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| <b>Case Number:</b>   | CM14-0004622 |                              |            |
| <b>Date Assigned:</b> | 01/24/2014   | <b>Date of Injury:</b>       | 09/09/2001 |
| <b>Decision Date:</b> | 06/27/2014   | <b>UR Denial Date:</b>       | 12/12/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 01/10/2014 |

### 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 Interventional Spine 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 56 year-old female with a September 9, 2001 industrial injury claim. She has been diagnosed with cervical spondylosis; thoracic/lumbar neuritis; lumbosacral spondylosis; postlaminectomy syndrome; lumbalgia and brachial neuritis. According to the November 21, 2013 pain management report from [REDACTED], the patient presents with neck, low back, and bilateral hand pain. Medications are reported to be helping without adverse side effects. The patient's pain is 7-9/10, it is increased with activity and decreased with medications. The plan was for Lunestra 3mg qhs #30, zanaflex 4mg bid #60; Norco 10/325mg 1-4/day prn, #120; Nucynta ER 150mg bid #60; and methadone 5mg bid #60. On December 12, 2013 Utilization Review recommended denial for Lunestra, Zanaflex, Lidoderm patches, and recommended modification for weaning on Norco, Nucynta and Methadone.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**LUNESTA 3MG #30:** Upheld

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

**Decision rationale:** According to the November 21, 2013 pain management report from [REDACTED], the patient presents with neck, low back, and bilateral hand pain. The Official Disability Guidelines state that Lunesta is indicated for patient with reduced sleep latency and sleep maintenance. The November 21, 2013 report does not discuss any sleep problems. The use of Lunestaa is not in accordance with the Official Disability Guidelines and is therefore not medically necessary.

**ZANAFLEX 4MG #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tizanidine (Zanaflex).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain) Page(s): 66.

**Decision rationale:** According to the November 21, 2013 pain management report from [REDACTED], the patient presents with neck, low back, and bilateral hand pain. According to the California MTUS guidelines, all therapies are focused on the goal of functional restoration rather than merely the elimination of pain and assessment of treatment efficacy is accomplished by reporting functional improvement. There is no discussion of efficacy of Zanaflex (tizanidine). The physician notes the Zanaflex was prescribed for muscle spasms. The physical exam did not identify any muscle spasms and there was no discussion of efficacy for Zanaflex (tizanidine). There is no mention of improved function with use of Zanaflex/tizanidine and the California MTUS does not recommend continuing treatment that does not produce functional benefit. Therefore, the request is not medically necessary.

**TIZANIDINE 4 MG #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain) Page(s): 66.

**Decision rationale:** According to the November 21, 2013 pain management report from [REDACTED], the patient presents with neck, low back, and bilateral hand pain. The October 28, 2013 report states the patient is being weaned off of Methadone, and takes 4 Norco per day and Nucynta. The neck pain radiates to the rhomboid muscles. The physician notes the Zanaflex was prescribed for muscle spasms. According to the California MTUS guidelines, all therapies are focused on the goal of functional restoration rather than merely the elimination of pain and assessment of treatment efficacy is accomplished by reporting functional improvement. The physical exam did not identify any muscle spasms and there was no discussion of efficacy for

Zanaflex (tizanidine). There is no mention of improved function with use of Zanaflex/tizanidine and guidelines do not recommend continuing a treatment that does not produce functional benefit; therefore, the request is not medically necessary.

**LIDODERM PATCHES 5% #60: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pain Outcomes and Endpoints, Lidoderm® (lidocaine patch), Topical Analgesics Page(s): 8-9, 56-57.

**Decision rationale:** According to the November 21, 2013 pain management report from [REDACTED], the patient presents with neck, low back, and bilateral hand pain. According to the California MTUS guidelines, all therapies are focused on the goal of functional restoration rather than merely the elimination of pain and assessment of treatment efficacy is accomplished by reporting functional improvement. There is no discussion of efficacy of Lidoderm patches. The October 28, 2013 report states that the patient has 9/10 pain dropping to 7/10 with medications but does not mention the Lidoderm patch. There is no mention of improved function with use of Lidoderm patches and the guidelines do not recommend continuing a treatment that does not produce functional benefit; therefore, the request is not medically necessary.

**NORCO 10/325 MG #120: Overturned**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Long-term Opioid Page(s): 88-89.

**Decision rationale:** According to the November 21, 2013 pain management report from [REDACTED], the patient presents with neck, low back, and bilateral hand pain. The October 28, 2013 report states the patient is being weaned off of Methadone, and takes 4 Norco per day and Nucynta. The pain goes from 9/10 down to 7/10 with pain medications. According to the California MTUS guidelines, a satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The decreased pain levels with use of Norco, Nucynta and Methadone are a satisfactory response according to the California MTUS definition. Guidelines do not require discontinuing or weaning of pain medications that are providing a satisfactory response; therefore the request is medically necessary.

**NUCYNTA ER 150MG # 60: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG for Pain, Tapentadol (Nucynta)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pain Outcomes and Endpoints Page(s): 8-9.

**Decision rationale:** According to the November 21, 2013 pain management report from [REDACTED], the patient presents with neck, low back, and bilateral hand pain. The October 28, 2013 report states the patient is being weaned off of Methadone, and takes 4 Norco per day and Nucynta. The neck pain radiates to the rhomboid muscles. The pain goes from 9/10 down to 7/10 with pain medications. According to the California MTUS guidelines a satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The decreased pain levels with use of Norco, Nucynta and Methadone are a satisfactory response according to the MTUS definition. Guidelines do not require discontinuing or weaning of pain medications that are providing a satisfactory response. Therefore, the request is medically necessary.

**METHADONE 5MG #60:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Treatments, Opioids, long term assessment Page(s): 11, 88-89.

**Decision rationale:** According to the November 21, 2013 pain management report from [REDACTED], the patient presents with neck, low back, and bilateral hand pain. According to the California MTUS guidelines, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The October 28, 2013 report states the patient is being weaned off of Methadone, and takes 4 Norco per day and Nucynta. The pain goes from 9/10 down to 7/10 with pain medications. The decreased pain levels with use of Norco, Nucynta and Methadone are a satisfactory response according to the California MTUS definition. The California MTUS guidelines do not require discontinuing or weaning of pain medications that are providing a satisfactory response. In this case, the physician has started the weaning process for Methadone. California MTUS guidelines require that the physician tailor the medications to the individual patients. The physician's use of Methadone is in accordance with MTUS guidelines; therefore, the request is medically necessary.