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| <b>Case Number:</b>   | CM14-0149337 |                              |            |
| <b>Date Assigned:</b> | 09/18/2014   | <b>Date of Injury:</b>       | 06/30/1999 |
| <b>Decision Date:</b> | 10/22/2014   | <b>UR Denial Date:</b>       | 09/02/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 09/15/2014 |

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation has a subspecialty in Pain Medicine and Spinal Cord Medicine and is licensed to practice in Massachusetts. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 claimant is status post work injury occurring on 08/31/98. Treatments have included extensive cervical spine surgery. She was seen by the requesting provider on 04/21/14. She was having ongoing neck pain. There had been improvement after prior myofascial injections, but recent injections in January had not helped. She was using an H-Wave stimulator and had physical therapy in 2012 with improved range of motion. She had developed depression and was having difficulty sleeping. Medications referenced as having been ineffective are tizanidine, Zipsor, Marinol, and Lorzone. Pain was rated at 7/10. Physical examination findings included a dysthymic mood. Lorzone was discontinued and Soma was started. Ultram, Lunesta, Neurontin 1600 mg three times per day, Voltaren gel, and Celebrex, were continued. A trial of Marinol was started. On 07/17/14 EMG/NCS testing was pending. She had violated her opioid agreement. She was continuing to take Prozac for depression. Pain was rated at 8/10. Ultram was discontinued. Marinol was continued and her other medications were refilled. EMG/NCS testing on 07/28/14 showed findings bilateral carpal tunnel syndrome. She was seen by her surgeon on 08/19/14. She was continuing to have paresthesias in both arms with numbness and tingling which had been present since the time of injury in 1998 and unimproved after surgery. Physical examination findings included painful and decreased cervical spine range of motion with decreased upper extremity strength, sensation, and reflexes. There was a positive Tinel's sign. Recommendations included continuation of medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidocaine Patches, #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-66.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch), Topical Analgesics Page(s): 56-57, 111-113.

**Decision rationale:** The claimant has a remote history of a work-related injury occurring in 1998 and continues to be treated for chronic neck pain with upper extremity radicular symptoms. She has undergone multiple cervical spine surgeries. Medications include Lidoderm. In terms of topical treatments, topical lidocaine in a formulation that does not involve a dermal-patch system could be recommended for localized peripheral pain. However, this claimant does not have localized pain. Lidoderm is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than postherpetic neuralgia. Therefore, Lidoderm is not medically necessary.

**Neurontin 800 mg, #60: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-depressants for chronic pain Page(s): 13-16.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs), Medications for chronic pain Page(s): 18-19, 60.

**Decision rationale:** The claimant has a remote history of a work-related injury occurring in 1998 and continues to be treated for chronic neck pain with upper extremity radicular symptoms. She has undergone multiple cervical spine surgeries. Gabapentin is considered as a first-line treatment for neuropathic pain and therefore medically necessary.

**Prozac 20 mg, #90: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13-16.

**Decision rationale:** The claimant has a remote history of a work-related injury occurring in 1998 and continues to be treated for chronic neck pain with upper extremity radicular symptoms. She has depression being treated with Prozac. Antidepressant medication is recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. Prozac is a selective serotonin reuptake inhibitor (SSRI) which is a class of antidepressant that inhibits serotonin reuptake without action on noradrenaline. The main role of an SSRI may be in

addressing psychological symptoms associated with chronic pain. The requested Prozac dosing is within guideline recommendations and therefore medically necessary.

**Soma 350 mg, #90:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma) Page(s): 29.

**Decision rationale:** The claimant has a remote history of a work-related injury occurring in 1998 and continues to be treated for chronic neck pain with upper extremity radicular symptoms. She has undergone multiple cervical spine surgeries. Soma (carisoprodol) is a muscle relaxant which is not recommended and not indicated for long-term use. Meprobamate is its primary active metabolite and the Drug Enforcement Administration placed carisoprodol into Schedule IV in January 2012. It has been suggested that the main effect is due to generalized sedation and treatment of anxiety, and abuse has been noted for its sedative and relaxant effects. Therefore, the request is not medically necessary.