

<b>Case Number:</b>	CM15-0171212		
<b>Date Assigned:</b>	09/11/2015	<b>Date of Injury:</b>	07/02/2010
<b>Decision Date:</b>	11/02/2015	<b>UR Denial Date:</b>	08/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/31/2015

### 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, 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 58 year old female who sustained an injury on 7-2-10 resulting from repetitive movements (lifting and pulling heavy objects). She had injuries to her neck and low back. Diagnoses include cervical strain, sprain and cervical brachial myofascial pain syndrome; lumbar post laminectomy syndrome with right lumbar radiculopathy and myofascial pain; chronic pain syndrome. Diagnostic tests include X-rays, MRI lumbar spine 8-20-10 and 6-6-12; electrodiagnostic studies were obtained on 11-29-10. Treatment included epidural steroid injections, chiropractic care, cognitive behavioral therapy and medications. A review of the medical records indicates medications for Neurontin, Norco, and Elavil were prescribed since at least 1-29-15. Her subjective complaints are neck and low back pain radiating down the right leg. They are described as achy, pressure and cramping and rated as 8 out of 10. Medications noted were Norco 10-325 mg 1 three times a day #90; Neurontin 800 mg three times a day #90. She continues to have right sided low back pain radiating into the right buttock; range of motion in all planes were limited with stiffness; decreased sensation in the right lower extremity. Urine drug test (1-16-15) was consistent. The plan was to proceed with cognitive behavior therapy; 4 sessions; Neurontin 800 mg 1-3- #90 for chronic neuropathic pain and authorization to trial Elavil 10 mg 1-3 every night #90; Norco 10-325 three times a day as needed for pain #90. The examination on 2-27-15 indicates the same medication. Current requested treatments Elavil 10 mg #120; Neurontin 800 mg #90; Zanaflex 4 mg #20; Norco 10-325mg #90. Utilization review 8-21-15 Elavil not medically necessary; Neurontin, Zanaflex and Norco denied.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Elavil 10mg quantity 120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Anti-depressants for chronic pain.

**Decision rationale:** Regarding the request for Elavil (Amitriptyline), guidelines state that anti-depressants are recommended as a 1st line option for neuropathic pain and as a possibility for non-neuropathic pain. Guidelines go on to recommend a trial of at least 4 weeks. Assessment of treatment efficacy should include not only pain outcomes, but also an evaluation of function, changes in use of other analgesic medication, sleep quality and duration, and psychological assessment. Within the documentation available for review, there is no identification that the Elavil provides any specific analgesic effect as the patient continues to have 8-9/10 pain despite medication use. In addition, there is no documentation of any objective functional improvement, or improvement in psychological well-being. In the absence of clarity regarding those issues, the currently request is not medically necessary.

### **Neurontin 800mg quantity 90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Anti-epilepsy drugs (AEDs).

**Decision rationale:** Regarding request for gabapentin, Chronic Pain Medical Treatment Guidelines state that anti-epilepsy drugs are recommended for neuropathic pain. They go on to state that a good outcome is defined as 50% reduction in pain and a moderate response is defined as 30% reduction in pain. Guidelines go on to state that after initiation of treatment, there should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with use. The continued use of AEDs depends on improved outcomes versus tolerability of adverse effects. Within the documentation available for review, there is no identification that the Neurontin provides any specific analgesic effect as the patient continues to have 8-9/10 pain despite medication use. In addition, there is no documentation of any objective functional improvement, and no discussion regarding side effects from this medication. In the absence of such documentation, the current request is not medically necessary.

### **Zanaflex 4mg quantity 20:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

**Decision rationale:** Regarding the request for Tizanidine (Zanaflex), Chronic Pain Medical Treatment Guidelines support the use of non-sedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Guidelines go on to state that Tizanidine specifically is FDA approved for management of spasticity; unlabeled use for low back pain. Guidelines recommend LFT monitoring at baseline, 1, 3, and 6 months. Within the documentation available for review, there is no identification appropriate liver function testing, as recommended by guidelines. Additionally, it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation, as recommended by guidelines. This worker has long-standing chronic pain. Given this, the currently requested Tizanidine (Zanaflex), is not medically necessary.

**Norco 10/325mg quantity 90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain, Opioids (Classification), Opioids, criteria for use, Opioids, California Controlled Substance Utilization Review and Evaluation System (CURES) [DWC].

**Decision rationale:** Regarding the request for Norco (hydrocodone/acetaminophen), Chronic Pain Medical Treatment Guidelines state that Norco is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines further specify for discontinuation of opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the medication is improving the patient's function or pain, as the patient continues to have 8-9/10 pain despite medication use. In addition, there is no discussion regarding aberrant use despite the patient has multiple inconsistent urine drug screens. As such, there is no clear indication for ongoing use of the medication. Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In light of the above issues, the currently requested Norco (hydrocodone/acetaminophen) is not medically necessary.