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| <b>Case Number:</b>   | CM15-0008220 |                              |            |
| <b>Date Assigned:</b> | 01/23/2015   | <b>Date of Injury:</b>       | 03/18/2010 |
| <b>Decision Date:</b> | 03/13/2015   | <b>UR Denial Date:</b>       | 12/29/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 01/14/2015 |

### 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 & Rehabilitation

### 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 female patient, who sustained an industrial injury on 03/18/2010. A primary treating office visit dated 11/18/2014 reported the patient presenting with severe multi injury pain. She reported continued issues with receiving medications for severe low back pain and anxiety due to insurance issues. She further reported frustration and difficulty with activities of daily living and sleep without medications. She is noted ambulating with a straight cane and diagnosed with lumbosacral/joint/ligament strain/sprain, lumbar radiculopathy, a history of gastritis and pro coping with chronic pain. She is prescribed Sertaline, Gabapentin, Omeprazole, Flexiril, Norco 10/325 MG and Lorazepam. On 12/29/2014 Utilization Review non-certified a request for Cyclobenzaprine, Gabapentin, Sertaline and Omeprazole, noting, the CA MTUS Chronic Pain, Muscle Relaxants, Anti-Epileptic drugs, Anti-Depressants and Official Disability Guidelines Proton Pump Inhibitors were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**(Retro) dispensed on 12/18/14 Cyclobenzaprine 7.5mg # 60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Procedure Summary

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants, pg 128.

**Decision rationale:** Guidelines do not recommend long-term use of this muscle relaxant for this chronic injury. Additionally, the efficacy in clinical trials has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. Submitted reports have not adequately demonstrated the indication or medical need for this treatment and there is no report of significant clinical findings, acute flare-up or new injury to support for its long-term use. There is no report of functional improvement resulting from its previous treatment to support further use as the patient remains unchanged. The (Retro) dispensed on 12/18/14 Cyclobenzaprine 7.5mg # 60 is not medically necessary and appropriate.

**(Retro) dispensed on 12/18/14 Gabapentin 100mg # 90: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy Drugs/Gabapentin, pages 18-19.

**Decision rationale:** Although Neurontin (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; however, submitted reports have not adequately demonstrated the specific symptom relief or functional benefit from treatment already rendered for this chronic injury. Medical reports have not demonstrated specific change, progression of neurological deficits or neuropathic pain with functional improvement from treatment of this chronic injury. Previous treatment with Neurontin has not resulted in any functional benefit and medical necessity has not been established. The (Retro) dispensed on 12/18/14 Gabapentin 100mg # 90 is not medically necessary and appropriate.

**(Retro) dispensed on 12/18/14 Setraline 50mg # 12/18/14: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressant for Chronic Pain, 13-16.

**Decision rationale:** MTUS Medical Treatment Guidelines do not recommend Cymbalta, a Selective Serotonin and Norepinephrine ReUptake Inhibitor (SSRI/SNRIs) without evidence of failed treatment with first-line tricyclics (TCAs) not evident here. Tolerance may develop and

rebound insomnia has been found as for this patient who has sleeping complaints. An SSRI/SNRI may be an option in patients with coexisting diagnosis of major depression that is not the case for this chronic injury without remarkable acute change or red-flag conditions. Submitted reports from the provider have not adequately documented any failed trial with first-line TCAs nor is there any diagnosis of major depression. The patient has been prescribed the medication without any functional improvement derived from treatment already rendered. The (Retro) dispensed on 12/18/14 Setraline 50mg # 12/18/14 is not medically necessary and appropriate.

**(Retro) dispensed on 12/18/14 Omeprazole 20mg #60: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Procedure Summary

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms and Cardiovascular risk, Pages 68-69.

**Decision rationale:** Prilosec (Omeprazole) medication is for treatment of the problems associated with erosive esophagitis from GERD, or in patients with hypersecretion diseases. Per MTUS Chronic Pain Treatment Guidelines, the patient does not meet criteria for Omeprazole (Prilosec) namely reserved for patients with history of prior GI bleeding, the elderly, diabetics, and chronic cigarette smokers. Submitted reports have not described or provided any GI diagnosis that meets the criteria to indicate medical treatment. Review of the records show no documentation of any history, symptoms, or GI diagnosis to warrant this medication. The (Retro) dispensed on 12/18/14 Omeprazole 20mg #60 is not medically necessary and appropriate.