

<b>Case Number:</b>	CM13-0047580		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	10/12/2001
<b>Decision Date:</b>	03/07/2014	<b>UR Denial Date:</b>	09/30/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/04/2013

### 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 Orthopedic Surgery, has a subspecialty in Spinal Surgery, 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 female with industrial injury 1012/01. Progress report dated 11/14/13 demonstrates neck pain with radiation to the left arm. Normal neurologic examination. Progress report dated 9/3/13 demonstrates pain in cervical spine. Normal neurologic examination noted. The diagnosis of cervical spine pain, degenerative disc disease cervical spine, cervical spondylosis and spinal stenosis were documented. Progress report dated 5/22/13 demonstrates refill of Norco for pain. Normal neurologic examination. Progress report dated 3/26/13 demonstrates normal neurologic examination. Refill given of Norco, Tramadol. MRI (Magnetic resonance imaging) cervical spine 7/25/11 demonstrates mild central stenosis C4-C7.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325 mg #180:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-79.

**Decision rationale:** According to the Chronic Pain Medical Treatment Guidelines, regarding on-going management of opioids, on-Going Management. Actions Should Include: (a) Prescriptions

from a single practitioner taken as directed, and all prescriptions from a single pharmacy. (b) The lowest possible dose should be prescribed to improve pain and function. (c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. 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. The 4 A's for Ongoing Monitoring: Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking 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. (d) Home: To aid in pain and functioning assessment, the patient should be requested to keep a pain diary that includes entries such as pain triggers, and incidence of end-of-dose pain. It should be emphasized that using this diary will help in tailoring the opioid dose. This should not be a requirement for pain management. (e) Use of drug screening or inpatient treatment with issues of abuse, addiction, or poor pain control. (f) Documentation of misuse of medications (doctor-shopping, uncontrolled drug escalation, drug diversion). (g) Continuing review of overall situation with regard to nonopioid means of pain control. (h) Consideration of a consultation with a multidisciplinary pain clinic if doses of opioids are required beyond what is usually required for the condition or pain does not improve on opioids in 3 months. Consider a psych consult if there is evidence of depression, anxiety or irritability. Consider an addiction medicine consult if there is evidence of substance misuse. The use of opioids such as Norco is not medically necessary in this case. The patient has been on receiving chronic opioids based upon the records reviewed. Based upon the guidelines stated above, there is insufficient evidence in the records to support continued use of opioids.

**Tramadol 50 mg #180:** 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): 93-94.

**Decision rationale:** Per the Chronic Pain Medical Treatment Guidelines Tramadol "is a synthetic opioid affecting the central nervous system. Tramadol is not classified as a controlled substance by the DEA (Drug Enforcement Administration). Side Effects included: dizziness, nausea, constipation, headache, somnolence, flushing, pruritus, vomiting, insomnia, dry mouth, and diarrhea. Tramadol may increase the risk of seizure especially in patients taking SSRIs (Selective serotonin re-uptake inhibitors), TCAs (Tricyclic antidepressants) and other opioids. The guidelines recommend: do not prescribe to patients that at risk for suicide or addiction. Tramadol may produce life-threatening serotonin syndrome, in particular when used

concomitantly with SSRIs, SNRIs (Serotonin-norepinephrine reuptake inhibitors), TCAs, and MAOIs (Monoamine oxidase inhibitors), and triptans or other drugs that may impair serotonin metabolism. Tramadol is indicated for moderate to severe pain. The immediate release formulation is recommended at a dose of 50 to 100mg PO (by mouth) every 4 to 6 hours (not to exceed 400mg/day). This dose is recommended after titrating patients up from 100mg/day, with dosing being increased every 3 days as tolerated. For patients in need of immediate pain relief, which outweighs the risk of non-tolerability the initial starting dose, may be 50mg to 100mg every 4 to 6 hours (max 400mg/day). Ultram ER®: For patient currently not on immediate release tramadol should be started at a dose of 100mg once daily. The dose should be titrated upwards by 100mg increments if needed (Max dose 300mg/day). For patients currently on immediate release tramadol, calculate the 24-hour dose of IR and initiate a total daily dose of ER rounded to the next lowest 100mg increment (Max dose 300mg/day). Tramadol is considered a second line agent when first line agents such as NSAIDs (Nonsteroidal anti-inflammatory drugs) fail. In this case, there is insufficient evidence to warrant continued chronic use of Tramadol as there is no documentation of functional improvement; therefore the request is noncertified.

**Lidoderm patch 5% #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 56-57, 111-112.

**Decision rationale:** According to the CA MTUS regarding topical lidocaine, "Neuropathic pain Recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI (Serotonin-norepinephrine reuptake inhibitors) anti-depressants or an AED (antiepileptic drugs) such as gabapentin or Lyrica). Topical lidocaine, in the formulation of a dermal patch (Lidoderm®) has been designated for orphan status by the FDA (Food and Drug Administration) for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. Non-dermal patch formulations are generally indicated as local anesthetics and anti-pruritics. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. Formulations that do not involve a dermal-patch system are generally indicated as local anesthetics and anti-pruritics. In February 2007, the FDA notified consumers and healthcare professionals of the potential hazards of the use of topical lidocaine. Those at particular risk were individuals that applied large amounts of this substance over large areas, left the products on for long periods of time, or used the agent with occlusive dressings. Systemic exposure was highly variable among patients. Lidoderm® is the brand name for a lidocaine patch produced by ██████████. Topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. Formulations that do not

involve a dermal-patch system are generally indicated as local anesthetics and anti-pruritics. " In this patient, there is no evidence of failure of first line medications such as gabapentin or Lyrica. Therefore, the request is not medically necessary and non-certified

**H-Wave:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 117-118.

**Decision rationale:** Per the CA/MTUS Chronic Medical Treatment Guidelines, Hertz wave (H-wave) stimulation is a type of electrotherapy. Proponents believe it penetrates more deeply with lower amplitude currents than other forms of electrotherapy. As with other forms of electrotherapy, theory holds that these electrical currents stimulate healing. A common belief is that these therapies, when of sufficient magnitude to be perceived, result in distraction from the painful site through the provision of other stimuli. While other modalities have been shown to be effective in the treatment of chronic LBP(low back pain) or other chronic pain conditions. H-wave stimulation is more costly than self-administered electrical stimulation modalities or other modalities. It is not invasive and has little potential for adverse effects, but is moderately costly. The CA MTUS indicate that H wave therapy is "not recommended as an isolate intervention, but a one month home base trail of H wave stimulation may be considered as a noninvasive option for diabetic neuropathic pain, or chronic soft tissue inflammation if used as an adjunct to a program of evidence-based functional restoration, and only following failure of initially recommended conservative care, including recommended physical therapy and medications, plus transcutaneous electrical nerve stimulation (TENS). In this case, there is insufficient evidence of functional improvement with treatment of H-wave to warrant continued use. Therefore, the request is not medically necessary and is non-certified.

**X-ray of cervical spine:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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

**Decision rationale:** The CA MTUS/ACOEM is silent on the specific issue of X-ray cervical spine. According to the Official Disability Guidelines (ODG), the indications for x-rays of the cervical spine include the following: a) A history of direct trauma, blow to the head, any significant whiplash type injury, or any significant fall. These patients should have an x-ray of the cervical spine. Patients with fractures of the cervical spine should be referred to a spinal surgeon. b) Whiplash with any evidence of neurologic deficit or persistent pain. c) Chronic, slow onset of pain, especially if it is increasing or night pain. d) A history of systemic disease such as cancer, long-term steroid therapy, or alcohol abuse. e) Patients over 50 years of age with

any question of etiology of symptoms. f) Patients with significant stiffness of the cervical spine. g) Lateral flexion and extension views may demonstrate instability of the spine and indicate the need for consultation even in the absence of a fracture. (fingertip test), muscle atrophy (calf measurement), local areas of tenderness, visual pain analog. Based upon the records reviewed, the patient does not meet any criteria above to warrant cervical spine radiographs. Therefore, the request for x-ray cervical spine is not medically necessary and not certified.

**MRI of cervical spine:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back

**Decision rationale:** Regarding special studies (MRI (Magnetic resonance imaging)), the CA MTUS indicate that "for most patients presenting with true neck or upper back problems, special studies are not needed unless a three- or four-week period of conservative care and observation fails to improve symptoms. Most patients improve quickly, provided any red-flag conditions are ruled out. The criteria for ordering imaging studies are: emergence of a red flag, physiologic evidence of tissue insult or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery, and clarification of the anatomy prior to an invasive procedure." According to the Official Disability Guidelines (ODG), indications for MRI of the cervical spine include the following: any suggestion of abnormal neurologic findings below the level of injury, progressive neurologic deficit, persistent unremitting pain with or without positive neurologic findings, previous herniated intervertebral disk within the last two years and radicular pain with positive neurologic findings, patients with significant neurologic findings and failure to respond to conservative therapy despite compliance with the therapeutic regimen. In this case, the patient does not meet any of the above criteria for an MRI of the cervical spine. The patient has a normal neurologic examination and no red flags to warrant advanced imaging. Therefore, the determination is for non-certification as not medically necessary.

**Referral to neurosurgeon:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179.

**Decision rationale:** According to the CA MTUS/ACOEM guidelines, surgical considerations are indicated "Within the first three months of onset of potentially work-related acute neck and upper back symptoms, consider surgery only if the following are detected: severe spinovertebral pathology, severe, debilitating symptoms with physiologic evidence of specific nerve root or spinal cord dysfunction corroborated on appropriate imaging studies that did not respond to

conservative therapy." The patient meets none of the above criteria for surgical considerations. Therefore, the determination for a referral to a neurosurgeon is not medically necessary and non-certified.