

<b>Case Number:</b>	CM14-0119559		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	11/16/2006
<b>Decision Date:</b>	10/20/2014	<b>UR Denial Date:</b>	07/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/30/2014

### 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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation and Pain Management, has a subspecialty in Interventional Spine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 47 years old male with an injury date on November 16, 2006. Based on the July 01, 2014 progress report provided by [REDACTED], the diagnoses are: Chronic cervicgia; Cervical DDD, per MRI; Chronic back pain; Lumbar DDD, status post L5-S1 discectomy; Left sciatic syndrome; Chronic headaches with possible superimposed migraines; Pain-related insomnia; and Situational depression/anxiety. According to this report, the patient came in for an evaluation of the right shoulder, cervical, thoracic and lumbar spine with radicular symptoms to the left lower extremity. The patient also complains of migraines headaches. Range of motion of the right shoulder is limited at 150 degree of forward flexion and abduction. Tenderness is noted over the bilateral cervical/ thoracic and lumbar paraspinal muscle and rhomboid regions. Seated straight leg raise was positive on the left. The patient states that he has significant difficulty with conducting activities of daily living with the current regimen. He states that he has difficulty even getting out of bed. Urine studies on February 29, 2014 were consistent with medication regimen. The June 24, 2014 indicates that the patient noted approximately 50% reduction in his pain with the use of medications. Pain is rated as an 8/10 without medication; able to walk less than 10 minutes and 4/10 with medications; able to walk approximately 20 minutes. There were no other significant findings noted on this report. The utilization review denied the request on July 11, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco (10/325mg, #180 with 1 refill): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain; Criteria for use of Opioids; Opioids for chronic pain Page(s): 60,.

**Decision rationale:** For chronic opiate use, the California MTUS Guidelines states that pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument. Guidelines also requires documentation of the 4A's (analgesia, activities of daily living (ADL's), adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. Norco was first mentioned in the January 09, 2013 report; it is unknown exactly when the patient initially started taking this medication. In this case, the report shows documentation of pain assessment using a numerical scale describing the patient's pain with and without medication and some ADL's are discussed. However, no outcome measures are provided; no aberrant drug seeking behavior is discussed, and no discussion regarding side effects. Given the lack of sufficient documentation demonstrating efficacy from chronic opiate use, the patient should be slowly weaned as outlined in MTUS Guidelines. Therefore, the request is not medically necessary.

**Miralax Oral Powder (#60, with 3 refills): Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioid-induced constipation treatment..

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Therapeutic Trial of Opioids Page(s): 77.

**Decision rationale:** Regarding constipation medication, the California MTUS Guidelines recommends as a prophylactic treatment when initiating opioid therapy. In this case, treating physician is requesting constipation medication in anticipation of side effects to opioid therapy, which is reasonable, and within California MTUS Guidelines. Therefore, the request is medically necessary.

**Senna (8.6mg, #90 with 3 refills): Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioid-induced constipation treatment.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Therapeutic Trial of Opioids Page(s): 77.

**Decision rationale:** Regarding constipation medication, the California MTUS Guidelines recommends as a prophylactic treatment when initiating opioid therapy. In this case, treating physician is requesting constipation medication in anticipation of side effects to opioid therapy, which is reasonable, and within California MTUS Guidelines. Therefore, the request is medically necessary.

**Prilosec (20mg, #60 with 3 refills):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 69.

**Decision rationale:** The California MTUS Guidelines state Prilosec is recommended for patients at risk for gastrointestinal events if used prophylactically for concurrent NSAIDs. The California MTUS Guidelines requires proper GI assessment such as the age, concurrent use of anticoagulants, ASA, history of PUD, gastritis, etc. Review of the report show that the patient has gastrointestinal side effects with medication use. The patient is currently taking Mobic, a NSAID. However, there is no discussion regarding GI assessment as required by guidelines. The California MTUS Guidelines does not recommend routine use of GI prophylaxis without documentation of risk. Therefore, the request is not medically necessary.

**Klonopin (1mg, #60 with 3 refills):** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental Illness and Stress.

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

**Decision rationale:** The California MTUS Guidelines do not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Only short-term use of this medication is recommended for this medication. Review of reports show that the patient has been taking Klonopin since January 09, 2013. Per treating physician, Klonopin has aided with the patient's anxiety and helps a bit with his neck and back spasm. However, this medication is not recommended for a long-term use, therefore, the request is not medically necessary.

**Lunesta (2mg, #30 with 3 refills):** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Acute and Chronic) Insomnia Treatment

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

**Decision rationale:** Regarding Lunesta, the California MTUS Guidelines and ACOEM Practice Guidelines do not discuss, but the Official Disability Guidelines discuss Lunesta under insomnia and state that Lunesta has demonstrated reduced sleep latency and sleep maintenance and is the only benzodiazepine receptor agonist FDA approved for use longer than 35 days. Review of records do not mention the patient has sleeping issue. The treating physician does not mention what Lunesta is doing for this patient. California MTUS Guidelines page(s) 60 require that medication efficacy in terms of pain reduction and functional gains must be discussed when used for chronic pain. Therefore, the request is not medically necessary.

**Lidoderm Patches (5%, #60 with 3 refills):** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch) Page(s): 56, 57; 112.

**Decision rationale:** The California MTUS Guidelines state that Lidoderm patches may be recommended for neuropathic pain that is peripheral and localized when trials of antidepressants and anti-convulsants have failed. Review of the reports show the patient has neuropathic pain but this is not localized nor peripheral. The requested Lidoderm patch does not meet California MTUS Guidelines. Therefore, the request is not medically necessary.

**Mobic (7.5mg, #60 with 3 refills):** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain; Anti-inflammatory medications; NSAIDs (non-steroidal anti-inflammation).

**Decision rationale:** Regarding NSAIDs, California MTUS Guidelines states that anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. Review of reports show the patient has approximately 50% reduction in his pain with the use of medications. The request appears reasonable and consistent with California MTUS guidelines. Therefore, the request is medically necessary.

**Topamax (100mg, #90 with 1 refill):** Overturned

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Anti-epileptic drugs for pain.

**Decision rationale:** Regarding Anti-epileptic (AKA anti-convulsants) drugs for pain, California MTUS Guidelines recommends it for the treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. Topamax was first mentioned in the January 09, 2013 report; it is unknown exactly when the patient initially started taking this medication. Review of reports indicate that the patient has neuropathic pain. Official Disability Guidelines support the use of anti-convulsants for neuropathic pain. The treating physician mentions that this medication has helped the patient; headaches are less severe and occurred only once or twice a day. The requested Topamax appears reasonable and consistent with the guidelines. Therefore, the request is medically necessary.

**Maxalt (10mg, #9 with 1 refill): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Head (trauma, headaches, etc., not including stress & mental disorders)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) head chapter online, Rizatriptan (Maxalt®).

**Decision rationale:** Regarding Rizatriptan (Maxalt), the Official Disability Guidelines recommends it for migraine sufferers. Although review of reports show that the patient's headaches are less severe and occurred only once or twice a day with the use of this medication, the patient does not present with migraines but with cervicogenic headaches. There is no description of aura, prodrome, and the patient's headaches pattern of several time a day, is not consistent with migraines. Therefore, the request is not medically necessary.

**Neurontin (300mg, #120 with 1 refill): Overturned**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin , Gabapentin (Neurontin) Page(s): 18, 19; 49.

**Decision rationale:** Regarding Anti-epileptic (AKA anti-convulsants) drugs for pain, California MTUS Guidelines recommends it for the treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain."

Neurontin was first mentioned in the January 09, 2013 report; it is unknown exactly when the patient initially started taking this medication. Review of reports indicate that the patient has neuropathic pain. The Official Disability Guidelines support the use of anti-convulsants for neuropathic pain. The requested Neurontin appears reasonable and consistent with the guidelines. Therefore, the request is medically necessary.