurontin) is not medically necessary.