

<b>Case Number:</b>	CM13-0037473		
<b>Date Assigned:</b>	12/13/2013	<b>Date of Injury:</b>	06/28/2004
<b>Decision Date:</b>	07/24/2014	<b>UR Denial Date:</b>	10/07/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/23/2013

### 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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 patient is a 37-year-old female who has submitted a claim for cervical spondylosis without myelopathy, cervical intervertebral disc degeneration, cervical disc displacement, and lower limb mononeuritis associated with an industrial injury date of 06/28/2004. Medical records from 2008 to 2014 were reviewed. The patient complained of neck pain, graded 6/10 in severity on a pain scale, radiating to the left shoulder area. The pain was described as aching, tingling, stabbing, shooting, sharp, numbing, and constant. The patient likewise reported sleep disturbance and symptoms of depression. The physical examination of the cervical spine showed paracervical tenderness and positive cervical compression test. The tinel's test was positive at the left cubital tunnel. Tenderness was likewise present at left shoulder and left medial epicondyle. Sensation was diminished at the left ulnar nerve distribution. Motor strength was 4+/5 at left 4th and 5th digit muscle flexors. Reflexes were normal. Treatment to date has included cervical facet radiofrequency injections, medial branch blocks, left scalene block, left stellate ganglion block, physical therapy, chiropractic care, acupuncture, cervical traction, and medications such as Norco, Prilosec, Neurontin, amitriptyline, and topical creams.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**NORCO 5/325 MG #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids (for Chronic Pain) Page(s): 78 and 91.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids 9792.20 - 9792.26 Page(s): 78.

**Decision rationale:** The CA MTUS Chronic Pain Medical Treatment guidelines states, there are 4 A's for ongoing monitoring of opioid use: pain relief, side effects, physical and psychosocial functioning and the occurrence of any potentially aberrant drug-related behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. In this case, the earliest progress report citing prescription of Norco was dated July 2013. However, the exact date of initial intake is unknown given that the industrial injury occurred on 2004. The medical records do not clearly reflect continued analgesia, continued functional benefit, or a lack of adverse side effects from its use. The MTUS guidelines require clear and concise documentation for ongoing management. Therefore, the request for Norco 5-325 mg 1 tab Q 12 PRN quantity 60 is not medically necessary.

**physical therapy 3 times per week for 6 weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

**Decision rationale:** The California MTUS Chronic Pain Medical Treatment Guidelines, physical medicine is recommended and that given frequency should be tapered and transition into a self-directed home program. In this case, patient complained of neck pain described as aching, tingling, stabbing, shooting, sharp, numbing, and constant. Physical examination showed tenderness, positive provocative tests, and dysesthesia. Enrolling patient into a physical therapy program is a reasonable option. However, medical records showed that patient previously attended therapy. Total number of sessions completed and functional outcomes were not documented. Moreover, the present request failed to specify body part to be treated. The medical necessity was not established due to insufficient information. Therefore, the request for physical therapy 3 times per week for 6 weeks is not medically necessary.

**PRILOSEC 20 MG #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Non-Steroidal Anti-Inflammatory Drugs (NSAIDs) Page(s): 68.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2., Non-Steroidal Anti-Inflammatory Drugs (NSAIDs), Gastrointestinal (GI) Symptoms, and Cardiovascular Risk Page(s): 68.

**Decision rationale:** The CA MTUS Chronic Pain Medical Treatment Guidelines, clinicians should weigh the indications for NSAIDs against both GI and cardiovascular risk factors which

includes patients age 65 years or greater, history of peptic ulcer, GI bleeding or perforation, concurrent use of Aspirin (ASA), corticosteroids, or anticoagulant, and on high-dose/multiple NSAIDs. Patients with intermediate risk factors should be prescribed proton pump inhibitors (PPI). In this case, patient has been on Prilosec since July 2013. However, there was no subjective report that patient was experiencing heartburn, epigastric burning sensation or any other GI symptoms that will corroborate the necessity of this medication. Furthermore, the patient did not meet any of the aforementioned risk factors. The guideline criteria were not met. Therefore, the request for Prilosec 20 mg #60 is not medically necessary.

**TOPICAL PAIN COMPOUND FORMULATION:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

**Decision rationale:** The California MTUS Chronic Pain Medical Treatment Guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine safety or efficacy. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. In this case, patient has been on topical products since July 2013; however, functional benefits derived from its use were not documented. Moreover, there was no discussion concerning intolerance to oral medications warranting the use of topical products. The request likewise failed to specify the topical product being prescribed. Therefore, the request for topical pain compound formulation is not medically necessary.

**URINALYSIS (UA):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Urine Drug Testing Page(s): 43.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-going Management Page(s): 78.

**Decision rationale:** The CA MTUS Chronic Pain Medical Treatment Guidelines state that urine drug screens are recommended as an option to assess order use or presence of illegal drugs and as ongoing management for continued opioid use. Screening is recommended randomly at least twice and up to 4 times a year. In this case, current medication includes Norco. However, there was no compelling rationale for performing drug screen since aberrant drug behavior was not evident. Previous urine drug screens were likewise not made available for review. Therefore, the request for urinalysis is not medically necessary.