

<b>Case Number:</b>	CM15-0199408		
<b>Date Assigned:</b>	10/14/2015	<b>Date of Injury:</b>	04/07/2013
<b>Decision Date:</b>	12/17/2015	<b>UR Denial Date:</b>	09/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/09/2015

### 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 54 -year-old female who sustained an industrial injury on 4-7-2013. Diagnoses have included post-traumatic osteoarthritis of both knees and post-laminectomy syndrome. Documented treatment includes past physical therapy for the knees, a T8-9 and T9-10 fusion on 8-20-2013; bracing; and medication including Lyrica stated to reduce sciatica and neuropathic back pain by 30 percent, but this does cause weight gain and upset stomach so the injured worker does not want an increased dosage; Naproxen is stated to help with knee and back pain; and Zanaflex is noted to help with muscle spasms. She had been taking Effexor for anxiety and depression, but has requested going back on Paroxetine for "better efficacy." It is also noted that she is not taking opioids due to "lack of efficacy." She does take Trazodone to help with sleep. Tizanidine, and Naprosyn have been included in the treatment plan for greater than 18 months, and Lyrica since at least 4-2015. The injured worker is noted to have recently been authorized for physical therapy. On 9-10-2015 the injured worker reported constant throbbing and aching in her upper back, stating that pain goes down the right leg into the toes. Pain at that visit was rated as VAS score of 7 out of 10. She said it goes as high as 10 out of 10 and as low as 4. The treating physician's plan of care includes Lyrica 25 mg #90 with 2 refills; Zanaflex 4 mg #30 with no refills requested; Naprosyn 375 mg. #60 with 2 refills, and Paroxetine 10 md #30 with no refills. On 9-21-2015 Naprosyn was denied, and Lyrica, Zanaflex, and Paroxetine were determined to begin weaning.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pregabalin (Lyrica) 25mg TID #90 with 2 refills: Overturned**

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

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

**Decision rationale:** The MTUS states that pregabalin 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. An adequate trial period for Lyrica 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 with the continued use of this medication. I am reversing the previous utilization review decision. Pregabalin (Lyrica) 25mg TID #90 with 2 refills is medically necessary.

**Tizanidine (Zanaflex) 4mg QD at bedtime #30 with 0 refills: Upheld**

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

**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. Tizanidine (Zanaflex) 4mg QD at bedtime #30 with 0 refills is not medically necessary.

**Naproxen (Naprosyn) 375mg BID #60 with 2 refills: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antidepressants for chronic pain, NSAIDs (non-steroidal anti-inflammatory drugs).

**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 no documentation of functional improvement. Guidelines recommend NSAIDs as an option for short term symptomatic relief. Naproxen (Naprosyn) 375mg BID #60 with 2 refills is not medically necessary.

**Paroxetine (Paxil) 10mg QD at bedtime #30 with 0 refills:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antidepressants for chronic pain, SSRIs (selective serotonin reuptake inhibitors).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): SSRIs (selective serotonin reuptake inhibitors).

**Decision rationale:** According to the Official Disability Guidelines SSRIs are not recommended as a treatment for chronic pain, but SSRIs may have a role in treating secondary depression. It has been suggested that the main role of SSRIs may be in addressing psychological symptoms associated with chronic pain. More information is needed regarding the role of SSRIs and pain. The patient does carry a diagnosis of depression. I am reversing the previous utilization review decision. Paroxetine (Paxil) 10mg QD at bedtime #30 with 0 refills is medically necessary.