

<b>Case Number:</b>	CM15-0077457		
<b>Date Assigned:</b>	04/29/2015	<b>Date of Injury:</b>	10/12/2007
<b>Decision Date:</b>	05/29/2015	<b>UR Denial Date:</b>	04/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/23/2015

### 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: 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 29 year old male, who sustained an industrial injury on 10/12/2007. Diagnoses include dislocated shoulder, facet syndrome cervical spine, spinal cord demyelination, depression and anxiety. Treatment to date has included diagnostics, work restrictions and prescription medication. Per the Primary Treating Physician's Progress Report dated 1/29/2015, the injured worker reported right shoulder pain. Physical examination revealed topical allodynia on the entire right side of his body with contractures of the right upper extremity with marked decrease in range of motion (ROM) testing for the right shoulder, elbow, wrist, and concrete contractures of the middle two digits of the right hand with non-mobility to passive and active testing, with severe guarding against ROM testing. There is also severe restriction to ROM testing of the hip, knee, ankle and foot. The plan of care included, and authorization was requested for, evaluation with a physiatrist, for Norco, Neurontin, Prilosec, Wellbutrin, and Zanaflex. Work status is temporarily total disabled. On April 13, 2015, Utilization Review certified a request for pain psychiatrist appointment. A request for Norco was modified. Requests for Neurotin, Prilosec, Wellbutrin, and Zanaflex were non-certified. Ca MTUS chronic pain guidelines were used in support of this decision.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg, 1 by mouth every 4 hours, #180 (prescribed 03/26/2015): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids; Opioids for chronic pain.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Management Page(s): 77-81.

**Decision rationale:** CA MTUS, chronic pain guidelines, offer very specific guidelines for the ongoing use of narcotic pain medication to treat chronic pain. These recommendations state that the lowest possible dose be used as well as "ongoing review and documentation of pain relief, functional status, appropriate medication use and its side effects." It also recommends that providers of opiate medication document the injured worker's response to pain medication including the duration of symptomatic relief, functional improvements, and the level of pain relief with the medications. The included documentation fails to include the above recommended documentation. In addition, the request does not include dosing frequency or duration. There is not toxicology report included in the record. The request for opiate analgesia is not medically necessary.

**Neurontin 600mg, 3 by mouth every day, #90 with 3 refills (prescribed 03/26/15): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin Page(s): 49.

**Decision rationale:** According to CA MTUS, gabapentin is an anti-epilepsy drug which has efficacy for diabetic neuropathy or post-herpetic neuropathy. It has also been considered a first line agent for neuropathic pain. There is not sufficient evidence to recommend the use of these medications for the treatment of chronic non-specific, non-neuropathic axial low back pain. Ongoing use of these medications recommends "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." The IW does not have diabetic neuropathy or post-herpetic conditions. The documentation reports improvement of pain with the use of medications, but specific responses to individual medications is not noted in the record. Without this documentation, the request for gabapentin is not medically necessary in accordance with MTUS guidelines.

**Prilosec 20mg, 1 by mouth three time daily, #60 with 3 refills (prescribed 03/26/15): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Proton Pump inhibitors (PPI's).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI symptoms & cardiovascular risk Page(s): 68-69.

**Decision rationale:** According to CA MTUS, gastrointestinal protectant agents are recommended for patients that are at increased risk for gastrointestinal events. These risks include age >65, history or gastrointestinal bleeding or peptic ulcers, concomitant use of NSAIDs and corticosteroids or aspirin, or high dose NSAID use. The chart does not document any of these risk factors. Past medical history does not include any gastrointestinal disorders, there is no history of poor tolerance to NSAIDs documented and there are not abdominal examinations noted in the chart. Prilosec is not medically necessary based on the Ca MTUS.

**Wellbutrin 100mg, 1 by mouth three times daily, #90 with 3 refills (prescribed 03/26/15):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain; Bupropion (Wellbutrin).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 15, 27.

**Decision rationale:** Wellbutrin is a second generation tricyclic antidepressant shown to be effective in relieving neuropathic pain resulting from different etiologies. It is unclear from chart material if this medication is being prescribed for pain, depression, or sleep disturbances. Documentation supports the IW has been on this medication for a minimum of 6 months. Documentation does not indicate improvement of functional status, improvement of sleep or decrease in pain with its use. Without this documentation, the request for Wellbutrin is not medically necessary.

**Zanaflex 4mg, 1 by mouth twice daily, #60 with 3 refills (prescribed 03/26/15):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxers, zanaflex Page(s): 64, 66.

**Decision rationale:** CA MTUS guideline states muscle relaxers should be used "as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP." Guidelines further state "Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time." With respect to Zanaflex, guideline state "is a centrally acting alpha2-adrenergic agonist that is FDA approved for management of spasticity; unlabeled use for low back pain" Documentation supports ongoing prescribing of zanaflex. There is not documentation to support the IW's response to use of zanaflex. As noted, the guidelines recommend against use for chronic pain. Documentation does not support a new or acute exacerbation of injury. The request is not medically necessary.