

Case Number:	CM15-0125223		
Date Assigned:	07/09/2015	Date of Injury:	02/03/2004
Decision Date:	08/25/2015	UR Denial Date:	06/16/2015
Priority:	Standard	Application Received:	06/29/2015

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: California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 53-year-old female, who sustained an industrial injury on 2/3/2004. The mechanism of injury is unknown. The injured worker was diagnosed as having long-term medication use, cervical and lumbar disc displacement without myelopathy. There is no record of a recent diagnostic study. Treatment to date has included lumbar epidural steroid injection, knee injection, physical therapy and medication management. In a progress note dated 6/8/2015, the injured worker complains of neck pain. Physical examination showed lumbar spasm and guarding with positive straight leg raise. The treating physician is requesting Pantoprazole-Protonix 20 mg #60, Topiramate-Topamax 25 mg #60, Orphenadrine-Norflex ER 100 mg #90 and Venlafaxine HCL ER 37.5 #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pantoprazole - Protonix 20mg Qty. 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, Proton- Pump Inhibitor (PPI).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk Page(s): 69.

Decision rationale: The patient presents with longstanding neck pain. The request is for PANTOPRAZOLE - PROTONIX 20MG QTY, 60. The request for authorization is not provided. MRI of the lumbar spine, 10/02/12, shows at L5-S1, mild degenerative disc disease with 3 mm broad-based disc bulge and a new high intensity zone-annular fissure. MRI of the cervical spine, 11/07/08, shows diffuse heterogeneity of the cervical cord findings suspicious of the demyelinating disorder. Underlying 2-3mm lesion along the dorsal aspect of the cord at the level of C4. Physical examination of the lumbar spine reveals sensation is decreased in the dermatome left L5. Straight leg raise is positive on left. Spasm and guarding is noted in the lumbar spine. Exam of cervical spine reveals tenderness to palpation on the trapezius and cervical paraspinus. There is some muscle spasm of the trapezius bilaterally. She was provided a knee injection, but she is uncertain if the knee injection helped her and she is still having leg pain. She had LESI on 02/12/15, which gave her benefits, and she would like to repeat the injection. Patient's medications include Protonix, Topamax, Ketamine, Norflex, Venlafaxine and Morphine Sulfate. She does not experience any side effects from these medications. Per progress report dated 05/11/15, the patient is permanent and stationary. MTUS pg 69 states "NSAIDs, GI symptoms and cardiovascular risk: Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." Regarding Protonix, or a proton pump inhibitor, MTUS allows it for prophylactic use along with oral NSAIDs when appropriate GI risk is present such as age greater 65; concurrent use of anticoagulants, ASA or high dose of NSAIDs; history of PUD, gastritis, etc. This medication also can be used for GI issues such as GERD, PUD or gastritis. Per UR appeal letter dated 06/25/15, treater's reason for the request is "the patient was previously on Omeprazole for GI upset secondary to medications; however, she continued to be symptomatic." Prescription history is not provided to determine how long the patient has been prescribed Pantoprazole. In this case, treater does not provide GI risk assessment for prophylactic use of PPI, as required by MTUS. And the patient does not appear to on any NSAIDs. Therefore, the request IS NOT medically necessary.

Topiramate - Topamax 25mg Qty. 60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topiramate (Topamax) Antiepileptic drugs for chronic pain Page(s): 21, 16, 17.

Decision rationale: The patient presents with longstanding neck pain. The request is for TOPIRAMATE - TOPAMAX 25MG QTY, 60. The request for authorization is not provided. MRI of the lumbar spine, 10/02/12, shows at L5-S1, mild degenerative disc disease with 3 mm broad-based disc bulge and a new high intensity zone-annular fissure. MRI of the cervical spine, 11/07/08, shows diffuse heterogeneity of the cervical cord findings suspicious of the demyelinating disorder. Underlying 2-3mm lesion along the dorsal aspect of the cord at the level of C4. Physical examination of the lumbar spine reveals sensation is decreased in the dermatome

left L5. Straight leg raise is positive on left. Spasm and guarding is noted in the lumbar spine. Exam of cervical spine reveals tenderness to palpation on the trapezius and cervical paraspinus. There is some muscle spasm of the trapezius bilaterally. She was provided a knee injection, but she is uncertain if the knee injection helped her and she is still having leg pain. She had LESI on 02/12/15, which gave her benefits, and she would like to repeat the injection. Patient's medications include Protonix, Topamax, Ketamine, Norflex, Venlafaxine and Morphine Sulfate. She does not experience any side effects from these medications. Per progress report dated 05/11/15, the patient is permanent and stationary. MTUS Guidelines page 21, "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 have failed." MTUS Guidelines page 16 and 17 regarding antiepileptic drugs for chronic pain also states "that there is a lack of expert consensus on the treatment of neuropathic pain in general due to heterogeneous etiologies, symptoms, physical signs, and mechanisms. Most randomized controlled trials for the use of this class of medication for neuropathic pain had been directed at postherpetic neuralgia and painful polyneuropathy." Per UR appeal letter dated 06/25/15, treater's reason for the request is it "does help with pain and overall function." Prescription history is not provided to determine how long the patient has been prescribed Topiramate. MTUS Guidelines support antiepileptic medications for the use of neuropathic pain. And there is documentation of pain and functional improvement with the use of Topiramate. Per UR appeal letter dated 06/25/15, treater states, "her pain level is reduced down from 7-8/10 to 5/10 on VAS score. Patient states that she is able to exercise better, perform activities of daily living better with less pain with use of medications including Topamax." Therefore, the request IS medically necessary.

Orphenadrine - Norflex ER100mg Qty. 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Muscle relaxants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) chapter, Muscle relaxants (for pain).

Decision rationale: The patient presents with longstanding neck pain. The request is for ORPHENADRINE - NORFLEX ER100MG QTY, 90. The request for authorization is not provided. MRI of the lumbar spine, 10/02/12, shows at L5-S1, mild degenerative disc disease with 3 mm broad-based disc bulge and a new high intensity zone-annular fissure. MRI of the cervical spine, 11/07/08, shows diffuse heterogeneity of the cervical cord findings suspicious of the demyelinating disorder. Underlying 2-3mm lesion along the dorsal aspect of the cord at the level of C4. Physical examination of the lumbar spine reveals sensation is decreased in the dermatome left L5. Straight leg raise is positive on left. Spasm and guarding is noted in the lumbar spine. Exam of cervical spine reveals tenderness to palpation on the trapezius and cervical paraspinus. There is some muscle spasm of the trapezius bilaterally. She was provided a knee injection, but she is uncertain if the knee injection helped her and she is still having leg pain. She had LESI on 02/12/15, which gave her benefits, and she would like to repeat the

injection. Patient's medications include Protonix, Topamax, Ketamine, Norflex, Venlafaxine and Morphine Sulfate. She does not experience any side effects from these medications. Per progress report dated 05/11/15, the patient is permanent and stationary. MTUS Guidelines page 63 states, "Recommended non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbation in patients with chronic low back pain. Muscle relaxants may be effective in reducing pain and muscle tension and increasing mobility; however, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement." A short course of muscle relaxants may be warranted for patient's reduction of pain and muscle spasms. MTUS Guidelines do not recommend long-term use of sedating muscle relaxants and recommends using it for 3 to 4 days for acute spasm and no more than 2 to 3 weeks. ODG-TWC, Pain (Chronic) chapter, Muscle relaxants (for pain) states: ANTISPASMODICS: Orphenadrine (Norflex, Banflex, Antiflex, Mio-Rel, Orphenate, generic available): This drug is similar to diphenhydramine, but has greater anticholinergic effects. The mode of action is not clearly understood. Effects are thought to be secondary to analgesic and anticholinergic properties. This medication has been reported in case studies to be abused for euphoria and to have mood elevating effects. Per UR appeal letter dated 06/25/15, treater's reason for the request is "to help with these muscle spasms." Prescription history is not provided to determine how long the patient has been prescribed Orphenadrine. In this case, the patient continues with neck pain, low back pain and leg pain, and treater discusses the efficacy of Orphenadrine on the patient's pain. However, guidelines do not indicate prolonged use due to diminished effect, dependence, and reported abuse. The request for additional Orphenadrine Qty 90 would exceed what is recommended by MTUS. Therefore, the request IS NOT medically necessary.

Venlafaxine HCL ER 37.5 Qty. 60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Venlafaxine (Effexor).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Venlafaxine Effexor Page(s): 16-17.

Decision rationale: The patient presents with longstanding neck pain. The request is for VENLAFAXINE HCL ER 37.5 QTY, 60. The request for authorization is not provided. MRI of the lumbar spine, 10/02/12, shows at L5-S1, mild degenerative disc disease with 3 mm broad-based disc bulge and a new high intensity zone-annular fissure. MRI of the cervical spine, 11/07/08, shows diffuse heterogeneity of the cervical cord findings suspicious of the demyelinating disorder. Underlying 2-3mm lesion along the dorsal aspect of the cord at the level of C4. Physical examination of the lumbar spine reveals sensation is decreased in the dermatome left L5. Straight leg raise is positive on left. Spasm and guarding is noted in the lumbar spine. Exam of cervical spine reveals tenderness to palpation on the trapezius and cervical paraspinus. There is some muscle spasm of the trapezius bilaterally. She was provided a knee injection, but she is uncertain if the knee injection helped her and she is still having leg pain. She had LESI on 02/12/15, which gave her benefits, and she would like to repeat the injection. Patient's medications include Protonix, Topamax, Ketamine, Norflex, Venlafaxine and Morphine Sulfate. She does not experience any side effects from these medications. Per progress report dated

05/11/15, the patient is permanent and stationary. MTUS Chronic Pain Medical Treatment Guidelines, under Venlafaxine - Effexor States: "Recommended as an option in first-line treatment of neuropathic pain. Venlafaxine is a member of the selective-serotonin reuptake inhibitor class of antidepressants. It has FDA approval for treatment of depression and anxiety disorders. It is off-label recommended for treatment of neuropathic pain, diabetic neuropathy, fibromyalgia, and headaches." Per UR appeal letter dated 06/25/15, treater's reason for the request is "The patient does complain of anxiety and depression." Prescription history is not provided to determine how long the patient has been prescribed Venlafaxine. Per UR appeal letter dated 06/25/15, treater states, "She does have episodes of crying as she is very depressed. She has difficulty coping with her chronic pain." In this case, given the patient's chronic pain, major depressive disorder, anxiety and depression the request for Venlafaxine appears reasonable. Therefore, the request IS medically necessary.