

<b>Case Number:</b>	CM13-0063143		
<b>Date Assigned:</b>	05/07/2014	<b>Date of Injury:</b>	06/13/2002
<b>Decision Date:</b>	07/30/2014	<b>UR Denial Date:</b>	11/01/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/10/2013

### 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 Neurology, has a subspecialty in Neuromuscular 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:

██████████ is a 53 year old woman who sustained a work related injury on June 13, 2002. Subsequently, she developed chronic neck and back pain, bilateral shoulder pain and myofascial pain. He underwent cervical surgery without success. According to the note dated on October 14, 2013 the patient physical examination demonstrated cervical and lumbar tenderness with reduced range of motion. The patient electrodiagnostic study performed on May 21, 2013 was negative for radiculopathy. The provider requested authorization for the medications listed below.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Six months' supply of Duragesic transdermal patch 50 mg #15: 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 Duragesic (fentanyl transdermal system) Page(s): 68.

**Decision rationale:** Duragesic (fentanyl transdermal system). Not recommended as a first-line therapy. Duragesic is the trade name of a fentanyl transdermal therapeutic system, which releases fentanyl, a potent opioid, slowly through the skin. It is manufactured by ██████████ and

marketed by [REDACTED] (both subsidiaries of [REDACTED]). The FDA-approved product labeling states that Duragesic is indicated in the management of chronic pain in patients who require continuous opioid analgesia for pain that cannot be managed by other means. The patient continued to have pain despite the previous use of Fentanyl and other opioids. There is no justification for continuous use of Fentanyl and weaning is recommended. Therefore the request of six months' supply of Duragesic transdermal patch 50 mg #15 is not medically necessary and appropriate.

**Six months' supply of Wellburtrin SR 150 mg #60: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Bupropion Page(s): 16.

**Decision rationale:** According to MTUS guidelines, Wellbutrin (Bupropion) showed some efficacy in the treatment of neuropathic pain. However there is no evidence of its effectiveness in chronic neck and back pain. Based on the above, the prescription of six months' supply of Wellburtrin SR 150 mg #60 is not medically necessary and appropriate.

**Six months' supply of Norco 10/325 #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-97.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 179.

**Decision rationale:** According to MTUS guidelines, Norco (Hydrocodone/Acetaminophen) is a synthetic opioid indicated for the pain management but not recommended as a first line oral analgesic. In addition and according to MTUS guidelines, ongoing use of opioids should follow specific rules:(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 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 monitoring of these outcomes over time should

affect therapeutic decisions and provide a framework>There is no clear evidence of objective and recent functional and pain improvement with previous use of opioids (Norco). There no clear documentation of the efficacy/safety of previous use of Norco. There is no recent evidence of objective monitoring of compliance of the patient with his medications. There is no clear justification for the need to continue the use of Norco. There is no rational for 6 months refill of Norco. Therefore, the prescription of six months' supply of Norco 10/325 #60 is not medically necessary and appropriate.

**Six months' supply of Gabapentin 100 mg #150: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Specific Anti- Epilepsy Drugs, Gabapentin.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin Page(s): 49.

**Decision rationale:** According to MTUS guidelines, Gabapentin is an anti-epilepsy drug (AEDs - also referred to as anti-convulsants), which has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. The patient sustained a neuropathic pain that could be treated by Gabapentin combined to his current medications. However there is no clear justification for a 6 month refill of the current dosage and frequency. Therefore, the prescription of Six months' supply of Gabapentin 100 mg #150 is not medically necessary and appropriate.

**Skelaxin 800 mg #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (For Pain).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

**Decision rationale:** According to MTUS guidelines, Skelaxin a non-sedating muscle relaxants is recommended with caution as a second line option for short term treatment of acute exacerbations in patients with chronic spasm and pain. Efficacy appears to diminish over time and prolonged use may cause dependence. The patient in this case does not have clear recent evidence of spasm and the prolonged use of Skelaxin is not justified. The request of Skelaxin 800mg, #60 is not medically necessary.

**Ambien 10 mg #30: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Guidelines web 2012, Pain, Insomnia treatment.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Non-Benzodiazepine sedative-hypnotics (Benzodiazepine-receptor agonists (<http://worklossdatainstitute.verioiponly.com/odgtwc/pain.htm>)).

**Decision rationale:** Ambien is a nonbenzodiazepine hypnotic agent that is a pyrrolopyrazine derivative of the cyclopyrrolone class. According to MTUS guidelines, tricyclic antidepressants are recommended as a first line option in neuropathic pain, especially if pain is accompanied by insomnia, anxiety or depression. According to ODG guidelines, Non-Benzodiazepine sedative-hypnotics (Benzodiazepine-receptor agonists) are first-line medications for insomnia. This class of medications includes Zolpidem (Ambien and Ambien CR), Zaleplon (Sonata), and Eszopicolone (Lunesta). Benzodiazepine-receptor agonists work by selectively binding to type-1 benzodiazepine receptors in the CNS. All of the benzodiazepine-receptor agonists are schedule IV (Intra-Venous) controlled substances, which mean that, they have potential for abuse and dependency. Ambien could be used as an option to treat insomnia, however it should not be used for a long-term without periodic evaluation of its need. There is clear documentation that the patient suffered from insomnia. Furthermore, there is no documentation of the use of non-pharmacologic treatment for the patient sleep issue if there is any. Therefore, the prescription of Ambien 10mg #30 is not medically necessary.

**Fiorinal #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Barbiturate containing analgesic agents (BCAs), Fiorinal and Opioids.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.drugs.com/fiorinal.html>.

**Decision rationale:** Fiorinal is a combination of Caffeine, Barbiturate and Aspirin. It is used for the treatment of headaches. It is not indicated for long term use for chronic back, neck and musculoskeletal pain syndrome because of risk of addiction. Therefore, the request for the use of Fiorinal #120 is not medically necessary.

**Cervical epidural steroid injection at the right side C3-C5, C5-C6 and C6-C7:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173,309.

**Decision rationale:** According to MTUS guidelines, cervical epidural corticosteroid injections are of uncertain benefit and should be reserved for patients who otherwise would undergo open surgical procedures for nerve root compromise. Epidural steroid injection is optional for radicular pain to avoid surgery. It may offer short term benefit; however there is no significant long term benefit or reduction for the need of surgery. Furthermore, the patient file does not

document that the patient is candidate for surgery. In addition, there is no clinical and objective documentation of radiculopathy. MTUS guidelines do not recommend epidural injections without radiculopathy (page 309). Therefore, the request for cervical epidural steroid injection at the right side C3-C5, C5-C6 and C6-C7 is not medically necessary and appropriate.

**Pain management follow-up for six months: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, Chapter 7, page 127.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 171, Chronic Pain Treatment Guidelines Chronic pain programs, early intervention; Page(s): 32-33.

**Decision rationale:** According to MTUS guidelines, the presence of red flags may indicate the need for specialty consultation. In addition, the requesting physician should provide a documentation supporting the medical necessity for a pain management evaluation with a specialist. The documentation should include the reasons, the specific goals and end point for using the expertise of a specialist. In the chronic pain programs, early intervention section of MTUS guidelines stated: "Recommendations for identification of patients that may benefit from early intervention via a multidisciplinary approach :( a) the patient's response to treatment falls outside of the established norms for their specific diagnosis without a physical explanation to explain symptom severity. (b) The patient exhibits excessive pain behavior and/or complaints compared to that expected from the diagnosis. (c) There is a previous medical history of delayed recovery. (d) The patient is not a candidate where surgery or other treatments would clearly be warranted. (e) Inadequate employer support. (f) Loss of employment for greater than 4 weeks. The most discernible indication of at risk status is lost time from work of 4 to 6 weeks. (Mayer 2003) ." There is documentation of an active lumbar or cervical issue. There are no red flags or justification for a pain management follow up consultations for 6 months. Therefore, the request for Pain management follow-up for six months is not medically necessary and appropriate

**Twelve sessions of acupuncture to the cervical spine: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**Decision rationale:** According to MTUS guidelines, "Acupuncture is used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. It is the insertion and removal of filiform needles to stimulate acupoints (acupuncture points). Needles may be inserted, manipulated, and retained for a period of time. Acupuncture can be used to reduce pain, reduce inflammation, increase blood flow, increase range of motion, decrease the side effect of medication-induced nausea, promote relaxation in an anxious patient, and reduce muscle spasm." Furthermore and according to MTUS guidelines, "Acupuncture with electrical

stimulation is the use of electrical current (microamperage or milli-amperage) on the needles at the acupuncture site. It is used to increase effectiveness of the needles by continuous stimulation of the acupoint. Physiological effects (depending on location and settings) can include endorphin release for pain relief, reduction of inflammation, increased blood circulation, analgesia through interruption of pain stimulus, and muscle relaxation. It is indicated to treat chronic pain conditions, radiating pain along a nerve pathway, muscle spasm, inflammation, scar tissue pain, and pain located in multiple sites.” The patient developed chronic neck pain and musculoskeletal disorders. She is a candidate for treatment with acupuncture. However the frequency of the treatment should be reduced from 12 to 6 or less sessions. More sessions will be considered when functional and objective improvement is documented. As such, the request for twelve sessions of acupuncture to the cervical spine is not medically necessary and appropriate.