

<b>Case Number:</b>	CM15-0185640		
<b>Date Assigned:</b>	09/25/2015	<b>Date of Injury:</b>	05/14/2010
<b>Decision Date:</b>	11/20/2015	<b>UR Denial Date:</b>	09/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/21/2015

### 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 41 year old female who sustained an industrial injury May 14, 2010. According to a treating nurse practitioner's notes dated September 2, 2015, the injured worker presented for re-evaluation of chronic low back pain. She reports she is maintained with prescribed medication and continues to utilize self-management tools she learned from her functional restoration program, completed September 2012. Objective findings included; normal gait and posture; nurse practitioner documents pain behaviors are within expected context of disease. No other physical documentation noted. The nurse practitioner further documented the injured worker has a diagnoses of complex regional pain syndrome type I and regional myofascial pain. She is status post spinal cord stimulator implantation. She noted, she continues to have poor mood and poor sleep due to pain. A discussion was done regarding her migraine like symptoms that occur before a pain flare. She was advised to avoid triggers and use pain medication as directed. Treatment plan included to continue home exercise and stretching routines and to take medication as prescribed. At issue, is a request for authorization for Amitriptyline, Cymbalta, ibuprofen, Neurontin, Norco, and Promethazine. According to utilization review dated September 16, 2015, the request for Norco 5-325mg Quantity: 30, refills (2) was modified to Norco 5-325mg Quantity: 30, (0) refills. The request for Neurontin 300mg Quantity: 180 with (5) refills was modified to Neurontin 300mg Quantity: 180 with (2) refills. The request for Cymbalta 60mg Quantity: 30 with (5) refills was modified to Cymbalta 60mg Quantity: 30 with (2) refills. The request for Amitriptyline 100mg Quantity: 30 with (5) refills was modified to Amitriptyline 100mg Quantity: 30 with (2) refills. The request for ibuprofen 800mg Quantity: 30 with (5) refills was modified to ibuprofen 800mg Quantity: 30 with (2) refills. The request for Promethazine 25mg Quantity: 20mg with (3) refills is non-certified.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Neurontin 300mg, QTY: 180.00 with 5 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 documentation of functional improvement. The original reviewer modified the request to exclude 3 refills as the patient should be re-examined frequently to insure compliance. Neurontin 300mg, QTY: 180.00 with 5 refills is not medically necessary.

**Norco 5/325mg, QTY: 30.00 with 2 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): Opioids for chronic pain.

**Decision rationale:** Guidelines state that Norco is indicated for moderate to moderately severe pain. Guidelines further state the criteria for the use of opioids is the ongoing review and documentation of the patient's pain relief, functional status, appropriate medication use, and side effects. In this case, the medical necessity has been established for the patient's use of the requested Norco as a first-line analgesic agent for pain relief for the patient's treatment of chronic pain as it is appropriate in this clinical setting. The original review modified the request to exclude all refills, as the patient should be reexamined frequently to ensure compliance. Norco 5/325mg, QTY: 30.00 with 2 refills is not medically necessary.

**Cymbalta 60mg, QTY: 30.00 with 5 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): Duloxetine (Cymbalta).

**Decision rationale:** Evidence based guidelines necessitate documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services as a result of Cymbalta use to date. The original reviewer modified the request to exclude 3 refills as the patient should be reexamined frequently to ensure compliance. Cymbalta 60mg, QTY: 30.00 with 5 refills is not medically necessary.

**Amitriptyline 100mg, QTY: 30.00 with 5 refills: Upheld**

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

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

**Decision rationale:** According to the Official Disability Guidelines, Amitriptyline is a tricyclic anti-depressant that is recommended for chronic pain. Tricyclics are generally considered a first-line agent unless they are ineffective, poorly tolerated, or contraindicated. The original reviewer modified the request to exclude 3 refills as the patient should be reexamined frequently to ensure compliance. Amitriptyline 100mg, QTY: 30.00 with 5 refills is not medically necessary.

**Promethazine 25mg, QTY: 20.00 with 3 refills: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Anti-emetics (for opioid nausea).

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

**Decision rationale:** The Official Disability Guidelines state that promethazine is not recommended for nausea and vomiting secondary to chronic opioid use. This request is not medically reasonable and necessary at this time. At present, based on the records provided, and the evidence-based guideline review, the request is non-certified. Promethazine 25mg, QTY: 20.00 with 3 refills is not medically necessary.

**Ibuprofen 800mg, QTY: 30.00 with 5 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 (non-steroidal anti-inflammatory drugs).

**Decision rationale:** The MTUS recommends NSAIDs at the lowest dose for the shortest period in patients with moderate to severe pain. NSAIDs appear to be superior to acetaminophen, particularly for patients with moderate to severe pain. There is no evidence of long-term effectiveness for pain or function. The medical record contains documentation of functional improvement. The original reviewer modified the request to exclude 3 refills as the patient should be reexamined frequently to ensure compliance. Ibuprofen 800mg, QTY: 30.00 with 5 refills is not medically necessary.