

<b>Case Number:</b>	CM15-0055394		
<b>Date Assigned:</b>	03/30/2015	<b>Date of Injury:</b>	11/27/1996
<b>Decision Date:</b>	06/08/2015	<b>UR Denial Date:</b>	03/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/23/2015

### 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: Arizona, Michigan

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 62 year old male, who sustained an industrial injury on 11/27/96. The injured worker was diagnosed as having low back pain, failed lumbar back surgery, lumbar back pain with radiculopathy, myalgia, xerostomia, bilateral shoulder impingement syndrome, erectile dysfunction secondary to medication, testicular hypo function secondary to opioids, anxiety, depression and chronic insomnia. Treatment to date has included oral medications including opioids, topical medications, lumbar surgery, physical therapy and home exercise program. Currently, the injured worker complains of low back pain, bilateral shoulder pain and depression. Physical exam noted maximum tenderness at the lumbosacral junction. The treatment plan consisted of refilling medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**60 tablets of Zanaflex 6mg with 3 refills: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) / Antispasticity / antispasmodic drugs. Tizanidine Page(s): 63-66.

**Decision rationale:** The MTUS recommends non-sedating muscle relaxants with caution as a second-line option for short term treatment of acute exacerbations in patients with chronic low back pain. Tizanidine is a centrally acting alpha2adrenergic agonist that is FDA approved for management of spasticity: unlabeled use for back pain. One study which was conducted only in females demonstrated a significant decrease in pain associated with chronic myofascial pain syndrome and it is recommended as first line option to treat myofascial pain, it may also be beneficial as an adjunct in the treatment of fibromyalgia. A review of the injured workers medical records does not reveal a clear indication for the continued use of this medication and there is no documentation of pain, spasm or functional improvement with the use of this medication, without this information medical necessity is not medically necessary.

**60 tablets of Cymbalta 60mg with 3 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Duloxetine (Cymbalta).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain. Cymbalta Page(s): 14-16.

**Decision rationale:** Per the MTUS, antidepressants are recommended as a first line option in the treatment of neuropathic pain and also possibly for non- neuropathic pain. Duloxetine (Cymbalta) is FDA approved for anxiety, depression, diabetic neuropathy and fibromyalgia, it is used off label for neuropathic pain and radiculopathy. A review of the injured workers medical records reveal a complex history of chronic pain with failed back syndrome, unfortunately it is not clear from the medical records that are available to me the indication for the use of cymbalta and there is no documentation of pain, functional or mood improvement with the use of cymbalta and without this information medical necessity for continued use is not medically necessary.

**120 tablets of Zonegran 100mg with 3 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 16. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (chronic) / Antiepilepsy drugs (AEDs).

**Decision rationale:** Per the MTUS, antiepilepsy drugs are recommended for neuropathic pain. The choice of specific agents reviewed below will depend on the balance between effectiveness and adverse reactions. A good response to the use of AEDs has been defined as a 50% reduction in pain and a moderate response as a 30% reduction. It has been reported that a 30% reduction in pain is clinically important to patients and a lack of response of this magnitude may be the trigger for the following: (1) a switch to a different first-line agent (TCA, SNRI or AED are

considered first-line treatment); or (2) combination therapy if treatment with a single drug agent fails. (Eisenberg, 2007) (Jensen, 2006) 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. Per the ODG, Zonisamide (Zonegran, generic available), is among the antiepileptic drugs (AEDs) most recently approved, while these drugs may be effective for neuropathic pain, the ultimate role of these agents for pain requires further research and experience. In the interim, these agents should be used to treat neuropathic pain only when carbamazepine, gabapentin, or lamotrigine cannot be used. A review of the injured workers medical records do not show that other first line recommended agents have been tried and failed therefore the request for zonegran is not medically necessary.

**90 tablets of Effexor XR 75mg with 3 refills: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Venlafaxine (Effexor).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants Page(s): 14-16.

**Decision rationale:** Per the MTUS, antidepressants are recommended as a first line option in the treatment of neuropathic pain. Venlafaxine (Effexor) is FDA approved for anxiety, depression, panic disorder, and social phobias. Off label use for fibromyalgia, neuropathic pain and diabetic neuropathy. A review of the injured workers medical records reveal a complex history of chronic pain with failed back syndrome, unfortunately it is not clear from the medical records that are available to me the indication for the use of Effexor in this injured worker and there is no documentation of pain, functional or mood improvement with the use of Effexor, without this information medical necessity for continued use is not medically necessary.