

<b>Case Number:</b>	CM15-0093528		
<b>Date Assigned:</b>	05/19/2015	<b>Date of Injury:</b>	02/07/2002
<b>Decision Date:</b>	07/20/2015	<b>UR Denial Date:</b>	04/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/14/2015

### 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: Anesthesiology

### 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 (IW) is a 70-year-old male who sustained an industrial injury on 02/07/2002. He reported headache and shoulder pain, sleep disturbance, mild weight gain, stress and depression. The injured worker was diagnosed as having cervicalgia and other affections of shoulder region, not elsewhere classified, impingement syndrome of the shoulder bilaterally, status post decompression on both shoulders. Treatment to date has included oral medication of non-steroidal anti-inflammatory medications, muscle relaxers, and opioid medications. A MRI showed stenosis and flattening of the spinal tract at C5-C6. Nerve studies done in 2008 showed carpal tunnel syndrome with no radiculopathy. Currently, the injured worker complains of difficulty with doing many chores around the home, and reaching, overhead activities, pushing, pulling, and lifting. Examination revealed tenderness along the rotator cuff and shoulder girdle musculature and cervical spine and range of motion of 90 degrees in abduction, otherwise unremarkable. Current treatments including a TENS (transcutaneous electrical nerve stimulation) unit, hot and cold wraps, neck pillow, and neck traction with air bladder were discussed. Prior work restrictions had intentionally limited his reaching above shoulder level, limited forceful pulling, pushing, lifting, overhead work, and keeping the neck in a still position for prolonged periods of time. The work restrictions were now moot because the worker retired in the year 2000; however, it appears these have carried over to his home abilities. The plan of care includes medications for pain, monitoring his compliance, encouraging his use of a neck pillow, and use of the TENS unit. Requested for authorization are the following:  
Cyclobenzaprine 7.5mg tab (Fexmid) #60; Norco (Hydrocodone/APAP) 10/325mg #120;

Gabapentin 600mg #90 (Neurontin); Pantoprazole 20mg #60 (Protonix); Tramadol 150mg #30 (Ultram ER); Colace 250mg #60 Refill: 5; and 7 Naproxen 550mg #60 (Anaprox).

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Cyclobenzaprine 7.5mg tab (Fexmid) #60: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 43.

**Decision rationale:** Fexmid (Cyclobenzaprine) is a skeletal muscle relaxant and a central nervous system (CNS) depressant. According to the reviewed literature, Fexmid is not recommended for the long-term treatment of chronic pain. The medication has its greatest effect in the first four days of treatment and it is not recommended for longer than 2-3 weeks. According to the CA MTUS Guidelines, muscle relaxants are not considered any more effective than non-steroidal anti-inflammatory medications alone. Based on the currently available information, the medical necessity for this muscle relaxant has not been established. The requested medication is not medically necessary.

#### **Norco (Hydrocodone/APAP) 10/325mg #120: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opiates.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for the treatment of chronic pain Page(s): 91-97. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Opioids.

**Decision rationale:** According to MTUS and ODG, Norco 10/325mg (Hydrocodone/Acetaminophen) is a short-acting opioid analgesic indicated for moderate to moderately severe pain, and is used to manage both acute and chronic pain. The treatment of chronic pain with any opioid analgesic requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. A pain assessment should include current pain, intensity of pain after taking the opiate, and the duration of pain relief. In this case, there is no documentation of the medication's pain relief effectiveness, functional status, or response to ongoing opioid analgesic therapy. Medical necessity of the requested item has not been established. Of note, discontinuation of an opioid analgesic should include a taper, to avoid withdrawal symptoms. The requested medication is not medically necessary.

#### **Gabapentin 600mg #90 (Neurontin): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs) Page(s): 17-19. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) AEDs.

**Decision rationale:** According to the CA MTUS (2009) and the ODG, Neurontin (Gabapentin) is an anti-epilepsy drug, which has been considered a first-line treatment for neuropathic pain. The records do not document that the patient has neuropathic pain related to his chronic neck condition. In addition, there is no documentation of subjective or objective findings consistent with current neuropathic pain to necessitate use of Neurontin. Medical necessity for Neurontin has not been established. The requested medication is not medically necessary.

**Pantoprazole 20mg #60 (Protonix): 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 (Chronic).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines PPIs Page(s): 68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) PPIs.

**Decision rationale:** According to CA MTUS (2009), a proton pump inhibitor, such as Protonix (Pantoprazole), is recommended for patients taking NSAIDs with documented GI distress symptoms or specific GI risk factors. There is no documentation indicating the patient has any GI symptoms or GI risk factors. Risk factors include, age >65, history of peptic ulcer disease, GI bleeding, concurrent use of aspirin, corticosteroids, and/or anticoagulants or high-dose/multiple NSAIDs. There is no documentation of any reported GI complaints. Based on the available information provided for review, the medical necessity for Protonix has not been established. The requested medication is not medically necessary.

**Tramadol 150mg #30 (Ultram ER): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioid analgesic.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for the treatment of chronic pain Page(s): 93-96.

**Decision rationale:** According to the California MTUS, Tramadol (Ultram) is a synthetic opioid, which affects the central nervous system and is indicated for the treatment of moderate to severe pain. Per CA MTUS Guidelines, certain criteria need to be followed, including an ongoing review and documentation of pain relief and functional status, appropriate medication use, and side effects. Pain assessment should include current pain: last reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid, and the

duration of pain relief. According to the medical records, there has been no documentation of the medication's analgesic effectiveness and no clear documentation that the patient has responded to ongoing opioid therapy. Medical necessity of the requested medication has not been established. Of note, discontinuation of an opioid analgesic requires a taper to avoid withdrawal symptoms. The requested medication is not medically necessary.

**Colace 250mg #60 Refill: 5:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.ncbi.nlm.nih.gov/pubmed/>.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Opioids, Constipation.

**Decision rationale:** Opioid-induced constipation is a common adverse effect of long-term opioid use because of the binding of opioids to peripheral opioid receptors in the gastrointestinal tract, resulting in absorption of electrolytes and reduction in small intestine fluid. According to the ODG, if opioids are determined to be appropriate for the treatment of pain then prophylactic treatment of constipation should be initiated. Colace is a stool softener used to relieve constipation. In this case, with non-approval of opioid use, the medical necessity of Colace has not been established. The requested medication is not medically necessary.