

<b>Case Number:</b>	CM14-0126885		
<b>Date Assigned:</b>	09/29/2014	<b>Date of Injury:</b>	03/10/2006
<b>Decision Date:</b>	10/27/2014	<b>UR Denial Date:</b>	08/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/11/2014

### 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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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:

This is a 44-year-old female with a 4/6/09 date of injury. A specific mechanism of injury was not described. According to a progress report dated 9/24/14, the patient reported gradual worsening of low back pain that has been flared up over the last few days. The patient complained of persistent pain in both hands and fingers, especially in the index fingers. The patient stated that she did not feel the Buprenorphine was helping as well, and the medication was discontinued. Objective findings: significant muscle tension extending from cervical paraspinal muscles into left upper trapezius muscles with active spasm, decreased range of motion of cervical spine, sensations intact to light touch bilateral upper extremities, tenderness to palpation with significant muscle tension extending from low back up into mid back, decreased range of motion of low back. Diagnostic impression: degeneration of lumbar lumbosacral disc, neck pain. Treatment to date: medication management, activity modification, surgery, and massage therapy. A UR decision dated 8/6/14 denied the requests for Naproxen (retrospective DOS: 6/20/14), Naproxen, Buprenorphine, Cyclobenzaprine, and Venlafaxine. Regarding retrospective Naproxen, there is no supporting evidence of objective functional improvement with medication use. Regarding Buprenorphine, there is no evidence of objective functional improvement to support the subjective findings, there is no documentation of history of opiate addiction and that the claimant is undergoing detoxification. Regarding Cyclobenzaprine, this medication has been used long term. Regarding Venlafaxine, there is no evidence of objective functional improvement to support the subjective findings.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**RETRO usage: Naproxen Sodium Anaprox 550mg #90 (DOS 6/20/14): Overturned**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): page 67. Decision based on Non-MTUS Citation ODG) Pain Chapter, NSAIDS

**Decision rationale:** The MTUS states that NSAIDs are effective, although they can cause gastrointestinal irritation or ulceration or, less commonly, renal or allergic problems. Studies have shown that when NSAIDs are used for more than a few weeks, they can retard or impair bone, muscle, and connective tissue healing and perhaps cause hypertension. In addition, ODG states that there is inconsistent evidence for the use of these medications to treat long-term neuropathic pain, but they may be useful to treat breakthrough pain. In a 6/20/14 progress note, the patient stated that medications help with pain and function. Guidelines support the use of NSAIDs with documented pain relief and functional improvement. Therefore, the request for RETRO usage: Naproxen Sodium Anaprox 550mg #90 (DOS 6/20/14) was medically necessary.

**Prospective usage: Naproxen Sodium Anaprox 550mg #90 2 refills: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 9792.24.2 page 67. Decision based on Non-MTUS Citation ODG) Pain Chapter, NSAIDS

**Decision rationale:** The MTUS states that NSAIDs are effective, although they can cause gastrointestinal irritation or ulceration or, less commonly, renal or allergic problems. Studies have shown that when NSAIDs are used for more than a few weeks, they can retard or impair bone, muscle, and connective tissue healing and perhaps cause hypertension. In addition, ODG states that there is inconsistent evidence for the use of these medications to treat long-term neuropathic pain, but they may be useful to treat breakthrough pain. It is noted in an 8/13/14 progress note that Naproxen is helpful, improves her function, and allows her to continue working full duty. Guidelines support the use of NSAIDs with documented pain relief and functional improvement. However, according to the reports provided for review, the patient is seen by her primary treating provider monthly. There is no rationale provided as to why the patient requires a 3-month supply of medication at this time. Therefore, the request for Prospective usage: Naproxen Sodium Anaprox 550mg #90 2 refills was not medically necessary.

**Prospective usage: Buprenorphine 0.1mg Sublingual Troches #90 x 2 refills (DOS: 7/21/2014): Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pain Chapter - Buprenorphine

**Decision rationale:** The MTUS does not address this issue. ODG states that buprenorphine is recommended as an option for treatment of chronic pain (consensus based) in selected patients (not first-line for all patients). Suggested populations: (1) Patients with a hyperalgesic component to pain; (2) Patients with centrally mediated pain; (3) Patients with neuropathic pain; (4) Patients at high-risk of non-adherence with standard opioid maintenance; (5) For analgesia in patients who have previously been detoxified from other high-dose opioids. Use for pain with formulations other than Butrans is off-label. Due to complexity of induction and treatment the drug should be reserved for use by clinicians with experience. However, in the reports provided for review, there is no documentation of significant pain relief or functional improvement with the use of Buprenorphine. In addition, there is no documentation that the patient has had a trial and failed a first-line opioid medication. Therefore, the request for Prospective usage: Buprenorphine 0.1mg Sublingual Troches #90 x 2 refills (DOS: 7/21/2014) was not medically necessary.

**Prospective usage: Cyclobenzaprine 5mg #90 x 2 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 9792.24.2 Page(s): s) 41-42.

**Decision rationale:** According to page 41 of the CA MTUS Chronic Pain Medical Treatment Guidelines, Cyclobenzaprine is recommended as an option, using a short course of therapy. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. Treatment should be brief. There is also a post-op use. The addition of cyclobenzaprine to other agents is not recommended. According to the records reviewed, this patient has been on Cyclobenzaprine since at least 6/20/14, if not earlier. Guidelines do not support the long-term use of muscle relaxants. In addition, there is no documentation that the patient has had an acute exacerbation to his pain. Therefore, the request for Cyclobenzaprine 5mg #90 x 2 refills was not medically necessary.

**Prospective usage: Venlafaxine 37.5mg #60 x 2 refills: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): page(s) 15, 105.

**Decision rationale:** MTUS recommends SNRIs as an option in first-line treatment of neuropathic pain, especially if tricyclics are ineffective, poorly tolerated, or contraindicated. Venlafaxine (Effexor) is FDA-approved for anxiety, depression, panic disorder and social

phobias. Off-label use for fibromyalgia, neuropathic pain, and diabetic neuropathy. However, in the reports reviewed, the patient has complaints of depression. Venlafaxine is indicated for the treatment of depression. However, according to the reports provided for review, the patient is seen by her primary treating provider monthly. There is no rationale provided as to why the patient requires a 3-month supply of medication at this time. Therefore, the request for Venlafaxine 37.5mg #60 x 2 refills was not medically necessary.