

<b>Case Number:</b>	CM14-0166526		
<b>Date Assigned:</b>	10/29/2014	<b>Date of Injury:</b>	01/19/1995
<b>Decision Date:</b>	12/18/2014	<b>UR Denial Date:</b>	09/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/09/2014

### 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 Family Medicine 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:

This is a 51-year-old female patient who reported an industrial injury on 1/19/1995, almost 20 years ago; attributed to the performance of her usual and customary job tasks reported to be RSI. The patient is being treated for the diagnoses of carpal tunnel syndrome; therapeutic drug monitoring; cervical spine stenosis; cervical radiculopathy; lumbar radiculopathy; numbness and paresthesias the skin; and had pain. A QME report recommended future medical care as physician visits for over-the-counter as well as prescription pain medicines with occasional hospitalization when pain becomes so severe. The patient is being treated by pain management with multiple medications and opioids. Chronic pain management entails the prescription of soma 350 mg #240; gabapentin 100 mg #450; Valium 10 mg #90; Cymbalta 60 mg #90; fentanyl transdermal patches 50 mcg #10; and amitriptyline 25 mg #180 with refill x3. The patient continues to complain of neck pain, back pain, and bilateral upper extremity pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective for dates of service 8/6/2014: Soma 350mg, #240: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines antispasticity/antispasmodic drugs

Page(s): 66. Decision based on Non-MTUS Citation ACOEM Chronic Pain Chapter (8/8/08), page 128 Official Disability Guidelines (ODG) Pain Chapter--muscle relaxants and Carisoprodol

**Decision rationale:** The patient is prescribed Carisoprodol/SOMA 350 mg #120 on a routine basis for the treatment of chronic pain and is not directed to muscle spasms on a prn basis. The CA MTUS does not recommend the prescription of Carisoprodol. There is no medical necessity for the prescribed Soma 350 mg #240 for chronic pain or muscle spasms, as it is not recommended by evidence-based guidelines. The prescription of Carisoprodol is not recommended by the CA MTUS for the treatment of injured workers. The prescription of Carisoprodol as a muscle relaxant is not demonstrated to be medically necessary for the treatment of the chronic back pain on a routine basis. The patient has been prescribed Carisoprodol on a routine basis for muscle spasms. There is no demonstrated medical necessity for the daily prescription of Carisoprodol as a muscle relaxer on a daily basis for chronic pain. The prescription of Carisoprodol for use of a muscle relaxant for cited chronic pain is inconsistent with the recommendations of the CA MTUS, the ACOEM Guidelines, and the Official Disability Guidelines. The use of alternative muscle relaxants was recommended by the CA MTUS and the Official Disability Guidelines for the short-term treatment of chronic pain with muscle spasms; however, muscle relaxants when used are for short-term use for acute pain and are not demonstrated to be effective in the treatment of chronic pain. The use of Carisoprodol is associated with abuse and significant side effects related to the psychotropic properties of the medication. The centrally acting effects are not limited to muscle relaxation. The prescription of Carisoprodol as a muscle relaxant is not recommended as others muscle relaxants that without psychotropic effects are readily available. There is no medical necessity for Soma 350 mg #240 for date of service 8/6/2014.

**Retrospective for dates of service 8/6/2014: Gabapentin 100mg, #450: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines anti-epilepsy drugs; specific anti-epilepsy drugs gabapentin Page(s): 16; 18. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), Chronic Pain Chapter (8/8/2008), page 110 Official Disability Guidelines (ODG) pain chapter-medications or chronic pain

**Decision rationale:** The treating physician has prescribed gabapentin 100 mg #450 to the patient for the treatment of chronic back, neck, and UE pain over a prolonged period of time; however, there is no documented neuropathic pain. There is no documentation of functional improvement with the prescription of the gabapentin 100 mg #450. There is no documented objective evidence of a nerve impingement radiculopathy. The patient is noted to have ongoing pain. The patient is not demonstrated to have neuropathic pain for which Gabapentin is recommended by evidence-based guidelines. The patient is not documented on examination to have neuropathic pain. The prescription of Gabapentin (Neurontin) was not demonstrated to have been effective for the patient for the chronic pain issues. The treating physician has provided this medication for the daily management of this patient's chronic pain. Gabapentin or pregabalin is not recommended

for treatment of chronic, non-neuropathic pain by the ACOEM Guidelines. The ACOEM Guidelines revised chronic pain chapter states that there is insufficient evidence for the use of Gabapentin or Lyrica for the treatment of axial lower back pain; chronic lower back pain; or chronic lower back pain with radiculopathy. The CA MTUS and the Official Disability Guidelines state that there is insufficient evidence to support the use of Gabapentin or Lyrica for the treatment of chronic axial lower back pain. The prescription of Gabapentin for neuropathic pain was not supported with objective findings on physical examination. There was objective evidence that the recommended conservative treatment with the recommended medications have been provided prior to the prescription of gabapentin for chronic pain. Presently, there is no documented objective evidence of neuropathic pain for which the use of Gabapentin is recommended. The prescription of Gabapentin is recommended for neuropathic pain and is used to treat postherpetic neuralgia and painful polyneuropathy such as diabetic polyneuropathy. Anti-epilepsy drugs (AEDs) are recommended on a trial basis (Lyrica/gabapentin/pregabalin) as a first-line therapy for painful polyneuropathy, such as, diabetic polyneuropathy. The updated chapter of the ACOEM Guidelines does not recommend the use of Lyrica or Gabapentin (Neurontin) for the treatment of axial back pain or back pain without radiculopathy. The use of Gabapentin is for neuropathic pain; however, evidence based guidelines do not recommend the prescription of Gabapentin for chronic lower back pain with a subjective or objective radiculopathy and favors alternative treatment. The request for gabapentin 100 mg #450 for date of service 8/6/2014, is not demonstrated to be medically necessary.

**Retrospective for dates of service 8/6/2014: Valium 10mg, #90: Upheld**

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

**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- medications for chronic pain; benzodiazepines

**Decision rationale:** The prescription of Valium/Diazepam 10 mg #90 for the treatment of insomnia and anxiety is inconsistent with the recommendations of the CA MTUS, ACOEM Guidelines, and the Official Disability Guidelines. The use of Valium is associated with abuse, dependence, significant side effects related to the psychotropic properties of the medication, and is not recommended by the CA MTUS. The prescription of Valium for sleep or anxiety is not recommended due to the potential for abuse and the long half-life of the medication. Alternative medications are readily available for insomnia. The treatment of insomnia is not documented by the provider. No over the counter or other remedies were prescribed prior to prescribing a benzodiazepine. There is no documented alternative treatment with diet and exercise or evaluation of sleep hygiene. The prescription of Diazepam/Valium for this patient is not recommended due to the potential for abuse and the 24-hour half-life of the medication. Alternative medications are readily available. There is no clinical documentation with objective findings on examination to support the medical necessity of Diazepam. There is no provided evidence that the patient has received benefit or demonstrated functional improvement with Diazepam. There is no demonstrated medical necessity for the prescribed Valium 10 mg #90 for date of service 8/6/2014.

**Retrospective for dates of service 8/6/2014: Cymbalta 60mg, #90: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cymbalta Page(s): 42. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter medications for chronic pain; antidepressants; Duloxetine

**Decision rationale:** The prescription of the antidepressant Cymbalta 60 mg #90 for date of service 8/6/2014, for the treatment of chronic pain is consistent with the recommendations of the Official Disability Guidelines for the treatment of neuropathic pain. The Official Disability Guidelines recommend the use of Cymbalta as a first line treatment for neuropathic pain. There is no documented neuropathic pain documented for this patient as she is treated for neck, back, and UE pain due to RSI with no demonstrated objective evidence consistent with a nerve impingement radiculopathy or consistent with chronic regional pain syndrome. There is no demonstrated nerve impingement radiculopathy. The treating physician did not provide a rationale supported with objective evidence to support the medical necessity of the prescribed Cymbalta 60 mg #90. There was no trial with the recommended tricyclic antidepressants. The patient has not been demonstrated to have functional improvement based on the prescribed significant dose of Cymbalta. The prescribing provider did not provide a rationale for the use of the Cymbalta for the treatment of chronic pain and the clinical documentation provided did not note depression or neuropathic pain. There was no documentation of any functional improvement attributed to Cymbalta. There was no objective evidence to support the medical necessity of the prescription for Cymbalta. The patient is given a nonspecific diagnosis and has been prescribed Cymbalta for a prolonged period time without demonstrated functional improvement. There is no documented mental status examination and no rationale to support medical necessity. There is no provided nexus to the stated mechanism of injury 20 years ago for the current symptoms. Cymbalta is an antidepressant in a group of drugs called selective serotonin and norepinephrine reuptake inhibitors (SSNRIs). Cymbalta is used to treat major depression disorder and general anxiety disorder. Cymbalta is used to treat chronic pain disorder called fibromyalgia, treat pain caused by nerve damage in people with diabetes, and to treat chronic muscular skeletal pain including discomfort from osteoarthritis and chronic lower back pain. The California MTUS guidelines state that Cymbalta is FDA approved for anxiety, depression, diabetic neuropathy, and fibromyalgia. This medication is often used off label for neuropathic pain and radiculopathy. Cymbalta is recommended as a first-line option for diabetic neuropathy. The patient does not have a diagnosis of specific neuropathic pain. There is no demonstrated medical necessity for the continued prescription of Cymbalta 60 mg #90 for DOS 8/6/2014, for the treatment of the effects of the cited industrial injury.

**Retrospective for dates of service 8/6/2014: Fentanyl transdermal patch 50mcg, #10: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics, Duragesic.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-306, Chronic Pain Treatment Guidelines Opioids Page(s): 74-97. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) chapter 6 pages 114-116 Official Disability Guidelines (ODG) pain chapter opioids

**Decision rationale:** Evidence-based guidelines recommend short-term use of opioids for the management of chronic nonmalignant moderate to severe pain. Long-term use is not recommended for nonmalignant pain due to addiction, dependency, intolerance, abuse, misuse, and/or side effects. Ongoing opioid management criteria are required for long-term use with evidence of reduce pain and improve function as compared to baseline measurements or a return to work. There has been no attempt to titrate the patient down from the high dose of opioids prescribed even though evidence-based guidelines established that the high dose opioids therapy was not medically necessary for the diagnoses cited. The prescription for Fentanyl patches 50 mcg/hr #10 for DOS 8/6/14 for pain is being prescribed as an opioid analgesic for the treatment of chronic back, neck, and UE pain. There is objective evidence provided to support the continued prescription of opioid analgesics for chronic back/hip pain based on the objective findings documented. There is no documented functional improvement with the currently prescribed Fentanyl patches. The chronic use of Fentanyl patches is not recommended by the CA MTUS; the ACOEM Guidelines, or the Official Disability Guidelines for the long-term treatment of chronic back and neck pain. The updated chapter of the ACOEM Guidelines and the 3rd edition of the ACOEM Guidelines stated that both function and pain must improve to continue the use of opioids. The prescription of opiates on a continued long-term basis is inconsistent with the CA MTUS and the Official Disability Guidelines recommendations for the use of opiate medications for the treatment of chronic pain. There is no clinical documentation with objective findings on examination to support the medical necessity of Fentanyl patches for the treatment of chronic neck, back, or UE pain. There is no provided evidence that the patient has received benefit or demonstrated functional improvement with the prescribed Fentanyl patches 50 mcg/hr #10 for date of service of 8/6/2014. There is no demonstrated medical necessity for the prescribed Opioids over a prolonged period of time for the cited diagnoses.

**Retrospective for dates of service 8/6/2014: Amitriptyline HCL 25mg, #180, with 3 refills:**  
Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Specific antidepressants Page(s): 15. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter-antidepressants for chronic pain

**Decision rationale:** The prescription of the antidepressant Elavil or Amitriptyline 25 mg q hs #180 with refill x3 for DOS of 8/6/14, for the treatment of chronic pain is consistent with the recommendations of the ACOEM Guidelines and the Official Disability Guidelines. The Official Disability Guidelines recommend the use of amitriptyline 50 mg as a first line treatment for

neuropathic pain. The patient has not been substantiated to have depression secondary to the cited mechanism of injury. There is no documentation that there is any depression related to the industrial injury and the patient has not received any psychiatric treatment for a depression disorder. There is no clinical documentation that this depression was aggravated by the cited mechanism of injury. The provider has not documented any functional improvement with the prescription of amitriptyline. There is no documentation to support the medical necessity of the prescribed Amitriptyline for the effects of the industrial injury. The prescription of Amitriptyline is continued for the diagnosis of chronic pain without objective evidence to support medical necessity. The objective findings on examination do not support the subjective complaints. There is no demonstrated medical necessity for the prescription of amitriptyline 50 mg q hs #180 for date of service of 8/6/2014.