

<b>Case Number:</b>	CM15-0177324		
<b>Date Assigned:</b>	09/18/2015	<b>Date of Injury:</b>	05/05/2009
<b>Decision Date:</b>	11/10/2015	<b>UR Denial Date:</b>	08/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/09/2015

### 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: Emergency 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 60 year old female who sustained an industrial injury on 5-5-09. Diagnoses per the progress report are chronic cervical strain, chronic shoulder sprain, and cervical radiculopathy. In the records made available, in an addendum to a secondary treating physician's progress report dated 7-9-15, the physician notes continued complaints "including but not limited to neck pain, shoulder pain, upper extremity pain, "enlarged tonsils", dry mouth and other constitutional symptoms." Current medications are Hydrocodone 10mg 2 pills 3 times a day, Lyrica 75mg twice a day, Salagen 5mg 3 times a day, and Lidoderm Patches 1-2 per day. The objective findings are noted as the "physical examination appears unchanged since the previous visit." It was noted that approximately one year prior, she was taking no more than 2 Hydrocodone tablets per day and has progressively increased up to 6 per day. A "long discussion" is noted per the record regarding the opioid dosage and that it would be necessary to reduce to a more appropriate dose and that she is up to 2,000mg of Acetaminophen per day. The plan is noted to continue Lyrica, Salagen, and Omeprazole at the current dosage and reduce Hydrocodone to no more than 1 pill 3 times a day to be taken with Orphenadrine 100mg 3 times a day as needed for muscle relaxation and to continue Lidoderm Patches. No urine drug screening was noted in the records submitted for review. A request for authorization is dated 7-9-15. The requested treatment of Norflex 100mg #90, Prilosec 20mg #30, Norco 10-325mg #60, Salagen 5mg #90, and Lyrica 75mg #60 was denied on 8-25-15.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norflex 100mg, #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): Muscle relaxants (for pain).

**Decision rationale:** The request is for the use of a muscle relaxant to aid in pain relief. The MTUS guidelines state that the use of a medication in this class is indicated as a second-line option for short-term treatment of acute exacerbations of low back pain. Muscle relaxants may be effective in reducing pain and muscle tension, which can increase mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain improvement. Efficacy appears to diminish over time, and prolonged use may lead to dependence. (Homik, 2004) Due to inadequate documentation of a recent acute exacerbation and poor effectiveness for chronic long-term use, the request is not certified. Therefore, the requested treatment is not medically necessary.

**Prilosec 20mg, #30:** 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): NSAIDs, GI symptoms & cardiovascular risk.

**Decision rationale:** The request is for the use of a medication in the class of a proton pump inhibitor. It is indicated for patients with peptic ulcer disease. It can also be used as a preventative measure in patients taking non-steroidal anti-inflammatories for chronic pain. Unfortunately, they do have certain side effects including gastrointestinal disease. The MTUS guidelines states that patients who are classified as intermediate or high risk, should be treated prophylactically. Criteria for risk are as follows: "(1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA)." Due to the fact the patient does not meet to above stated criteria, the request for use is not certified. Therefore, the requested treatment is not medically necessary.

**Norco 10/325mg, #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): Opioids, criteria for use.

**Decision rationale:** The request is for the use of a medication in the opioid class. The MTUS guidelines state that for ongoing treatment with a pharmaceutical in this class, certain requirements are necessary. This includes not only adequate pain control, but also functional improvement. Four domains have been proposed for management of patients on opioids. This includes pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant drug-related behaviors. In this case, there is inadequate documentation of persistent functional improvement seen. As such, the request is not certified. All opioid medications should be titrated down slowly in order to prevent a significant withdrawal syndrome. Therefore, the requested treatment is not medically necessary.

**Salagen 5mg, #90:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Drugs.com.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.webmd.com/drugs/2/drug-10088-237/salagen-oral/pilocarpine-oral/details>.

**Decision rationale:** The request is for the use of the medication salagen. The MTUS and ODG are silent regarding this topic. Alternative sources were referenced and state that the use of this drug is indicated for dry mouth secondary to certain immune diseases such as sjogren's syndrome or radiations treatment for head/neck cancer patients. In this case the use of this medication is not indicated. This is secondary to inadequate documentation of a medical condition as listed above as the etiology of the patient's dry mouth. As such, the request is not certified. Therefore, the requested treatment is not medically necessary.

**Lyrica 75mg, #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): Antiepilepsy drugs (AEDs).

**Decision rationale:** The request is for the use of a medication in the category of an anti-epileptic drug (AED). These medications are recommended for certain types of neuropathic pain. Most of the randomized clinical control trials involved include post-herpetic neuralgia and painful polyneuropathy such as in diabetes. There are few trials which have studied central pain or radiculopathy. The MTUS guidelines state that a good response to treatment is 50% reduction in pain. At least a 30% reduction in pain is required for ongoing use, and if this is not seen, this should trigger a change in therapy. There also should be documentation of functional improvement and side effects incurred with use. Disease states which prompt use of these medications include post-herpetic neuralgia, spinal cord injury, chronic regional pain syndrome, lumbar spinal stenosis, post-operative pain, and central pain. There is inadequate evidence to

support use in non-specific axial low back pain or myofascial pain. In this case, there is lack of documentation of adequate pain reduction for continued use. The records also do not reveal functional improvement or screening measures as required. As such, the request is not certified. Therefore, the requested treatment is not medically necessary.