

<b>Case Number:</b>	CM15-0143192		
<b>Date Assigned:</b>	08/04/2015	<b>Date of Injury:</b>	05/28/2007
<b>Decision Date:</b>	09/18/2015	<b>UR Denial Date:</b>	07/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/23/2015

### 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: 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 61 year old female who sustained an industrial injury on 5-28-07. The injured worker was diagnosed as having lumbago, sciatica, and thoracic or lumbosacral neuritis or radiculitis. Comorbid conditions include obesity. Treatment to date has included heat application, physical therapy, chiropractic therapy, acupuncture and medication. The provder's progress note, dated 6-11-2015, reported the injured worker continued to complain of low back pain with radiation to bilateral legs and left ankle. The pain was rated as 5/10 and was associated with stiffness, muscle spasms, numbness and weakness. Symptoms are worse with activity and better with heat, rest and medications. She tolerates the medication well and has no aberrant drug-seeking behaviors. On exam there was limited lumbar range of motion, paravertebral lumbar muscle tenderness, tenderness over spinous process L4 and L5, positive right side straight leg raise, decreased sensation to light touch on lateral aspect of right calf, and right sided muscle weakness (4/5) for ankle dorsi flexors and plantar flexors. The treating physician requested authorization for Cyclobenzaprine 5mg #60, Gabapentin 600mg #180, Lidocaine 5% #1, Lunesta 2mg #30, and Naproxen 550mg #60. The injured worker had been taking Cyclobenzaprine, Gabapentin, Lunesta, and Naproxen since at least 4-9-15.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pharmacy purchase of Cyclobenzaprine 5mg, #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines Cyclobenzaprine; Muscle relaxants (for pain) Page(s): 41-2, 63-66.

**Decision rationale:** Cyclobenzaprine is classified as a sedating skeletal muscle relaxant. This class of medications can be helpful in reducing pain and muscle tension thus increasing patient mobility. Muscle relaxants as a group, however, are recommended for short-term use only as their efficacy appears to diminish over time. In fact, studies have shown cyclobenzaprine's greatest effect is in the first 4 days of treatment after which use may actually hinder return to functional activities. They are considered no more effective at pain control than non-steroidal anti-inflammatory medication (NSAIDs) and there is no study that shows combination therapy of NSAIDs with muscle relaxants have a demonstrable benefit. This patient has been on cyclobenzaprine therapy for over 4 months. Since there is no documented provider instruction to use this medication on an intermittent or "as needed" basis, there is no indication to continue use of this medication. Medical necessity for continued use of cyclobenzaprine has not been established.

**Pharmacy purchase of Gabapentin 600mg, #180: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepileptic Drugs; Gabapentin; Topical Analgesics Page(s): 16-22, 49, 113.

**Decision rationale:** Gabapentin (Neurontin) is classified as an anticonvulsant (anti-epilepsy) drug used to treat epilepsy, migraines, bipolar disorder and the management of alcohol dependence. Although the literature to support its use to treat pain comes mostly from studies of post herpetic neuralgia and diabetic polyneuropathy, it is also recommended as a first line treatment for neuropathic pain. A response to anti-epileptic medication in controlling pain in patients with neuropathic pain has been defined as a 30-50% reduction in pain. Studies looking at the efficacy of Gabapentin suggests when used with opioids, patients used lower doses of medications and had better analgesia. Of note, the MTUS recommends if this medication is to be changed or stopped it be weaned in order to avoid precipitating a seizure (based on studies with epileptic patients). The package insert describing dosing of this medication notes maximum dosage is 1800mg per day. Few studies do show continued benefit from this medication at doses up to 3600 mg but this finding is inconsistent. This patient has neuropathic pain and the provider's notes comment on the effectiveness of the patient's medications for controlling pain and improving function. However, the prescribed amount of 3600 mg per day is double the manufacturer's recommended dose and there is little scientific evidence to support use at this

high dose level. Medical necessity for continued use of this medication at the dose prescribed has not been established.

**Pharmacy purchase of Lidocaine 5%, #1: Overturned**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm, Topical analgesics Page(s): 56-7, 111-13.

**Decision rationale:** Lidocaine 5% is an anesthetic product formulated for topical use. The use of topical agents to control pain is considered by the MTUS to be an option although it is considered largely experimental, as there is little to no research to support their use. Topical lidocaine in the form of Lidoderm is recommended in the MTUS only for treatment of neuropathic pain. Other topical forms of this medication are not recommended and use of this medication for non-neuropathic pain is also not recommended. Since this patient has neuropathic pain use of lidocaine is considered an option for therapy but the MTUS restricts its use to after a trial of first-line medication therapies such as tricyclic antidepressants or antiepileptic drugs. The patient has been using this preparation for at least three months and it does help lessen the patient's pain and increase his ability to function. First-line medications have been tried. Medical necessity for continued use of this preparation has been established.

**Pharmacy purchase of Lunesta 2mg, #30: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, short-acting nonbenzodiazepine hypnotic.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Clinical Guideline for the Evaluation and Management of Chronic Insomnia in Adults. Schutte-Rodin S, et al, J Clin Sleep Med 2008; 4 (5): 487-504.

**Decision rationale:** Lunesta (eszopiclone) is a non-benzodiazepine hypnotic agent indicated for the treatment of insomnia. According to the definition by the consensus guideline for treatment of insomnia, insomnia is the subjective perception of difficulty with sleep initiation, duration, consolidation, or quality that occurs despite adequate opportunity for sleep, and that results in some form of daytime impairment. Importantly, the diagnosis requires this associated daytime dysfunction (by definition as per the International Classification of Sleep Disorders). Once diagnosis is made and secondary causes have been ruled out, first line treatment is with a non-benzodiazepine hypnotic agent. This patient has used Lunesta for over 1 month for a sleep disorder considered to be secondary to pain. The medical records do not document the presence of daytime symptoms nor an evaluation to identify whether the cause of the disorder is due to the patient's pain symptoms or other co-morbid disease states. If pain is the true cause of the sleep disorder then optimizing treating pain, not inducing sleep, is the goal of therapy. For example, sedating antidepressants are a MTUS recommended first line of treatment for chronic pain but

this patient is not on any of these medications. Continued use of this medication is thus not medically indicated until the above evaluation is completed. Medical necessity has not been established.

**Pharmacy purchase of Naproxen 550mg, #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment, Chapter 12 Low Back Complaints Page(s): Chp 3 pg 47; Chp 12 pg 299, Chronic Pain Treatment Guidelines NSAID (non-steroidal anti-inflammatory medication) Page(s): 67-73.

**Decision rationale:** Naprosyn is a (NSAID). NSAIDs as a group are recommended for treatment of osteoarthritis and for short-term use in treating symptomatic pain from joint or muscle injury. In fact, MTUS guidelines note that studies have shown use of NSAIDs for more than a few weeks can retard or impair bone, muscle, and connective tissue healing and perhaps even cause hypertension. This patient has had stable chronic pain for over 12 weeks and thus can be considered past the point where NSAIDs should be of value in treatment unless used short-term for exacerbation of the patient's chronic injuries. As the records do not show instructions to the patient for use of this medication only for exacerbations it is not indicated for use at this time. Medical necessity has not been established.