

<b>Case Number:</b>	CM15-0093666		
<b>Date Assigned:</b>	05/20/2015	<b>Date of Injury:</b>	07/11/2011
<b>Decision Date:</b>	10/06/2015	<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: Texas, Florida

Certification(s)/Specialty: Anesthesiology, 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 64 year old male, who sustained an industrial injury on 07/11/2011. He has reported subsequent headaches, upper extremity, neck and back pain and was diagnosed with cervicgia, brachial neuritis/radiculitis, displacement/degeneration of cervical disc, pain in thoracic spine, cervical fusion, myalgia and myositis, GERD and cervical spondylosis. Treatment to date has included oral and topical pain medication and surgery. In a progress note dated 09/24/2014, the injured worker complained of increased headaches. Objective findings were notable for cervicogenic headache from the occiput and keloid formation on the front of the surgical site. A request for authorization of Fentanyl patch, Nucynta, Lunesta, Flector patch, Neurontin, Zanaflex, Baclofen, Cymbalta, Sumavel, Topamax, Celebrex and TN1 cream (Ketoprofen/Lidocaine/Compound cream) was submitted. The baseline UDS done in 2015 was consistent. The following medications were listed as failed Celebrex, doxepin, temazepam, Robaxin and meclizine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Fentanyl Patch 50ugm #15: 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): Chronic pain programs, opioids, Fentanyl, Opioids for chronic pain, Opioids, differentiation: dependence & addiction, Opioid hyperalgesia, Weaning of Medications. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Opioids.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that Fentanyl can be utilized for patient who cannot tolerate or have failed treatment with first line opioids medications for the treatment of severe musculoskeletal pain when standard treatment with NSAIDs, non opioid co-analgesic and PT have failed. The chronic use of opioids can be associated with the development of tolerance, dependency, sedation, opioid induced hyperalgesia, addiction and adverse interaction with other sedatives. The records indicate that the patient is utilizing high dose opioids and multiple sedative medications concurrently. The lack of significant functional restoration is indicative of the development of opioid induced hyperalgesia. There is no documentation of failure of treatment with first line opioid medications. The guidelines recommend that chronic pain patients with significant psychosomatic disorders be referred to Pain Programs or Addiction Clinics for safe weaning. The use of Fentanyl patch 50 microgram per hour #15 was not medically necessary.

**Nucynta IR 75mg #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, Pain, Online Version, Tapentadol (Nucynta).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Chronic pain programs, opioids, Medications for chronic pain, Opioids, specific drug list, Opioid hyperalgesia, Weaning of Medications. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Opioids.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that Nucynta can be utilized for patient who cannot tolerate or have failed treatment with first line opioids medications for the treatment of severe musculoskeletal pain when standard treatment with NSAIDs, non opioid co-analgesic and PT have failed. The chronic use of opioids can be associated with the development of tolerance, dependency, sedation, opioid induced hyperalgesia, addiction and adverse interaction with other sedatives. The records indicate that the patient is utilizing high dose opioids and multiple sedative medications concurrently. The lack of significant functional restoration is indicative of the development of opioid induced hyperalgesia. There is no documentation of failure of treatment with first line opioid medications. The guidelines recommend that chronic pain patients with significant psychosomatic disorders be referred to Pain Programs or Addiction Clinics for safe weaning. The use of Nucynta IR 75mg #60 is not medically necessary.

**Lunesta 3mg #30: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain, Online Version, Insomnia Treatment.

**MAXIMUS guideline:** Decision based on MTUS Stress-Related Conditions 2004, Section(s): Treatment, and Chronic Pain Medical Treatment 2009, Section(s): Medications for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Mental Illness and Stress.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that sleep medications can be utilized for short-term treatment of sleep disturbance that is not resolved following full investigation and non-medication measures. The chronic use of sedative and hypnotics can be associated with the development of tolerance, dependency, addiction, daytime somnolence and adverse interaction with other sedative medications. The records indicate that the duration of utilization of Lunesta had already exceeded the maximum recommended period of 4 to 6 weeks. The patient is utilizing multiple sedative and opioid medications concurrently. The use of Lunesta 3mg #30 is not medically necessary.

**Flector patch #30: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain, Online Version, Topical Analgesics.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Medications for chronic pain, NSAIDs (non-steroidal anti-inflammatory drugs), NSAIDs, GI symptoms & cardiovascular risk, NSAIDs, hypertension and renal function, NSAIDs, specific drug list & adverse effects, Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, NSAIDs.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that NSAIDs can be utilized for the treatment of exacerbation of musculoskeletal pain. The chronic use of NSAIDs is associated with the development of cardiac, renal and gastrointestinal adverse effects. The utilization of multiple NSAIDs is associated with increased risk of adverse effects. It is recommended that topical NSAIDs be utilized for pain localized to the extremity joints. The chronic use of topical NSAIDs is associated with a high incidence of tolerance and decreased efficacy. Flector patch #30 is not medically necessary.

**Neurontin 600mg #60: 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): Medications for chronic pain, Anti-epilepsy drugs (AEDs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Anticonvulsant.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that anticonvulsant medications can be utilized for the treatment of neuropathic and chronic pain syndrome that did

not resolve with standard NSAIDs and physical treatments. The use of anticonvulsant medication is associated with pain relief, mood stabilization and functional restoration. The records indicate that the patient is utilizing multiple anticonvulsant and antidepressant medications. There is no reported adverse medication effect. The use of Neurontin 600mg #60 is medically necessary.

**Zanaflex 4mg #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): Muscle relaxants (for pain), Medications for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Muscle Relaxants.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that muscle relaxants and antispasmodic can be utilized for the short-term treatment of exacerbation of musculoskeletal pain that did not respond to standard treatment with NSAIDs and PT. The chronic use of muscle relaxants can be associated with the development of tolerance, dependency, addiction, sedation, adverse interaction with sedative medications and liver damage. The records indicate that the patient is utilizing multiple muscle relaxant and antispasmodic medications. The duration of utilization of muscle relaxants had exceeded that short-term period of 4 to 6 weeks. The criteria for the use of Zanaflex 4 mg #60 was not met; therefore, the request is not medically necessary.

**Baclofen 10mg #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): Medications for chronic pain, Muscle relaxants (for pain). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Muscle Relaxants.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that muscle relaxants and antispasmodic can be utilized for the short-term treatment of exacerbation of musculoskeletal pain that did not respond to standard treatment with NSAIDs and PT. The chronic use of muscle relaxants can be associated with the development of tolerance, dependency, addiction, sedation, adverse interaction with sedative medications and liver damage. The records indicate that the patient is utilizing multiple muscle relaxant and antispasmodic medications. The duration of utilization of muscle relaxants had exceeded that short-term period of 4 to 6 weeks. The criteria for the use of Baclofen 10mg #120 was not met; therefore, the request is not medically necessary.

**Cymbalta 30mg #60: 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): Antidepressants for chronic pain, Duloxetine (Cymbalta), Medications for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Antidepressant.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that antidepressant medications can be utilized for the treatment of neuropathic and chronic pain syndrome that did not resolve with standard NSAIDs and physical treatments. The use of antidepressant medications is associated with pain relief, anxiolysis, mood stabilization and functional restoration. The records indicate that the patient is utilizing multiple anticonvulsant and antidepressant medications. There is no reported adverse medication effect to the use of Cymbalta. The criteria for the use of Cymbalta 30mg #60 was met; the request is medically necessary.

**Sumavel Sq #6:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Head, Online Version, Triptans and <http://www.ncbi.nlm.nih.gov/pubmed/17157114> - Efficacy and tolerability of sumatriptan injection for the treatment of morning migraine: two multicenter, prospective, randomized, double-blind, controlled studies in adults.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Medications for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Migraine Medications.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that medication can be utilized for the prevention and treatment of migraine headache. The guidelines recommend that Triptans can be useful for the short-term treatment of severe acute migraine headache attacks that did not respond to standard first line medications. The records indicate that Sumavel was utilized for the short-term treatment of severe acute migraine headache. There is documentation of efficacy without adverse effect. The criteria for the use of Sumavel sq #6 was met; therefore, the request is medically necessary.

**Topamax 50mg #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), Medications for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Anticonvulsant medications.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that anticonvulsant medications can be utilized for the treatment of neuropathic and chronic pain syndrome that did not resolve with standard NSAIDs and physical treatments. The use of anticonvulsants is associated with pain relief, mood stabilization and functional restoration. The records indicate that the patient is utilizing multiple anticonvulsants and antidepressant medications. The guidelines recommend that Topamax be utilized as a second line medication when the patient

has failed treatment with first line gabapentin medication. There is no reported adverse medication effect associated with the use of gabapentin. The criteria for the use of Topamax 50mg #60 was not met; the request is not medically necessary.

**Celebrex 200mg #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): Medications for chronic pain, NSAIDs (non-steroidal anti-inflammatory drugs), NSAIDs, GI symptoms & cardiovascular risk, NSAIDs, hypertension and renal function, NSAIDs, specific drug list & adverse effects. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, NSAIDs.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that NSAIDs can be utilized for the treatment of exacerbation of musculoskeletal pain. The chronic use of NSAIDs is associated with the development of cardiac, renal and gastrointestinal adverse effects. The utilization of multiple NSAIDs is associated with increased risk of adverse effects. It is recommended that topical NSAIDs be utilized for pain localized to the extremity joints. The chronic use of topical NSAIDs is associated with a high incidence of tolerance and decreased efficacy. The records indicated that the patient had previously failed treatment with Celebrex. The utilization of Celebrex 200mg #60 was not met; therefore, the request is not medically necessary.

**TN1 Cream (Keto 10%, Lido 5%, Compound Cream 120ml Tube): 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): Lidoderm (lidocaine patch), Medications for chronic pain, Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, NSAIDs.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that topical analgesics can be utilized for the treatment of localized neuropathic pain when treatment with first line anticonvulsant and antidepressant medications have failed. The records did not show subjective or objective findings consistent with the diagnosis of localized neuropathic pain such as CRPS. The records indicate that the patient is utilizing multiple NSAID medications. The use of topical ketoprofen can be associated with the development of photosensitive dermatitis. The criteria for the use of TN1 cream- ketoprofen 10%. Lidocaine 5% compound cream 120ml tube was not met; the request is not medically necessary.