

<b>Case Number:</b>	CM13-0062706		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	12/02/2002
<b>Decision Date:</b>	04/11/2014	<b>UR Denial Date:</b>	11/25/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/09/2013

### 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 Physical Medicine and Rehabilitation, 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 is a 68-year-old female who was injured on 12/02/2002, which resulted in chronic neck pain and back pain. The mechanism of injury is unknown. The prior treatment history has included cervical epidural steroid injection, and lumbar epidural steroid injection. The medications included: Tramadol/APAP 37.5/325 mg one tablet by mouth every four to six (4-6) hours, as needed for pain, Celebrex 200 mg one tablet by mouth every day, Tizanidine 4 mg one tablet by mouth every twelve (12) hours, as needed for spasm, omeprazole 20 mg one tablet by mouth every day, and Voltaren gel 1% apply up to four (4) times per day to area of pain. The diagnostic studies reviewed include a normal nerve conduction study (NCS) and electromyography (EMG) on 11/20/2006. There was no electrodiagnostic evidence of median nerve neuropathy, ulnar nerve neuropathy, radial nerve neuropathy, acute cervical radiculopathy, or cervical plexopathy. On 07/13/2007, an x-ray of the cervical spine showed posterior subluxation of C6 on C7, with significant narrowing between C6 and C7. There is actual kissing of the posterior body of C6 and the superior body of C7. The x-rays of the left shoulder showed no fracture or dislocation. An x-ray of the left shoulder showed type II Acromion. An x-ray of both hands showed no fracture or dislocation. An x-ray of the lumbar spine shows no fracture. An MRI of the cervical spine dated 10/05/2007 shows: 1) four (4) mm broad based posterior disc protrusion at C5-6, with moderate compression of the interior thecal sac but no central stenosis; and 2) Disc degeneration at C6-7, without posterior disc protrusion, associated with one to two (1-2) mm retrolisthesis of C6 on C7. The EMG/NCS on 11/01/2007 was a normal study. A urine toxicology report, dated 08/02/2013 was reported as negative. There was no urine analysis document to review. A progress note dated 04/12/2013 documented the patient to have complaints of neck pain, low back pain, and bilateral lower extremity pain. The current pain medications are Tramadol/APAP (37.5/325), one tablet by mouth every four to six (4-6) hours,

as needed for pain, Celebrex 200 mg one tablet by mouth every day, Tizanidine 4 mg one tablet by mouth every twelve (12) hours, as needed for spasm, omeprazole 20 mg one (1) tablet by mouth every day, and Voltaren gel 1% to apply up to four (4) times a day to area of pain. A progress note dated 08/23/2013 documented that the patient stated that the medications are helping with her pain. The patient denies side effects with the medications. The current pain medications are: Tramadol/APAP (37.5/325), one tablet every four to six (4-6) hours, as needed for pain, Celebrex 200 mg one tablet by mouth every day, Tizanidine 4 mg one by mouth every twelve (12) hours, as needed for spasm, omeprazole 20 mg one (1) tablet by mouth every day, and Voltaren gel 1% to apply up to four (4) times a day to area of pain. A progress note dated 09/20/2013 documented the patient with complaints of neck pain, low back pain and bilateral lower extremity pain. The objective findings on the physical exam showed neck supple and no jugular vein distention (JVD). There was normal alignment of the cervical, thoracic and lumbar spine, with no apparent superficial lesions. Gait and heel and toe ambulation demonstrated antalgic gait. There was moderate tenderness on palpation of the cervical spine. There was moderate tenderness in the middle of the lumbar spine. The patient's range of motion is essentially unchanged since her last visit, and is as approximately follows: Cervical: Flexion 60 degrees, extension 30 degrees, left lateral flexion 10 degrees, right lateral flexion 10 degrees, left lateral rotation 45 degrees, right lateral rotation 45 degrees. The neurological examination revealed sensory of upper extremities on the left and right normal sensation to light touch. The diagnoses included: 1) Degenerative disc disease, cervical; and 2) Degenerative disc

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**ULTRACET 37.5/325MG #120:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, long-term assessment and the Essentials of Pain Medicine and Regional Anesthesia, 2nd E.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines indicate that one of the criteria for use of opioids include, "(d) Document pain and functional improvement and compare 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." The guidelines also note that opioids may be efficacious for short-term use, but the efficacy of long-term use is limited. The medical records indicate that despite the minimal objective examination findings, the patient has been continued on several medications concurrently, which is not generally supported by the guidelines. The records do not document any objective functional improvement as result of continued use of this medication. As per the referenced guidelines, continued use of this medication is not recommended in absence of clinically relevant improvement, such as decreased pain, increased

function, and improved quality of life. In the absence of such findings, the medical necessity of Ultracet 37.5/325mg #120 is not established.

**OMEPRAZOLE 20MG #30: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Proton Pump Inhibitors.

**Decision rationale:** The Chronic Pain Guidelines indicate that a proton pump inhibitor should be recommended for patients at risk for gastrointestinal events. According to the medical records provided, the patient denies any side effects with medications. She does not report any gastrointestinal issues nor present with history of gastroesophageal reflux disease (GERD). The medical records do not indicate that the claimant presents with factors that would indicate she requires use of a proton pump inhibitor. The medical necessity of Omeprazole 20mg #30 has not been established.

**TIZANIDINE 4MG #60: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Treatments and the Essentials of Pain Medicine and Regional Anesthesia, 2.

**Decision rationale:** The Chronic Pain Guidelines indicate that Tizanidine is a muscle relaxant that is FDA approved for the management of spasticity; and an unlabeled use for low back pain. The medical records do not establish subjective and objective examination findings that establish that the patient has spasticity. Consequently, the medical necessity of continued use of this medication has not been established.

**VOLTAREN GEL 1%, #5 TUBES: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

**Decision rationale:** The Chronic Pain Guidelines indicate that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. The guidelines further state that there is little evidence to utilize topical non-steroidal anti-inflammatory drugs (NSAIDs) for the treatment of osteoarthritis of the spine. Studies indicate

that in treatment of osteoarthritic pain, topical NSAIDs have not been shown to be effective after the first two (2) week of use. Voltaren Gel 1% (diclofenac) is indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). This topical analgesic is not indicated for treatment of the joints of the spine. Furthermore, the medical records do not establish failure of the patient to respond to standard oral medications. Continued use of this topical medication is not supported. The medical necessity of Voltaren Gel 1% - 5 tubes has not been established.