MAXIMUS Federal Services

Case Number:	CM13-0061484		
Date Assigned:	02/24/2014	Date of Injury:	03/27/2010
Decision Date:	07/14/2014	UR Denial Date:	11/22/2013
Priority:	Standard	Application Received:	12/05/2013

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 Internal Medicine and is licensed to practice in New York. 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 44 year old male who was injured on 03/27/2010 while standing on a forklift pushing a pipe on a rack he fell flat on his back injuring his left shoulder. His diagnoses are left upper extremity complex regional pain syndrome, cervical spine stenosis, s/p cervical fusion, cervical radiculitis, and left wrist and hand pain. The patients prior treatment history has included the patient undergoing anterior C4, C7 decompression, discectomy and fusion on 04/24/2013. Current medications include Norco, Lyrica, and Tizanidine. The diagnostic studies reviewed include an MRI of the cervical spine dated 03/06/2013 with the following impression: 1) Straightening of normal cervical lordosis with superimposed degenerative changes resulting in mild canal stenosis with no cord compression, moderate to severe left and moderate right sided foraminal stenosis at C6-7. 2) There is mild canal stenosis with no cord compression, moderate to severe right and moderate left sided foraminal stenosis at C5 and to a lesser extent C4-5. 3) There is mild canal stenosis with no cord compression and mild to moderate bilateral foraminal stenosis at C3-4. 4) There is facet hypertrophy, especially on the right side at C4. 5) Otherwise, negative MRI scans of the cervical spine. X-ray of the cervical spine dated 04/24/2013 revealed anterior fusion. Drug screen test dated 07/25/2013 was positive for the detection of acetaminophen and Hydrocodone. A progress note dated 11/04/2013 documented the patient to have complaints of starting to feel some of his previous pain. He is seven months post cervical spine surgery. The bilateral arm pain has significantly improved as a result of the surgery and he says now the intensity of the pain in the arms is 5-6/10. He says the intensity of his neck and upper back pain has not changed much as a result of the surgery and is still at a level of 6-7/10. He has not yet been cleared for physical therapy. He says the medication regimen is allowing him to function at a high level. He denies any side effects or complications from his medication regimen. His ability to sit is 10-15 minutes, whereas without medications he cannot sit for more

than 3 minutes. The patient says his ability to walk with medications is 30-60 minutes, but without medications he cannot walk more than 10 minutes. His ability to sleep without medications is 2 hours maximum, while with medications he can sleep 4 hours. Objective findings on exam included pain and discomfort of the neck and upper back. The patient had a limited range of motion of the cervical spine, as well as tenderness to palpation of bilateral posterior neck and upper trapezius muscles and has mention stiffness to palpation of bilateral posterior neck and upper trapezius muscles. The treating provider has requested Norco 10/325mg # 120 with 2 refills, Lyrica 150mg # 60 with 2 refills, and Zanaflex 2 mg #60 with 2 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 10/325 #120 WITH 2 REFILLS.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : CHRONIC PAIN MEDICAL TREATMENT GUIDLINES, OPIOIDS, Page(s): 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: According to CA MTUS, Hydrocodone/Acetaminophen (Anexsia, Co-Gesic, Hycet; Lorcet, Lortab; Margesic-H, Maxidone; Norco, Stagesic, Vicodin, Xodol, Zydone; generics available) is indicated for moderate to moderately severe pain. It is classified as a short-acting opioids, which are seen as an effective method in controlling chronic pain. They are often used for intermittent or breakthrough pain. These agents are often combined with other analgesics such as acetaminophen and aspirin. Guidelines indicate "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 non-adherent) 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 patient was several months status post cervical spine surgery. It is not documented that opioid medication has provided clinically significant benefit. There is no documentation of use of non-opioid analgesics and non-pharmacologic measures for pain control. Chronic use of opioids is not generally supported by the medical literature. Opioids are considered a second-line treatment for several reasons: (1) head-to-head comparisons have found that opioids produce more side effects than TCAs and gabapentin; (2) long-term safety has not been systematically studied; (3) long term use may result in immunological and endocrine problems (including hypogonadism); (4) treatment may be associated with hyperalgesia; & (5) opioid use is associated with misuse/abuse. The medical necessity of Norco has not been established. The requested Norco is not medically necessary.

LYRICA 150MG #60 WITH 2 REFILLS.: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : CHRONIC PAIN MEDICAL TREATMENT GUIDLINES, SPECIFIC ANTI-EPILEPSY DRUGS Page(s): 19-20.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pregabalin (Lyrica) Page(s): 99.

Decision rationale: The documentation indicates that the claimant has complex regional pain syndrome of the left upper extremity and radiculitis. The medication is part of his medical regimen and per California MTUS Guidelines 2009 antiepilepsy medicaitons are a first line treatment for neuropathic pain. Lyrica is FDA approved for diabetic neuropathy and post-herpetic neuralgia and has been used effectively for the treatment of neuropathic pain and pain related to the complex regional pain syndrome. The patient has reported a reduction in his pain with the medical therapy which would be defined as a 50% reduction which would represent a "good " response. Medical necessity has been documented and the requested treatment is medically necesssary for treatment of the patient's chronic pain condition.

ZANAFLEX 2MG #60 WITH 2 REFILL: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidlines, Antispasticity/Antispasmodic Drugs Page(s): 66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-64.

Decision rationale: The CA MTUS recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP is recommended for a short course of therapy Zanaflexis FDA approved for management of spasticity; unlabeled use for low back pain. Objective findings on exam included pain and discomfort of the neck and upper back, limited range of motion of the neck, and tenderness to palpation of bilateral posterior neck and upper trapezius. The medical records do not establish muscle spasms present on current examination, and do not establish the patient presented with an acute exacerbation. The request for 3 months supply is inconsistent with guidelines recommendation of use as a short course of therapy only. The medical necessity of Zanaflex is not established. The requested medication is not medically necessary.