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| <b>Case Number:</b>   | CM15-0113323 |                              |            |
| <b>Date Assigned:</b> | 06/19/2015   | <b>Date of Injury:</b>       | 04/08/2008 |
| <b>Decision Date:</b> | 09/10/2015   | <b>UR Denial Date:</b>       | 05/11/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 06/11/2015 |

### 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: Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management

### 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 52 year old female who sustained an industrial injury on 4/8/08. The injured worker was diagnosed as having carpal tunnel syndrome and chronic pain syndrome. Currently, the injured worker was with complaints of right hand pain and increase in migraine frequency. Previous treatments included medication management. The plan of care was for medication prescriptions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Celebrex 200 mg #80 3 refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-73. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter NSAID.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that NSAIDs can be utilized for the short term treatment of exacerbation of musculoskeletal pain. The chronic use of NSAIDs can be associated with the development of cardiac, renal and gastrointestinal complications. These complications are significantly increased when multiple NSAIDs are utilized concurrently. The guidelines do not support multiple refills of medications but recommend that patients be evaluated at regular intervals to documents medication efficacy, absence of adverse effects and functional restoration before medications prescriptions are renewed. The criteria for the use of Celebrex 200mg #80 3 refills was not met and therefore is not medically necessary.

**Flector 1.3% transdermal patches #60 1 refill:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-73. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter NSAIDs.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that NSAIDs can be utilized for the short term treatment of exacerbation of musculoskeletal pain. The chronic use of NSAIDs can be associated with the development of cardiac, renal and gastrointestinal complications. These complications are significantly increased when multiple NSAIDs are utilized concurrently. The guidelines do not support multiple refills of medications but recommend that patients be evaluated at regular intervals to documents medication efficacy, absence of adverse effects and functional restoration before medications prescriptions are renewed. The chronic use of topical NSAID is associated with the development of tolerance and decreased efficacy. The criteria for the use Flector 1.3% patches #60 1 refill was not met and therefore is not medically necessary.

**Cyclobenzaprine 10 mg #60 3 refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 41. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Muscle Relaxants.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that muscle relaxants can be utilized for short term treatments of exacerbation of musculoskeletal pain when standard treatments with NSAIDs and PT have failed. The chronic use of muscle relaxants can be associated with the development of tolerance, dependency, addiction and adverse interaction with opioid and sedatives. The records show that the duration of utilization of the muscle relaxant had exceeded that guidelines recommended maximum period of 4 to 6 weeks. The criteria for the use of cyclobenzaprine 10mg #60 3 refills was not met and therefore

is not medically necessary.

**Neurontin 300 mg #120 3 refills:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines specific anti-epilepsy drugs.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-22. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Anticonvulsants.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that anticonvulsants can be utilized for the treatment of neuropathic pain, chronic pain and headache. The records indicate that the patient had reported efficacy and functional restoration. There was no documentation of adverse medications effects. The criteria for the use of Neurontin 300mg #120 3 refills was met and therefore is medically necessary.

**Nortriptyline 50 mg #30 3 refills:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13-16. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Mental illness and Stress.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that antidepressant medications can be utilized for the treatment of neuropathic pain, chronic pain and headache. The records indicate that the patient had reported efficacy and functional restoration with utilization of Nortriptyline. There was no documentation of adverse medications effects. The criteria for the use of Nortriptyline 50mg #30 3 refills was met and therefore is medically necessary.

**Percocet 5/325 mg #30:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Opioids.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that opioids can be utilized for the treatment of severe musculoskeletal pain when standard NSAID, non opioid co-analgesics and PT have failed. The chronic use of opioids can be associated with the

development of tolerance, dependency, sedation, addiction and adverse interaction with sedative medications. the records indicate that the patient is utilizing Percocet sparingly for the treatment of exacerbation of pain. There is no reported aberrant behavior or adverse medication effect. The criteria for the use of Percocet 5/325mg #30 was met and therefore is medically necessary.