

<b>Case Number:</b>	CM15-0040959		
<b>Date Assigned:</b>	04/10/2015	<b>Date of Injury:</b>	10/08/2008
<b>Decision Date:</b>	05/22/2015	<b>UR Denial Date:</b>	02/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/04/2015

### 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, Arizona  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 55 year old male, who sustained an industrial injury on 10/08/2008. He reported a lifting injury with acute back pain and right thumb injury. Diagnoses include thoracic sprain, lumbosacral disc injury, and thoracic disc injury, and bilateral lumbosacral radiculopathy, anxiety, depression. He is status post right knee surgery in 2010 and 2012, status post left shoulder surgery 2011 and 2012, status post right carpal tunnel release and trigger finger release 2009, 2010, and carpal tunnel release to left side 2013. Treatments to date include medication therapy, cortisone injections, and physical therapy. Currently, the injured worker has complaints of ongoing bilateral knee and shoulder pain. On 1/12/15, the physical examination documented bilateral knee tenderness and painful range of motion. Shoulder also demonstrated tenderness with painful range of motion. The plan of care included continuation of medication therapy and the encouragement of home exercises and apply modality treatment at the no pain range.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Gabapentin 300mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 16-19.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 16-18.

**Decision rationale:** The California MTUS Guidelines state that gabapentin may be recommended for the treatment of neuropathic pain. The guidelines continue to state that the use of antiepilepsy drugs, such as gabapentin, is not currently recommended for myofascial pain as there is a lack of evidence to demonstrate that antiepilepsy drugs significantly decrease the level of myofascial pain or sources of somatic pain. It remains unclear as to why the injured worker is being prescribed this medication as there was no indication the injured worker was suffering from neuropathic pain that would benefit from the use of this medication. Additionally, there was a lack of documentation provided demonstrating the injured worker's therapeutic benefit from the use of the medication. Therefore, the request for gabapentin 300 mg #60 is not medically necessary.

**Ambien 10mg #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, Zolpidem (Ambien).

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

**Decision rationale:** The California MTUS/ACOEM Guidelines do not address this request. However, the Official Disability Guidelines state that Ambien may be recommended for short term (7 to 10 days) treatment of insomnia. The guidelines continue to state that the specific component of insomnia being treated should be documented, to include sleep onset, sleep maintenance, sleep quality, and next day functioning. It remains unclear how long the injured worker has been taking this medication. Additionally, there was a lack of documentation provided demonstrating the injured worker had complaints of insomnia that would benefit from the use of this medication and there was no documentation demonstrating the injured worker's measurable therapeutic benefit from the use of the medication. Furthermore, the request exceeds the guideline recommendations of use for no longer than 10 days. Therefore, the request for Ambien 10 mg #30 is not medically necessary.

**Xanax 0.5mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Alprazolam (Xanax).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

**Decision rationale:** The California MTUS Guidelines state that benzodiazepines are not recommended for long term use because long term efficacy is unproven and there is a risk for dependence. The guidelines continue to state that use should be limited to no longer than 4 weeks. It remains unclear how long the injured worker had been prescribed this medication. Additionally, there was a lack of documentation provided demonstrating the injured worker's therapeutic benefit from the use of this medication that would support its continued use. Therefore, the request for Xanax 0.5 mg #60 is not medically necessary.

**Norco 10/325mg #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-80, 91 and 124.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list. Opioids, criteria for use Page(s): 91,78.

**Decision rationale:** The California MTUS Guidelines state that Norco may be indicated for moderate to moderately severe pain. The guidelines to state that patients prescribed opioid medications should have an ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. There was a lack of documentation provided demonstrating that the injured worker had moderate to severe pain that would benefit from the use of this medication. Additionally, there was a lack of evidence that the injured worker had received objective measurable therapeutic benefit from the use of this medication. Furthermore, there was a lack of evidence that the injured worker had been screened for appropriate medication use and side effects. Therefore, the request for Norco 10/325 mg #120 is not medically necessary.

**Mobic 7.5mg #160:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (nonsteroidal anti-inflammatory drugs) Page(s): 67-68 and 72.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Meloxicam (Mobic), Page(s): 61.

**Decision rationale:** The California MTUS Guidelines state that Mobic is a nonsteroidal anti-inflammatory drug that is recommended for the relief of signs and symptoms of osteoarthritis. There was a lack of documentation provided demonstrating the injured worker had officially been diagnosed with osteoarthritis and would benefit from the use of this medication. Additionally, there was a lack of documentation provided demonstrating the injured worker had therapeutic benefit from the use of this medication. Therefore, the request for Mobic 7.5 mg #160 is not medically necessary.

**Cymbalta 60mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13-16.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines SNRIs (serotonin noradrenaline reuptake inhibitors) Page(s): 105.

**Decision rationale:** The California MTUS Guidelines state that serotonin noradrenaline reuptake inhibitors may be recommended as an option for first line treatment of neuropathic pain, especially if tricyclics are ineffective, poorly tolerated, or contraindicated. There was a lack of evidence within the documentation that the injured worker had neuropathic pain that would benefit from the use of this medication. Additionally, there was a lack of evidence that tricyclics are ineffective, poorly tolerated, or contraindicated. Furthermore, there was a lack of documentation provided that this medication provided the injured worker therapeutic benefit. Therefore, the request for Cymbalta 60 mg #30 is not medically necessary.

**Skelaxin 800mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-65.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Metaxalone (Skelaxin) Page(s): 61.

**Decision rationale:** The California MTUS Guidelines state that Skelaxin may be recommended with caution as a second line option for the short term pain relief in patients with chronic low back pain. There was a lack of evidence within the documentation provided that the injured worker had current complaints of chronic low back pain that would benefit from the use of the medication. Additionally, it remains unclear how long the injured worker has been taking this medication as it is not indicated for long term use. Furthermore, there was a lack of documentation provided demonstrating the injured worker's therapeutic benefit from the use of the medication. Therefore, the request for Skelaxin 800 mg #30 is not medically necessary.