

<b>Case Number:</b>	CM15-0197400		
<b>Date Assigned:</b>	10/12/2015	<b>Date of Injury:</b>	04/26/2006
<b>Decision Date:</b>	11/23/2015	<b>UR Denial Date:</b>	09/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/07/2015

### 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: New York

Certification(s)/Specialty: Anesthesiology

### 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 52 year old female, who sustained an industrial injury on 4-26-2006. The injured worker is undergoing treatment for: lumbar post-laminectomy syndrome. On 7-29-15, she reported low back pain rated 10 out of 10 without medications and 5-6 out of 10 with medications. She indicated she is able to walk approximately 3 blocks with the use of medications; however she is reported as using a walker for longer distance walking. A physical examination is not documented. On 9-2-15, she reported low back pain. "She has not had much change in her back pain over the past month". She is reported to continue using Cymbalta for depression and pain, Norco for pain, Gabapentin for neuropathic pain, and Norflex for muscle spasms. She denied side effects and indicated she was getting improved function however she indicating continuing to need assistance of a home health aide without whom she related she would have difficulty getting out of bed. She is reported to have difficulty with showering without medications. Objective findings revealed an antalgic gait, well healed surgical scar on the low back, deep tendon reflexes symmetrical bilaterally to patella and Achilles, no clonus sign bilaterally, intact sensation to lower extremities, negative straight leg raise testing, and there is noted spasm and guarding of the lumbar spine. The treatment and diagnostic testing to date has included: medications, CT scan of the lumbar spine (date unclear), lumbar fusion (date unclear), magnetic resonance imaging of the lumbar spine (4-8-2008, 6-18-10 and 4-18-13), and functional restoration program, urine drug screen and CURES (dates unclear). Medications have included: hydrocodone bit-apap, gabapentin, Orphenadrine, Cymbalta, amlodipine besylate, K-tab, famotidine, hydrochlorothiazide, metformin hcl. The records indicate she has been utilizing Gabapentin, hydrocodone-APAP, Orphenadrine-Norflex, and Cymbalta since at least May 2015,

possibly longer. Current work status: permanent and stationary. The request for authorization is for: Hydrocodone-APAP 10-325mg quantity 120, Gabapentin 600mg quantity 120, Orphenadrine-Norflex ER 100mg quantity 80, Cymbalta 30mg quantity 30. The UR dated 8-14-2015: non-certified the requests for Hydrocodone-APAP 10-325mg quantity 120, Gabapentin 600mg quantity 120, Orphenadrine-Norflex ER 100mg quantity 80, Cymbalta 30mg quantity 30.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Hydrocodone/APAP 10/325mg qty 120: 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Opioids.

**Decision rationale:** According to the CA MTUS and ODG, Vicodin 10/325mg (Hydrocodone/APAP (Acetaminophen)) is a short-acting opioid analgesic indicated for moderate to moderately severe pain, and is used to manage both acute and chronic pain. The treatment of chronic pain with any opioid analgesic requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. A pain assessment should include current pain, intensity of pain after taking the opiate, and the duration of pain relief. In this case, there is no documentation of objective functional improvement with medication use to support the subjective reported benefit. Medical necessity of the requested item has not been established. Of note, discontinuation of an opioid analgesic should include a taper, to avoid withdrawal symptoms. The requested medication is not medically necessary.

#### **Gabapentin 600mg qty 120: Overturned**

**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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Gabapentin (Neurontin).

**Decision rationale:** Gabapentin (Neurontin) is an anti-epilepsy drug, which has been shown to be effective for treatment of diabetic painful neuropathy and post-herpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. The records document that the patient has evidence of neuropathic pain. There is documentation of objective findings consistent with current neuropathic pain to necessitate the use of Gabapentin. In addition, there is documentation of benefit from the previous use of Gabapentin. Medical necessity for Gabapentin has been established. The requested medication is medically necessary.

#### **Orphenadrine-Norflex ER 100mg qty 90: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment for Workers' Compensation (ODG-TWC) Pain Procedure Summary Online Version last updated 07/15/2015.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Norflex (Orphenadrine).

**Decision rationale:** According to the ODG, Norflex (Orphenadrine) is a muscle relaxant similar to diphenhydramine, but has greater anticholinergic effects. The mode of action is not clearly understood. Effects are thought to be secondary to analgesic and anticholinergic properties. According to CA MTUS guidelines, muscle relaxants are not considered any more effective than non-steroidal anti-inflammatory drugs (NSAIDs) alone, and are not recommended for the long-term use of chronic pain. In this case, there is no documentation contraindicating the use of NSAIDs for this patient. Based on the currently available information, the medical necessity for this muscle relaxant has not been established. The requested medication is not medically necessary.

**Cymbalta 30mg qty 30:** Overturned

**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): Antidepressants for chronic pain.

**Decision rationale:** According to the California MTUS Guidelines, antidepressants are indicated for the treatment of chronic pain. They are recommended as a first-line option for neuropathic pain, and as a possibility for non-neuropathic pain. The documentation indicates the patient has depression and the use of Cymbalta in this patient's medical regimen has been proven beneficial. Medical necessity for the requested medication has been established. The requested medication is medically necessary.