

<b>Case Number:</b>	CM13-0042016		
<b>Date Assigned:</b>	12/20/2013	<b>Date of Injury:</b>	04/09/2003
<b>Decision Date:</b>	08/05/2014	<b>UR Denial Date:</b>	10/09/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/16/2013

### 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 Neuromusculoskeletal Medicine and is licensed to practice in Arizona. 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 39-year-old female who sustained a work related injury on 4/9/2003 as result of a neck injury while working as a caregiver. The injury occurred while she was assisting a client in the bathroom when the client fell while holding onto the patient's neck. Since her injury, her neck pain progressively worsened, she was found to have herniated discs within the cervical region and has undergone spinal fusion surgery. She has been diagnosed with C4-6 disc protrusion/herniation, cervical dystonia, C7 cervical radiculopathy and opioid dependence. She reports that her pain is primarily in the neck that radiates into her left upper arm, her trapezius and shoulder. The patient describes her pain at a 4-5/10 typically on a 1 to 10 pain scale, with periods of pain elevation as high as 8/10 that is described as a constant stabbing, throbbing that worsens upon pushing, pulling, gripping, grasping or lifting her left arm above her head that is associated with intermittent muscle tightness and spasms. The examination reveals intact cervical range of motion with a negative Spurling's test bilaterally. The shoulder examination finds bilateral full active range of motion without appreciable deficit with an impingement test is positive on left. The only other pertinent positive is the finding of a positive Phalen's test of the left wrist. In addition of the musculoskeletal complains and interventions, the patient has developed both depression and anxiety that she is receiving treatment. The patient has been on medicinals, primarily opioids since October of 2012, and has tried a spinal cord stimulator. When asked about the performance of exercise, she apparently replied I just don't feel like it. On many on of primary treating physician's progress report 's is documented nearly identical subjective complaints and objective findings with the patient reporting break through pain during the first half of 2013 with her pain not well controlled and wanted to discuss increasing her medication. In dispute is a decision for 1 prescription of Percocet 10/325 mg #180, Oramorph 60 mg #90 and Zanaflex 4 mg, #120.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **1 PRESCRIPTION OF PERCOCET 10/325MG #180:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pain Intervention and Treatments Page(s): 75, 88, 91.

**Decision rationale:** Short-acting opioids also known as normal-release or immediate-release opioids are seen as an effective method in controlling chronic pain. They are often used for intermittent or breakthrough pain. For higher doses of hydrocodone (>5mg/tab) and acetaminophen (>500mg/tab) the recommended dose is usually 1 tablet every four to six hours as needed for pain. Opioids for chronic back pain appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited. Oxycodone with acetaminophen, (Roxilox, Roxicet, Percocet, Tylox, Endocet) is listed as indicated for moderate to moderately severe pain. Long term use of such medications (greater than 6 months) needs documented pain and functional improvement as compared to baseline. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument. Chronic back pain appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited. Failure to respond to a time-limited course of opioids has led to the suggestion of reassessment and consideration of alternative therapy. There is no evidence to recommend one opioid over another. In patients taking opioids for back pain, the prevalence of lifetime substance use disorders has ranged from 36% to 56% (a statistic limited by poor study design). From the patient's own admittance, she has or is experiencing increased pain that her current treatment regimen is not providing relief. As such, the request is not medically necessary.

### **1 PRESCRIPTION OF ORAMORPH 60MG #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines MORPHINE SULFATE, OPIOIDS FOR CHRONIC PAIN.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pain Intervention and Treatments Page(s): 75.

**Decision rationale:** Long-acting opioids also known as controlled-release, extended-release, sustained-release or long-acting opioids are a highly potent form of opiate analgesic. The proposed advantage of long-acting opioids is that they stabilize medication levels, and provide around-the-clock analgesia. Long-acting opioids include Morphine (MSContin and Oramorph

SR. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. Chronic back pain appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited. Failure to respond to a time-limited course of opioids has led to the suggestion of reassessment and consideration of alternative therapy. There is no evidence to recommend one opioid over another. In patients taking opioids for back pain, the prevalence of lifetime substance use disorders has ranged from 36% to 56% (a statistic limited by poor study design). From the patient's own admittance, she has or is experiencing increased pain that her current treatment regimen is not providing relief. The request is denied and the primary treating physician will cease requesting opioid medications for this patient. If the requesting physician has not initiated weaning off of the requested medication since the denial of the Utilization Review dated October 9, 2013, the patient should be referred to addiction medicine for appropriate care. As such, the request is not medically necessary.

### **1 PRESCRIPTION OF ZANAFLEX 4MG #120: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines MUSCLE RELAXANTS (FOR PAIN).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pain Intervention and Treatments Page(s): 63, 66.

**Decision rationale:** Tizanidine (Zanaflex, generic available) is a centrally acting alpha<sub>2</sub>-adrenergic agonist that is FDA approved for management of spasticity; unlabeled use for low back pain. (Malanga, 2008) Eight studies have demonstrated efficacy for low back pain. One study (conducted only in females) demonstrated a significant decrease in pain associated with chronic myofascial pain syndrome and the authors recommended its use as a first line option to treat myofascial pain. It may also provide benefit as an adjunct treatment for fibromyalgia. Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain (LBP). Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases (and may infer to other forms of musculoskeletal pain), they show no benefit beyond non-steroidal anti-inflammatory drugs (NSAIDs) in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. If the requesting physician has not initiated weaning off of the requested medication since the denial of the Utilization Review dated October 9, 2013, the patient should be referred to addiction medicine for appropriate care. As such, the request is not medically necessary.