

<b>Case Number:</b>	CM15-0035193		
<b>Date Assigned:</b>	03/03/2015	<b>Date of Injury:</b>	09/26/2012
<b>Decision Date:</b>	04/10/2015	<b>UR Denial Date:</b>	02/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/24/2015

### 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, Pain Management

### 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 40 year old female with an industrial injury date of 09/26/2012. She presents on 01/12/2015 for follow up. She states she had a very good month and the medication allowed her to be very active during the Christmas and New Year holidays. She also complains of an episode of being dizzy, light headed and a little confused. She also had a significant flare-up of neck pain with a headache. Prior treatments include medications. Diagnoses: Degeneration of lumbar or lumbosacral intervertebral disc, Myalgia and myositis, Degeneration of cervical intervertebral disc, Cervicalgia, Spasm of muscle, Chronic pain syndrome, Long term (current) use of other medications. On 02/04/2015 the request for Celebrex was non-certified. MTUS was cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 prescription of Celebrex: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines x 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 22 and 30 of 127.

**Decision rationale:** Regarding the request for celecoxib (Celebrex), Chronic Pain Medical Treatment Guidelines state that Celebrex may be considered if the patient has a risk of GI complications, but not for the majority of patients. Within the documentation available for review, there is no identification of a high risk of GI complications precluding the use of non-selective NSAIDs. In the absence of such documentation, the currently requested celecoxib (Celebrex) is not medically necessary.

**Zohydro ER 20mg:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 44, 47, 75-79, 120 of 127. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, Zohydro.

**Decision rationale:** Regarding the request for Zohydro, California Pain Medical Treatment Guidelines do not specifically address this medication. They do not, due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use for patients utilizing opioids. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. ODG specifically notes that Zohydro (hydrocodone) is not recommended and should be reserved for use in patients for whom alternative treatment options are ineffective. It is not recommended in ODG for first-line use for treatment of acute or chronic non-malignant pain. Within the documentation available for review, there is no clear indication that the patient has failed first-line opioids and alternative treatment options are ineffective prior to consideration for the use of Zohydro. As such, there is no clear indication for ongoing use of the medication. Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In light of the above issues, the currently requested Zohydro is not medically necessary.

**Nortriptyline -Hydrochloride 50mg:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 Page(s): (s) 13-16.

**Decision rationale:** Regarding the request for nortriptyline, CA MTUS states that antidepressants are recommended as a 1st line option for neuropathic pain and as a possibility for non-neuropathic pain. Guidelines go on to recommend a trial of at least 4 weeks. Assessment of treatment efficacy should include not only pain outcomes, but also an evaluation of function, changes in use of other analgesic medication, sleep quality and duration, and psychological assessment. Within the documentation available for review, there is identification of pain relief

and specific functional improvement. In light of the above, the currently requested nortriptyline is medically necessary.

**Topiramate 50mg:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 16-21 of 127.

**Decision rationale:** Regarding request for topiramate (Topamax), Chronic Pain Medical Treatment Guidelines state that antiepilepsy drugs are recommended for neuropathic pain. They go on to state that a good outcome is defined as 50% reduction in pain and a moderate response is defined as 30% reduction in pain. Guidelines go on to state that after initiation of treatment, there should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with use. The continued use of AEDs depends on improved outcomes versus tolerability of adverse effects. Within the documentation available for review, there is identification of analgesic benefit and specific objective functional improvement. In light of the above, the currently requested topiramate (Topamax) is medically necessary.