

<b>Case Number:</b>	CM14-0076276		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	12/07/2005
<b>Decision Date:</b>	12/30/2015	<b>UR Denial Date:</b>	05/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/26/2014

### 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: Preventive Medicine, Occupational Medicine

### 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 injured worker is a 46 year old female, who sustained an industrial injury on December 7, 2005, incurring low back, upper extremities, and right lower extremity injuries. She was diagnosed with lumbar disc disease, de Quervain's tenosynovitis of the upper extremities. Treatment included pain medications, muscle relaxants, proton pump inhibitor, neuropathic medications, SI joint injections, ulnar nerve surgery and lumbar fusion surgery. Currently, the injured worker complained of persistent low back pain with bilateral thigh pain and right forearm pain. She rated her pain 6-8 out of 10 on a pain scale from 0 to 10. She noted ulnar neuropathy and numbness of the right wrist and forearm. She was diagnosed with sacroiliitis, chronic pain syndrome, lumbar radiculopathy, and tenosynovitis of the right hand. The treatment plan that was requested for authorization included prescriptions for Oxycodone IR 15 mg #150, Pepcid #60 with 3 refills, Zanaflex #60 with 3 refills, Elavil #90 with 3 refills and Gabapentin #360 with 3 refills.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Oxycodone IR 15 MG, # 150: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. Despite the long-term use of Oxycodone IR, the patient has reported very little, if any, functional improvement or pain relief over the course of the last 6 months. A previous utilization review decision provided the patient with sufficient quantity of medication to be weaned slowly off of narcotic. Oxycodone IR 15 MG, # 150 is not medically necessary.

**Pepcid # 60 x 3 Refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

**Decision rationale:** According to the Chronic Pain Medical Treatment Guidelines, prior to starting the patient on a proton pump inhibitor, physicians are asked to evaluate the patient and to determine if the patient is at risk for gastrointestinal events. Criteria used are: (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. There is no documentation that the patient has any of the risk factors needed to recommend the proton pump inhibitor omeprazole. Pepcid # 60 x 3 Refills is not medically necessary.

**Zanaflex, # 60 x 3 Refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

**Decision rationale:** The MTUS states that muscle relaxants are recommended with caution only on a short-term basis. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. The patient has been taking the muscle relaxant for an extended period of time far longer than the short-term course recommended by the MTUS. Zanaflex, # 60 x 3 Refills is not medically necessary.

**Elavil # 90 x 3 Refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Amitriptyline.

**Decision rationale:** According to the Official Disability Guidelines, amitriptyline is a tricyclic antidepressant that is recommended for chronic pain. Tricyclics are generally considered a first-line agent unless they are ineffective, poorly tolerated, or contraindicated. There is no documentation supporting any functional improvement with the continued long-term use of Elavil. A previous utilization review decision provided the patient with sufficient quantity of medication to be weaned slowly. Elavil # 90 x 3 Refills is not medically necessary.

**Gabapentin, # 360 x 3 Refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs).

**Decision rationale:** The MTUS states that gabapentin is an anti-epilepsy drug which 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. An adequate trial period for gabapentin is three to eight weeks for titration, then one to two weeks at maximum tolerated dosage. With each office visit the patient should be asked if there has been a change in the patient's pain symptoms, with the recommended change being at least 30%. There is no documentation of any functional improvement. A previous utilization review decision provided the patient with sufficient quantity of medication to be weaned slowly. Gabapentin, # 360 x 3 Refills is not medically necessary.