

<b>Case Number:</b>	CM13-0031399		
<b>Date Assigned:</b>	12/11/2013	<b>Date of Injury:</b>	12/26/1998
<b>Decision Date:</b>	03/06/2014	<b>UR Denial Date:</b>	09/12/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/03/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician 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 physician 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 patient is a 57 year-old male sustained an injury after material handling and lifting hoses on 12/26/98 while employed by [REDACTED]. The requests under consideration include Avinza 90 mg, qty 30, for cervical spine, Norco 10/325, qty 180, Flexeril 10mg, qty 30, Lunesta 3mg, qty 30, Celebrex 200mg, qty 60, and Ibuprofen 800mg, qty 90, for cervical spine. The report of 8/28/13 from the provider noted the patient with persistent chronic neck and shoulder pain with muscle spasm. The report of 10/2/13 noted severe neck pain with constant muscle spasm extending into the shoulder with burning sensation. The patient reports at least 50% functional improvement from taking medications and is trying to wean off but cannot function without it or perform his activities of daily living. The exam showed neck range is limited with rotation left 40 degrees, flex and ext at 10 degrees; cervical compression causes neck pain, but does not radiate; muscle spasms across cervical paraspinal and cervical trapezius muscles; motor strength, sensation, DTRs (Deep Tendon Reflexes) are grossly intact in upper extremities. The diagnoses include severe cervical spondylosis with sprain/strain injury (MRI (magnetic resonance imaging) with C6-7 osteophyte spur complex); Non-industrial medical problems with history of left hip fracture status post ORIF (open reduction and internal fixation) and hardware removal-stable; history of chronic back pain and lumbar DJD (degenerative joint disease); history of bilateral shoulder tendinopathy, again all Non-industrial. The treatment included refills of medications and review of narcotic contract. The reports of 1/7/13, 4/1/13, 5/1/13, and 6/26/13 have same symptom complaints, same exam clinical findings (exact same range of motion degrees), and impression with same treatment regimen of medications to maintain his function. The medications above were non-certified citing guidelines criteria and lack of medical necessity.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Avinza 90 mg, qty 30, for cervical spine:** 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 Page(s): 79-80.

**Decision rationale:** Per the MTUS Guidelines, opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. The patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). The submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or returned to work status. There is no evidence presented of random drug testing or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. The MTUS guidelines state: when to continue Opioids, "(a) If the patient has returned to work or (b) If the patient has improved functioning and pain." Regarding when to discontinue opioids, MTUS guidelines states, "If there is no overall improvement in function, unless there are extenuating circumstances." The MTUS guidelines provide requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain. The request for Avinza 90 mg, qty 30, for cervical spine is not medically necessary and appropriate.

**Norco 10/325, qty 180, for cervical spine:** 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 Page(s): 79-80.

**Decision rationale:** Per the MTUS Guidelines, opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. The patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). The submitted documents show no evidence that the treating physician is prescribing opioids in accordance to

change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or returned to work status. There is no evidence presented of random drug testing or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. The MTUS guidelines state: when to continue Opioids, "(a) If the patient has returned to work or (b) If the patient has improved functioning and pain." Regarding when to discontinue opioids, MTUS states, "If there is no overall improvement in function, unless there are extenuating circumstances." The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain. The request for Norco 10/325, qty 180, for cervical spine is not medically necessary and appropriate.

**Flexeril 10mg, qty 30, for cervical spine:** 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 Section Muscle Relaxant Page(s): 63-66.

**Decision rationale:** The MTUS Guidelines do not recommend long-term use of this muscle relaxant for this chronic injury of 1998. Additionally, the efficacy in clinical trials has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. The submitted reports have not adequately demonstrated the indication or medical need for this treatment and there is no report of significant clinical findings, red-flag findings, acute flare-up or new injury to support for its long-term use. There is no report of specific functional improvement resulting from its previous treatment to support further use. The request for Flexeril 10mg, qty 30, for cervical spine is not medically necessary and appropriate.

**Lunesta 3mg, qty 30, for cervical spine:** Upheld

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

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

**Decision rationale:** Hypnotics are not included among the multiple medications noted to be optional adjuvant medications, per the Official Disability Guidelines (ODG), "Pain". Additionally, Lunesta is a benzodiazepine-like, Schedule IV controlled substance. The ODG does not recommend benzodiazepines: "Benzodiazepines: Not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and

muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks." The submitted documents have not demonstrated any functional improvement from Lunesta treatment prescribed for quite some time for this 1998 injury. The request for Lunesta 3mg, qty 30, for cervical spine is not medically necessary and appropriate.

**Celebrex 200mg, qty 60, for cervical spine:** 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 Section NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 22.

**Decision rationale:** According to the MTUS guidelines, anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. Monitoring of the NSAID's (non-steroidal anti-inflammatory drugs) functional benefit is advised as long term use of NSAIDS beyond a few weeks may actually retard muscle and connective tissue healing. The available reports submitted for review have not adequately addressed the indication to continue this NSAID for an injury of 1998 nor its functional efficacy derived from treatment already rendered. There is no report of acute flare or new injuries. NSAIDs is a second line medication after use of acetaminophen especially in light of side effects of gastritis as noted by the provider. It is unclear why the patient is prescribed two anti-inflammatory agents, namely Celebrex and Ibuprofen concurrently. The request for Celebrex 200mg, qty 60, for cervical spine is not medically necessary and appropriate

**Ibuprofen 800mg, qty 90, for cervical spine:** 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 Section NSAIDs (non-steroidal anti-inflammatory drugs), Page(s): 22.

**Decision rationale:** According to the MTUS guidelines, anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. Monitoring of the NSAID's (non-steroidal anti-inflammatory drugs) functional benefit is advised as long term use of NSAIDS beyond a few weeks may actually retard muscle and connective tissue healing. The available reports submitted for review have not adequately addressed the indication to continue this NSAID for an injury of 1998 nor its functional efficacy derived from treatment already rendered. There is no report of acute flare or new injuries. NSAIDs is a second line medication after use of acetaminophen especially in light of side effects of gastritis as noted by the provider. It is unclear why the patient is prescribed two

anti-inflammatory agents, namely Celebrex and Ibuprofen concurrently. The request for buprofen 800mg, qty 90, for cervical spine is not medically necessary and appropriate.