

<b>Case Number:</b>	CM13-0029213		
<b>Date Assigned:</b>	03/19/2014	<b>Date of Injury:</b>	04/12/2011
<b>Decision Date:</b>	05/07/2014	<b>UR Denial Date:</b>	08/26/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/24/2013

### 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, and is licensed to practice in California. 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:

This is a 61-year old gentleman with a date of injury of 4/12/11. The patient is a truck driver, and injured himself while driving, turning and moving his head and reaching with the left arm. The patient has had conservative care, including medications, PT, and chiropractic care. 8/12/13 follow-up report notes that the patient has persistent neck pain despite conservative measures. The patient had psyche issues with depression, anger and irritability. Acupuncture reportedly subjectively helps, but there is no report of clinically significant functional/objective benefit. Medications are refilled. Diagnosis is left cervical radiculopathy, left lateral epicondylitis, and bilateral DeQuervain's tenosynovitis. This was submitted to Utilization Review on 9/26/13. Multiple requests were denied. Given a failure of conservative care, the patient underwent C5-6/C6-7 decompression/fusion surgery on 11/05/13.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**OXYCODONE-ACETAMINOPHEN 10/325MG #30:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-96.

**Decision rationale:** Guidelines do not support use of chronic opioid pain medications for non-malignant pain. For patients with chronic back pain, efficacy is limited to short-term relief only. Long-term efficacy of greater than 16 weeks is unclear. That said, opioids are appropriate for severe pain in the peri-operative period. In this case, the patient had severe symptoms and findings that justified surgery following the denial of this medication, and eventually went on to have surgery a couple months following the UR decision. Use of opioids during the time period in question was medically justified/necessary.

**NEURONTIN 300MG:** 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 Antiepilepsy drugs (AEDs Page(s): 16-22.

**Decision rationale:** Antiepileptic drugs (AEDs) are guideline supported as first-line treatment for neuropathic pain. This patient had cervical spine surgery for radicular symptoms and has components of pain that would be considered neuropathic. I see no clear justification to discontinue this medication at the time of the UR denial. Neurontin was medically necessary.

**NAPROSYN 500MG:** 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 NSAIDS (non-steroidal anti-inflammatory drugs), Page(s): 67-73.

**Decision rationale:** This is a patient with severe symptoms from a cervical spine injury. Guidelines do support use of NSAIDS, but do note that there are significant adverse effects that can occur, especially with long-term use. With regards to chronic back pain, guidelines state that this is an option for short-term symptomatic relief as a second line agent. In this case, the patient was on multiple meds, including opioids, anti-epileptics and muscle relaxants. He went on to have surgery. Medical necessity of use of Naprosyn at the time of the Utilization Review (UR) denial is established

**ELAVIL 25MG:** 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 Page(s): 13-16.

**Decision rationale:** Guidelines do support use of antidepressants as first line treatment for neuropathic pain and an option for non-neuropathic pain. Not only does this patient have chronic pain, but he also has anxiety and depression. Use of Elavil at the time of the prior UR denial was appropriate. Medical necessity of Elavil is established.

**FLEXERIL 10MG:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 41-42.

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

**Decision rationale:** Guidelines do support use of muscle relaxants as a second line adjunct pain medication. Given that this patient was having severe pain symptoms that progressed following the UR denial to requiring surgery, use of Flexeril as an adjunct pain medication during the peri-operative period was appropriate. Medical necessity of Flexeril is established

**ATIVAN 1MG:** 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 Muscle Relaxant Page(s): 63-66.

**Decision rationale:** Ativan was prescribed for as needed treatment for muscle spasm. While guidelines do support use of muscle relaxants as second-line agents as an adjunct pain medication, they do not support use of benzodiazepines due to rapid development of tolerance and dependence. This class of drugs has little benefit over nonbenzodiazepines and is also not the preferred treatment for anxiety. This patient was already on Flexeril, and there was no medical necessity for the addition of Ativan as well.

**ACUPUNCTURE TIMES 6 VISITS:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**Decision rationale:** Guidelines support a trial of acupuncture, with a trial defined as 3-6 sessions. For extension beyond a trial, guidelines require documented evidence of clinically significant objective and functional benefit/progression. This patient did have acupuncture prior to the request with subjective report of benefit. However, this was not accompanied by any clear documentation that reflected clinically significant objective/functional benefit. In fact, this

patient continued to deteriorate, and ultimately required surgery. Medical necessity for continued acupuncture was not established.