

<b>Case Number:</b>	CM13-0049199		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	02/05/2007
<b>Decision Date:</b>	06/26/2014	<b>UR Denial Date:</b>	10/14/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/07/2013

### 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 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 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 has submitted a claim for brachial neuritis or radiculitis, and other specified disorders of bursae and tendons in shoulder region associated with an industrial injury date of February 5, 2007. Treatment to date has included cervical epidural steroid injection and pain medications. Medical records from 2012 to 2013 showed that the patient has been complaining of neck pain, right arm pain grade 7/10 accompanied by numbness of extremities, worse on the right. Upon physical examination there was cervical tenderness with mild to moderate decrease in range of motion upon rotation and extension. Spurling's maneuver was positive on the right. Plain films on 01/18/2012 showed solid fusion at C6-C7 with degenerative disc disease at 5-6 foraminal stenosis at that level and a 1mm flexion/2mm extension motion at 5-6 level. The official report of this imaging was not included in the medical records submitted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PRESCRIPTION OF KADIAN 200MG, #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-97.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. §§9792.20 - 9792.26 Page(s): 56; 78.

**Decision rationale:** CA MTUS Chronic Pain Medical Treatment Guidelines page 56 describes Kadian (Morphine) as an opioid agonist. Page 78 states that 4A's should be monitored for ongoing opioid use: pain relief, side effects, physical psychosocial functioning and aberrant drug related behaviors. In this case, the patient has been using opioids since the earliest record available in 2012 in the form of Norco and Nucynta. On the other hand, Kadian was started on 10/25/2013. Despite prolonged use of opioids, there were no records available to show that it has given significant pain relief and/or has contributed to functional improvement. Furthermore, there was no available discussion regarding the need for additional opioid in this case. Therefore, the request for Kadian 200mg #60 is not medically necessary.

**PRESCRIPTION OF NORCO 10/325MG, #240:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-97.

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

**Decision rationale:** CA MTUS Chronic Pain Medical Treatment Guidelines page 78 states that 4A's should be monitored for ongoing opioid use: pain relief, side effects, physical psychosocial functioning and aberrant drug related behaviors. In this case the patient has been using Norco since the earliest record available in 2012. Despite its prolonged use, there were no records available to show that it has given significant pain relief and/or has contributed to functional improvement. Therefore, the request for Norco 10/325mg #240 is not medically necessary.

**X-RAY (UNSPECIFIED BODY PART):** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: AMERICAN COLLEGE OF OCCUPATIONAL AND ENVIRONMENTAL MEDICINE, CHAPTER 5: CORNERSTONES OF DISABILITY PREVENTION AND MANAGEMENT, 63

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-180. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back Section, Radiography

**Decision rationale:** CA MTUS ACOEM guidelines support imaging studies with red flag conditions, physiologic evidence of tissue insult or neurologic dysfunction; failure to progress in a strengthening program; clarification of anatomy prior to an invasive procedure or definitive neurologic findings on physical examination, electrodiagnostic study, laboratory test or bone scan. In addition, ODG Neck and Upper Back section states that radiography (X-ray) is not recommended except for cervical spine trauma and chronic neck pain. Initial studies may be warranted only when potentially serious underlying conditions are suspected like fracture or neurologic deficits. In this case, patient has been complaining of persistent neck pain radiating to both upper extremities. However, the purpose of this request is not documented and there is

no specific body part mentioned for the procedure. Therefore, the request for X-ray (unspecified body part) is not medically necessary.

**PRESCRIPTION OF XANAX 0.5MG, #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

**Decision rationale:** CA MTUS Chronic Pain Medical Treatment Guidelines state that benzodiazepines are not recommended for long term use because long term efficacy is unproven. The guideline limits its use to 4 weeks. In this case, Xanax 0.5mg has been prescribed since September 2013 which exceeds the guideline recommendation of short-term use. Recent clinical evaluation does not indicate relief of symptoms or functional improvement. Therefore, the use of Xanax 0.5mg, #60 is not medically necessary.