

<b>Case Number:</b>	CM13-0066203		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	01/31/2003
<b>Decision Date:</b>	06/04/2014	<b>UR Denial Date:</b>	12/02/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/16/2013

### 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 Management 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 filed a claim for persistent headache, and neck and right shoulder pain symptoms radiating to the right upper extremity associated with an industrial injury of January 31, 2003. The patient has had multiple surgeries to the right shoulder in 2007 and 2008. As per progress note dated December 11, 2013, patient is receiving chiropractic therapy with improvement of symptoms. Other treatments to date include 24 sessions of physical therapy, analgesics, muscle relaxants, gabapentin, TENS, and hot and cold modalities. MRI of the neck obtained in 2009 showed partial rotator cuff tear, while MRI in 2007 showed some degenerative changes of the shoulder. Nerve studies performed in 2008 were normal. The condition has been deemed permanent and stationary in 2005; patient last worked in 2003. Review of progress notes indicates that the patient has been having sleep problems and depressive symptoms due to pain and functional limitation. In a utilization review report of December 02, 2013, the claims administrator authorized requests for Tylenol, Naproxen, and Neurontin, partially certified the request for Protonix, and denied requests for Zanaflex, Fioricet, Flexeril, liver function testing, kidney function testing, and chiropractic visits.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **THE REQUEST FOR PROTONIX 20MG TABLETS #60: Overturned**

**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 chapter, Proton Pump Inhibitors (PPSs).

**Decision rationale:** CA MTUS state that patients at intermediate risk for gastrointestinal events and no cardiovascular disease: should utilize either a PPI (Proton Pump Inhibitor) or a Cox-2 selective agent when on non-selective NSAIDs. In addition, as per ODG guidelines, proton pump inhibitors are recommended for patients at risk for gastrointestinal events. In addition, a trial of Omeprazole or Lansoprazole is recommended before Pantoprazole (Protonix) therapy, as Pantoprazole (Protonix) is considered second-line therapy. In this case, the patient has been taking proton pump inhibitors such as Prilosec and Protonix since 2012 for gastric side effects of other medications at a more frequent dosing regimen. Patient still reports similar symptoms and is still taking NSAIDs, so continuing Protonix at a dose of 20mg twice a day is an acceptable dosing regimen. Therefore, the request for Protonix 20mg #60 is medically necessary and appropriate.

**THE REQUEST FOR ZANAFLEX 4MG TABLETS #60:** Upheld

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

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

**Decision rationale:** As noted on page 63 of Chronic Pain Medical Treatment Guidelines, non-sedating muscle relaxants are recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP, however, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. In this case, progress notes from 2012 show use of this medication with reported side effect of drowsiness and persistence of muscle tightness and spasms. Also, patient is already on NSAID therapy. Long-term use of this medication is not recommended due to diminishing efficacy and risk of dependence. It is also noted that the patient was prescribed Zanaflex and Flexeril, and there is no discussion as to why two muscle relaxants would be required concurrently. Therefore, the request for Zanaflex 4mg #60 is not medically necessary and appropriate.

**THE REQUEST FOR FIORICET 5MG/325/40MG TABLETS #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 23.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 23. Decision based on Non-MTUS Citation The FDA states that Fiorinal is indicated for the relief of the symptom complex of tension (or muscle contraction) headache. Evidence supporting the efficacy and safety of Fiorinal in the treatment of multiple recurrent headaches is unavailable.

Caution in this regard is required because butalbital is habit-forming and potentially abusable. (<http://www.drugs.com/pro/fiorinal.html>).

**Decision rationale:** As per page 23 of Chronic Pain Medical Treatment Guidelines, barbiturate-containing analgesics are not recommended for chronic pain, with high potential for drug dependence and no evidence to show a clinically important enhancement of analgesic efficacy of BCAs due to the barbiturate constituents. The FDA states that Fiorinal is indicated for the relief of the symptom complex of tension (or muscle contraction) headache. This patient has been taking Fioricet twice a day since December 2012 for headaches. However, the safety profile of this medication makes it a poor option for this patient, considering that the patient is also taking a number of other pain medications. Therefore, the request for Fioricet 5/325/40mg #60 is not medically necessary and appropriate.

#### **THE REQUEST FOR FLEXERIL 7.5.MG TABLES #60: Upheld**

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

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

**Decision rationale:** As noted on page 63 of Chronic Pain Medical Treatment Guidelines, non-sedating muscle relaxants are recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP, however, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. This patient has been taking Flexeril twice a day as per progress notes since 2012. However, patient is currently also on NSAIDs and long-term use of this medication is not recommended. It is also noted that the patient was prescribed Zanaflex and Flexeril, and there is no discussion as to why two muscle relaxants would be required concurrently. Therefore, the request for Flexeril 7.5mg #60 is not medically necessary and appropriate.

#### **THE REQUEST FOR LIVER FUNCTION TESTING: Overturned**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Acetaminophen, NSAID adverse effects, muscle relaxants Page(s): 12,70,65. Decision based on Non-MTUS Citation <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1490088/>.

**Decision rationale:** CA MTUS states that Acetaminophen overdose is a well-known cause of acute liver failure. Hepatotoxicity from therapeutic doses is unusual. CA MTUS states that package inserts for NSAIDs recommend periodic lab monitoring of a CBC and chemistry profile (including liver and renal function tests). There has been a recommendation to measure liver transaminases within 4 to 8 weeks after starting therapy, but the interval of repeating lab tests after this treatment duration has not been established. Routine blood pressure monitoring is

recommended. CA MTUS also states that somnolence, dizziness, dry mouth, hypotension, weakness, hepatotoxicity can occur with muscle relaxants and LFTs should be monitored baseline, 1, 3, and 6 months. In this case, this patient is on long-term treatment with multiple medications that may affect the liver, such as Tylenol, muscle relaxants, and NSAIDs. Assessing the liver function is appropriate to monitor any adverse effects that may warrant a change in medication regimen, especially given the patients multi-drug regimen. Therefore, the request for liver function test is medically necessary and appropriate.

**THE REQUEST FOR KIDNEY FUNCTION TESTING: Overturned**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Acetaminophen, NSAID adverse effects, muscle relaxants Page(s): 12,70,65. Decision based on Non-MTUS Citation <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1490088/>.

**Decision rationale:** CA MTUS states that Acetaminophen overdose is a well-known cause of acute liver failure. Hepatotoxicity from therapeutic doses is unusual. CA MTUS states that package inserts for NSAIDs recommend periodic lab monitoring of a CBC and chemistry profile (including liver and renal function tests). There has been a recommendation to measure liver transaminases within 4 to 8 weeks after starting therapy, but the interval of repeating lab tests after this treatment duration has not been established. Routine blood pressure monitoring is recommended. CA MTUS also states that somnolence, dizziness, dry mouth, hypotension, weakness, hepatotoxicity can occur with muscle relaxants and LFTs should be monitored baseline, 1, 3, and 6 months. In this case, this patient is on long-term treatment with multiple medications that may affect the kidney, such as NSAIDs. Assessing the kidney function is appropriate to monitor any adverse effects that may warrant a change in medication regimen, especially given the patients multi-drug regimen. Therefore, the request for liver function test is medically necessary and appropriate.

**THE REQUEST FOR 12 CHIROPRACTIC VISITS: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back Chapter, Manipulation.

**Decision rationale:** CA MTUS Chronic Pain Medical Treatment Guidelines state that manipulation is recommended for chronic pain if caused by musculoskeletal conditions. While provisions for Low Back complaints are made, cervical complaints are not specifically addressed. ODG supports a trial of 6 visits and with evidence of objective functional improvement, up to a total of up to 18 visits. In this case, the patient has had chiropractic therapy but there is no clear documentation of the total number of completed sessions. Review of

progress notes show authorization of 6 sessions on March 2013 and 12 on December 2013. Documentation showed improvement of stiffness, tightness, and range of motion of the neck, but no objective functional benefit was mentioned and patient is still experiencing persistent pain despite these sessions. Therefore, the request for 12 chiropractic visits is not medically necessary and appropriate.