

<b>Case Number:</b>	CM14-0160792		
<b>Date Assigned:</b>	10/06/2014	<b>Date of Injury:</b>	07/09/2012
<b>Decision Date:</b>	11/13/2014	<b>UR Denial Date:</b>	09/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/30/2014

### 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 Anesthesiology, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 53-year-old female with a 7/9/12 date of injury. At the time (9/10/14) of request for authorization for 1 prescription request for Flexeril 7.5mg #60, 1 prescription for Xanax 1mg #60, 1 prescription for Norco 10/325mg #60, 1 prescription for Neurontin 600mg #60, and 1 prescription for Prilosec 20mg #60, there is documentation of subjective (bilateral shoulders, elbows, wrists, and hands pain) and objective (tenderness to palpitation over the left mid portion of bilateral arms, positive Tinel's and Phalen's test, and decreased sensation to light touch in all the fingers of the right hand) findings, current diagnoses (cervical herniated nucleus pulposus at C4-7, probable bilateral trigger thumbs, bilateral carpal tunnel syndrome, and bilateral upper extremity pain), and treatment to date (physical therapy, chiropractic treatment, and medications (including ongoing treatment with Motrin, Flexeril, Xanax, Norco, Neurontin, and Prilosec since at least 5/19/14). Medical reports identify the patient's ability to sleep as a result of Flexeril use. Regarding 1 prescription request for Flexeril 7.5mg #60, there is no documentation of short-term (less than two weeks) treatment of acute low back pain or short-term treatment of acute exacerbations in patients with chronic low back pain. Regarding 1 prescription for Xanax 1mg #60, there is no documentation of intention to treat over a short course and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Xanax use to date. Regarding 1 prescription for Norco 10/325mg #60, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects; and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Norco use to date. Regarding 1 prescription for

Neurontin 600mg #60, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Neurontin use to date. Regarding 1 prescription for Prilosec 20mg #60, there is no documentation of risk for gastrointestinal events and preventing gastric ulcers induced by NSAIDs.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Flexeril 7.5mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41-42. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Muscle relaxants (for pain) Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies that Flexeril is recommended for a short course of therapy. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG identifies that muscle relaxants are recommended as a second line option for short-term (less than two weeks) treatment of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Within the medical information available for review, there is documentation of diagnoses of cervical herniated nucleus pulposus at C4-7, probable bilateral trigger thumbs, bilateral carpal tunnel syndrome, and bilateral upper extremity pain. In addition, there is documentation of Flexeril used as a second line option. Furthermore, given documentation of ongoing treatment with Flexeril and the patient's ability to sleep as a result of Flexeril use, there is documentation of functional benefit as a result of Flexeril treatment to date. However, there is no documentation of muscle spasm. In addition, given documentation of records reflecting prescription for Flexeril since at least 5/19/14, there is no documentation of short-term (less than two weeks) treatment of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Therefore, based on guidelines and a review of the evidence, the request for Flexeril 7.5mg #60 is not medically necessary.

**Xanax 1mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies that benzodiazepines are not recommended for long-term and that most guidelines limit use to 4 weeks. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of cervical herniated nucleus pulposus at C4-7, probable bilateral trigger thumbs, bilateral carpal tunnel syndrome, and bilateral upper extremity pain. However, given documentation of records reflecting prescriptions for Alprazolam since at least 5/19/14, there is no documentation of intention to treat over a short course (up to 4 weeks). In addition, given documentation of ongoing treatment with Xanax, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Xanax use to date. Therefore, based on guidelines and a review of the evidence, the request for Xanax 1mg #60 is not medically necessary.

**Norco 10/325mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-80. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines necessitate documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, as criteria necessary to support the medical necessity of opioids. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of cervical herniated nucleus pulposus at C4-7, probable bilateral trigger thumbs, bilateral carpal tunnel syndrome, and bilateral upper extremity pain. However, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In addition, given documentation of ongoing treatment with Norco, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Norco use to date. Therefore, based on guidelines and a review of the evidence, the request for Norco 10/325mg #60 is not medically necessary.

**Neurontin 600mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin) Page(s): 18-19. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of neuropathic pain, as criteria necessary to support the medical necessity of Neurontin (gabapentin). MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of cervical herniated nucleus pulposus at C4-7, probable bilateral trigger thumbs, bilateral carpal tunnel syndrome, and bilateral upper extremity pain. In addition, there is documentation of neuropathic pain. However, given documentation of ongoing treatment with Neurontin, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Neurontin use to date. Therefore, based on guidelines and a review of the evidence, the request for Neurontin 600mg #60 is not medically necessary.

**Prilosec 20mg #60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-TWC Pain Procedure Summary last updated 09/10/2014

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Proton pump inhibitors (PPIs) Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies that risk for gastrointestinal event includes age > 65 years; history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, and/or an anticoagulant; and/or high dose/multiple NSAID. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG identifies documentation of risk for gastrointestinal events and preventing gastric ulcers induced by NSAIDs, as criteria necessary to support the medical necessity of Omeprazole. Within the medical information available for review, there is documentation of diagnoses of cervical herniated nucleus pulposus at C4-7, probable bilateral trigger thumbs, bilateral carpal tunnel syndrome, and bilateral upper extremity pain. However, despite documentation of ongoing treatment with Motrin, there is no documentation of risk for gastrointestinal events high

dose/multiple NSAID. Therefore, based on guidelines and a review of the evidence, the request for Prilosec 20mg #60 is not medically necessary and appropriate.