

<b>Case Number:</b>	CM13-0044536		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	03/15/2006
<b>Decision Date:</b>	03/12/2014	<b>UR Denial Date:</b>	10/02/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/30/2013

### 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 Emergency Medicine 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:

Patient presents with date of injury of 3/15/2008. No provided mechanism of injury was noted. Patient has a diagnosis of herniated cervical disc with radiculitis post anterior cervical discectomy and fusion, rotator cuff tear of L shoulder post arthroscopic surgery and adhesive capsulitis, anxiety/depression, intermittent insomnia, left elbow cubital tunnel syndrome post tunnel release, bilateral carpal tunnel syndrome with post R carpal tunnel release. Several reports from [REDACTED] (Orthopedics) with last available notes from 10/25/13 reviewed. Patient reports neck pain with radicular symptoms to arms and mild left elbow pain. The objective exam reviews tightness of cervical paraspinal musculature, foramina compression test positive and mild decrease in range of motion. The elbow exam done after surgery was well healed scar with improved range of motion. Urine drug test from 9/3/13 reportedly was appropriate. There is a report that percocets has been "helpful" in relieving pain. There is no update medication list provided. The patient appears to be on Motrin, Nexium and Percocets. It is not known how long patient has been on Xanax or Soma. The operative report from 7/13/13 reports left elbow reconstruction and lateral epicondylectomy for elbow epicondylitis. The MRI Cervical Spine on 9/13/13 reveals surgical fusion at C5-6 and C6-7; disk desiccation throughout entire spine and a fixation device at C5-6 and C6-7 level and C3-4 with central disk protrusion effacing the theca sac. The current review is for prescription for Percocet 7.5/325 #120, Xanax 0.5mg #90, Flector patch #60, Soma 350mg #90 and Ambien 12.5mg #30. The prior utilization review on 10/2/13 recommended non-certification of the above medications and modified Percocet, Xanax, Soma and ambient prescription for tapering reasons and approved Pristiq which is not part of this review. The report states that the primary treating physician did not return calls for peer to peer discussion.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **120 Percocet 7.5/325mg:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Opioids, Page(s): 76-78.

**Decision rationale:** Percocet is a combination medication containing acetaminophen and oxycodone, an opioid. There is a several urine drug screen that were appropriate. Documentation does not support the continued ongoing management and use of Percocet. MTUS guidelines require appropriate objective documentation of analgesia, activity of daily living, adverse events and aberrant behavior in chronic use of opioids. There is vague documentation of Percocet being "helpful" but no provided objective documentation of improvement in pain or activity of daily living. While there is urine drug screens being done, there is no documentation of adverse events or aberrant behavior screening or monitoring being done by the treating physician. Use of percocets is not medically necessary and is not medically appropriate.

### **90 Xanax 0.5mg:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Behavioral interventions: Benzodiazepines Page(s):.

**Decision rationale:** Xanax is a benzodiazepine. Primary treating physicians records history of anxiety and insomnia but there no provided documentation as to support reasoning as to why Xanax is being prescribed. As per MTUS chronic pain treatment guidelines it is not recommended. There is a high risk of dependence and tolerance. It may be considered in situations where there is overwhelming symptoms but there is no documentation of these symptoms and number of tabs prescribed does not support intermittent use. It is not recommended for anxiety and can worsen anxiety if used chronically. Anti-depressants and other modalities are more appropriate for anxiety treatment. Xanax is not recommended.

### **60 Flector patches:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Topical Analgesics, Page(s): 111-112..

**Decision rationale:** Flector patch is drug patch containing diclofenac epolamine, a topical non-steroidal anti-inflammatory drug(NSAID). MTUS guidelines comment on topical NSAIDs and specifically topical diclofenac. As per MTUS guidelines, topical analgesics have some evidence of efficacy vs. placebo but data is inconsistent. It is recommended for short term treatment and is only recommended for arthritic pain of the ankle, elbow, hand, knee and wrist or acute sprains or contusions. There is no evidence for its efficacy in spine, shoulder or hip arthritic pain. It is not recommended for neuropathic pain. Review of the Official Disability Guide: Formulary and pain chapter also does not support use of topical NSAIDs for spine or shoulder pain. There is no provided documentation as to whether this patch is being prescribed for elbow or neck pain. There is no evidence to supports its use since the elbow pain is due to tendonitis which is not an indication for use and neck pain is not an indication for use. It is not medically necessary and is not recommended.

**90 Soma 350mg:** Upheld

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

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

**Decision rationale:** Soma or carisoprodol is prescribed as a muscle relaxant. As per MTUS guidelines, it appears to mostly an anxiolytic and has a high risk of abuse. It is not recommended. There is a lack of evidence of efficacy and no documented muscle spasms. As per guidelines, it is not medically recommended.