

<b>Case Number:</b>	CM15-0172680		
<b>Date Assigned:</b>	09/14/2015	<b>Date of Injury:</b>	01/11/2011
<b>Decision Date:</b>	11/02/2015	<b>UR Denial Date:</b>	08/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/01/2015

### 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: Preventive Medicine, Occupational 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 59 year old male who sustained an industrial injury January 11, 2011. Past history included status post left elbow surgery April 24, 2014, status post excision of mass right wrist March 2011, right hand carpal tunnel release 2011, left shoulder surgery 2009, left arm tendons reconstruction 2007, right nephrectomy 1999, right shoulder surgery 1986, status post lumbar epidural injections, arthritis and gastroesophageal reflux. According to a treating physician's progress report, dated July 21, 2015, the injured worker presented for a follow-up visit with complaints of chronic back, right wrist and left elbow pain. He reports his elbow surgery provided a 50% decrease in pain and has completed a total of 23 physical therapy sessions and does not feel better. The pain is worse with use of the upper extremities and extended periods of activity. He has been using 6 Norco per day which provides a 40% decrease in pain and an increased tolerance for physical therapy, walking and standing. Objective findings included; normal muscle tone without atrophy in the right and left upper and lower extremities; lumbar spine- sensation is decreased in the dermatomes right L5, right S1, straight leg raise is positive on the right with spasm and guarding. Diagnoses are degeneration of the lumbar spine; carpal tunnel syndrome; pain in joint upper arm; pain in joint forearm. Treatment plan included obtaining a urine drug screen, surgical consultation for the left elbow, and prescribed medication. The physician noted a decreased dose of Hydrocodone-APAP 10-325mg 1 tablet up to 4 times daily for pain, Quantity 120. At issue, is the request for authorization for Fluoxetine-Prozac, Gabapentin, Hydrocodone-APAP, Quetiapine-Fumarate-Seroquel, and Salonpas patch. According to utilization review, dated August 4, 2015, the requests for Docusate Sodium 100mg #60 and Zantac 150mg #30 are certified. The request for Fluoxetine-Prozac 20mg #30 is non-certified. The request for Hydrocodone-APAP 10-325mg #120 is non-certified. The request for Quetiapine Fumarate-Seroquel 25mg #60 is non-certified. The request for Gabapentin 600mg #180 is non-certified. The request for Salonpas patch #60 is non-certified.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Fluoxetine-Prozac 20 mg #30: Overturned**

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

**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), SSRIs (selective serotonin reuptake inhibitors).

**Decision rationale:** According to the Official Disability Guidelines SSRIs are not recommended as a treatment for chronic pain, but SSRIs may have a role in treating secondary depression. It has been suggested that the main role of SSRIs may be in addressing psychological symptoms associated with chronic pain. This patient carries a diagnosis for depression. I am reversing the previous utilization review decision. Fluoxetine-Prozac 20 mg #30 is medically necessary.

### **Hydrocodone/Apap 10/325 mg #120: Overturned**

**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.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. The MTUS states that opioids may be continued, (a) If the patient has returned to work, or (b) If the patient has improved functioning and pain. The patient states that he has significant functional improvement and pain relief with the continued use of this medication. I am reversing the previous utilization review decision. Hydrocodone/Apap 10/325 mg #120 is medically necessary.

### **Quetiapine Fumarate-seroquel 25 mg #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.

**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), Anxiety medications in chronic pain.

**Decision rationale:** The MTUS is silent, but the Official Disability Guidelines state that atypical anti-psychotic such as Seroquel can sometimes be recommended as a second-line agent in the treatment of anxiety disorders. There is documentation that the patient carries a diagnosis of depression, but there is a lack of evidence to establish medical necessity of this medication as it is not being recommended as a first line treatment. Quetiapine Fumarate-seroquel 25 mg #60 is not medically necessary.

**Gabapentin 600 mg #180: Overturned**

**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): Antiepilepsy drugs (AEDs).

**Decision rationale:** The MTUS states that gabapentin is an anti-epilepsy drug, which has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. An adequate trial period for gabapentin is three to eight weeks for titration, then one to two weeks at maximum tolerated dosage. With each office visit, the patient should be asked if there has been a change in the patient's pain symptoms, with the recommended change being at least 30%. There is documentation functional improvement. I am reversing the previous utilization review decision. Gabapentin 600 mg #180 is medically necessary.

**Salonpas patch #60: 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): Topical Analgesics.

**Decision rationale:** The MTUS states that 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 anti-depressants and anti-convulsants have failed. NSAIDs are sometimes indicated for osteoarthritis and tendinitis, in particular, that of the knee and elbow. If used, NSAIDs are recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Topical NSAIDs should only be prescribed to patients with an intolerance to the oral formulation. Salonpas patch #60 is not medically necessary.