

<b>Case Number:</b>	CM15-0121071		
<b>Date Assigned:</b>	07/08/2015	<b>Date of Injury:</b>	03/11/1999
<b>Decision Date:</b>	09/10/2015	<b>UR Denial Date:</b>	06/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/23/2015

### 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: New York

Certification(s)/Specialty: Pediatrics, Internal Medicine

### 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 67 year old female, who sustained an industrial injury on 03/11/1999. She has reported subsequent neck, back, head and lower extremity pain and was diagnosed with cervical spondylosis, post-laminectomy syndrome of the lumbar spine, cervical radiculopathy, osteoarthritis of the left leg, cervicogenic, migraine and tension headache. Treatment to date has included oral and topical pain medication, physical therapy, home exercise program, epidural steroid injections and surgery. Documentation shows that Flexeril and Norco were prescribed as far back as 1995, Valium was prescribed as far back as 2008, Lunesta, and Topamax were prescribed as far back as 2010, Flector patch was prescribed as far back as 2009, Nucynta was prescribed as far back as 2013 and Imitrex was started on 06/11/2014. In a progress note dated 05/13/2015, the injured worker complained of constant low back pain and pain in the sacroiliac joint area. Objective findings were notable for tenderness of the lumbar spine, decreased range of motion, decreased sensation to pinwheel over the left L3 dermatome, quadriceps weakness on the left, positive bilateral straight leg raise, right sacroiliac joint tenderness, loss of cervical lordosis and mild tenderness of the cervical paraspinal muscles. The most recent documentation submitted prior to the 05/13/2015 progress note is from one year prior. A request for authorization of Lunesta 2 mg #30, Topamax 50 mg #60, Valium 10 mg #30, Flexeril 10 mg #120, Imitrex 25 mg #12, Nucynta 100 mg #120, Norco 10/325 mg #20 and Flector patch 1.3% #60 was submitted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lunesta 3mg #30: 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.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress chapter, Eszopicolone (Lunesta).

**Decision rationale:** MTUS guidelines are silent regarding Lunesta so alternative guidelines were referenced. As per ODG, Eszopicolone (Lunesta) "is not recommended for long term use. Recommend limiting use of hypnotics to three weeks maximum in the first two months of injury only, and discourage use in the chronic phase. There is also concern that they may increase pain and depression over the long-term." The submitted documentation does indicate that the injured worker has a history of insomnia, which has been treated with sleep medications such as Trazodone and Lunesta. Documentation shows that Lunesta was prescribed as far back as 2010, which is inconsistent with the current guidelines, which discourage long-term use and recommend limiting the use of Lunesta to three weeks. In addition, there is no discussion in the most recent progress notes regarding the status of the injured worker's sleep issues or the effectiveness of medications used to treat insomnia. Therefore, the request for authorization of Lunesta is not medically necessary.

**Topamax 50mg #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs Page(s): 16-19.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy Drugs Page(s): 16-22.

**Decision rationale:** According to the CA MTUS (2009), Anti-Epilepsy Drugs (AEDs) are considered a first-line treatment for neuropathic pain. Topiramate (Topamax) has been shown to have variable efficacy, with failure to demonstrate efficacy in neuropathic pain of "central" etiology. It is still considered for use for neuropathic pain when other anticonvulsants fail. The records documented that the patient has neuropathic pain related to her chronic neck and low back conditions. The documentation shows that this medication was prescribed to the injured worker as far back as 2010. There is no documentation of any significant pain reduction or significant functional improvement with use. There was no change in work status and although there was documentation of an improvement with performance of activities of daily living, there were no specifics given that support this statement. The severity of pain was not rated in the most recent progress note and there is a lack of documentation for approximately one year preceding the most recent 05/13/2015 progress note to indicate the recent course of the injured worker's treatment and the effectiveness of the medication. Medical necessity for the requested

medication has not been established. Therefore, the request for Topamax is not medically necessary.

**Valium 10mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 23.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) chapter, Benzodiazepines.

**Decision rationale:** As per CA MTUS guidelines, benzodiazepines are not recommended for long-term use due to the absence of evidence for long-term efficacy and risk of dependence and most guidelines limit use to 4 weeks. ODG indicates that range of action include sedative/hypnotic, anxiolytic, anticonvulsant and muscle relaxant and concurrent prescription of medication with sedative properties such as opioids, Tramadol, benzodiazepines and other sedating medications is not recommended. The documentation submitted shows that Valium had been prescribed to the injured worker since at least 2008. The physician noted on the 11/10/2010 that Valium was being used for spasm. There is no documentation of spasm on the most current progress note and there is no documentation of significant symptoms reduction or functional improvement with use of the medication. The injured worker was prescribed multiple other sedating medications including muscle relaxants, opioids and sedative-hypnotics, which is not recommended and increases the risk of adverse events. In addition, guidelines do not recommend the prescription of benzodiazepines for long-term use. Therefore, the request for authorization of Valium is not medically necessary.

**Flexeril 10mg #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41, 64.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-66.

**Decision rationale:** According to CA MTUS guidelines, Cyclobenzaprine (Flexeril) is not recommended for the long-term treatment of chronic pain. Guidelines state that this medication is not recommended to be used for longer than 2-3 weeks. According to CA MTUS Guidelines, muscle relaxants are not considered any more effective than non-steroidal anti-inflammatory medications alone. Documentation shows that Flexeril had been prescribed to the injured worker as far back as 1995. There is no documentation of functional improvement from any previous use of this medication as there is no documentation of a change in work status and although there was documentation of an improvement with performance of activities of daily living, there were no specifics given that support this statement. There is no documentation of a significant reduction in pain and the most recent progress note does not rate the severity of pain. In addition, this medication is not recommended for long-term use. Based on the currently available

information, the medical necessity for this muscle relaxant medication has not been established. The request for Flexeril is not medically necessary.

**Imitrex 25mg #12:** 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.

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

**Decision rationale:** MTUS guidelines are silent regarding the use of Imitrex so alternative guidelines were referenced. As per ODG, triptan medications such as Imitrex are recommended for migraine sufferers and at marketed doses are effective and well tolerated. Documentation shows that Imitrex was started on 06/11/2014 for increasing migraine headaches due to pain and stress levels, although a formal diagnosis of migraine headaches was not noted. The only physician progress note included for review that is dated after the 06/11/2014 progress note is a physician office visit note from 05/13/2015. The physician noted that Imitrex was being continued for cervicogenic headaches as needed and that good relief was reported with medication use. There is insufficient documentation submitted to support the medical necessity of the requested medication, as there is a lack of documentation subsequent to the 06/11/2014 progress note to show the effectiveness of Imitrex at relieving the injured worker's symptoms. In addition, the physician noted a diagnosis of cervicogenic and tension headaches without a formal diagnosis of migraine headaches noted. The most recent progress note also does not document the severity of the injured worker's pain. Therefore, the request for Imitrex is not medically necessary.

**Nucynta 100mg #120:** 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.

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

**Decision rationale:** According to ODG and MTUS, Nucynta (Tapentadol) is a centrally acting opioid analgesic and is in a class of drugs that has a primary indication to relieve symptoms related to pain. ODG indicates that this medication is only recommended as a second line therapy in those patients who develop intolerable adverse effects with first line opioids. There is no documentation that shows intolerance to first line opioids. The treatment of chronic pain with any opioid analgesic requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. A pain assessment should include current pain, intensity of pain after taking the opiate, and the duration of pain relief. The documentation shows that Nucynta had been prescribed to the injured worker as far back as 2013. The most recent

progress note does not document the severity of pain, intensity of pain after taking Nucynta or the duration of pain relief. There was no documentation of a change in work status and although there was documentation of an improvement with performance of activities of daily living, there were no specifics given that support this statement. As per MTUS guidelines opioid medication should be discontinued with no evidence of objective functional improvement unless extenuating circumstances are documented. Medical necessity of the requested item has not been established. Of note, discontinuation of an opioid analgesic should include a taper, to avoid withdrawal symptoms. Therefore, the request for authorization of Nucynta is not medically necessary.

**Flector patch 1.3% #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, Pain.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

**Decision rationale:** As per CA MTUS guidelines, topical analgesics are "largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed." Topical Diclofenac (Flector) is "Indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip or shoulder." It appears that the most common pain experienced by the injured worker involves the neck and back for which there is a lack of support of efficacy with the use of Flector. The medication has been prescribed to the injured worker since at least 2009. There is no evidence of a trial or failure of anti-depressant and anti-convulsant agents. As per ODG, Flector patch is indicated for acute strains, sprains and contusions and there is no evidence to support effectiveness for treatment of chronic musculoskeletal pain or data to indicate efficacy of Flector beyond two weeks. The documentation submitted does not indicate that there is an acute exacerbation of pain and there is no evidence support the effectiveness of Flector patches for long-term use. There is also no documentation of significant pain reduction or functional improvement with use as there is no documented change in work status or documentation of specific improvement of activities of daily living. Therefore, the request for authorization of Flector patches is not medically necessary.