

Case Number:	CM14-0107889		
Date Assigned:	09/24/2014	Date of Injury:	01/11/2007
Decision Date:	10/30/2014	UR Denial Date:	07/01/2014
Priority:	Standard	Application Received:	07/11/2014

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 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 is a 49-year-old female who sustained an industrial injury on 1/11/2007 to the bilateral posterior neck. A prior peer review on 7/1/2014 rendered modification of the requests for Orphenadrine 100mg to allow #20, Neurontin 10mg to allow 1 month supply, Norco 10/325mg to allow #60, and Naproxen 550mg to allow 1 month supply. The request for Protonix, Certizine, and Zofran were non-certified, the medical necessity was not established. A transforaminal cervical ESI at bilateral C6-7 and C7-T1 was administered on 5/12/2014, with temporary benefit reported. According to the 5/20/2014 neurosurgical follow up report, the patient reports having some neck pain, improved compared to prior to surgery. She continues pain regimen with [REDACTED]. Examination demonstrates mild discomfort with palpation of the paraspinal muscles and normal gait. Radiographs of the cervical spine reveal fusion with instrumentation in place at C3-T1. Diagnosis is status post cervical fusion. She is to increase activities as tolerated, continue pain management regimen, and return on as-needed basis. According to the 7/15/2014 neurosurgical follow up report, the patient complains of neck popping and headaches. She takes significant pain medications. On physical examination, there is a well-healed incision in the upper cervical spine and upper extremity strength is 5/5. Diagnosis is postoperative posterior cervical fusion. Plan is to obtain cervical x-rays to evaluate progress of fusion, she may continue her pain regimen, and return for re-evaluation. According to the 8/7/2014 progress report, the patient reports 9/10 cervical spine pain, at worst 10/10, and 5/10 when taking medications. She also reports loss of ROM, numbness, stiffness, tingling of the bilateral limbs and spasms. Current medications are naproxen, Norco, Methadone, Gabapentin, Orphenadrine, Phenobarbital, Viibryd, Combigan eye drops, Lotemax eye drops, Lumigan eye drops, and Seroquel. Physical examination documents limited cervical ROM, moderate tight band, spasm, hypertonicity and tenderness along the cervical paraspinal muscles, mildly positive

Spurling's maneuver and diminished sensation at bilateral C7 and C8, and trace diminished symmetrical reflexes. The patient is dispensed refills of Naproxen #60, Norco 10/325mg #60, Neurontin 600mg #90, and prescribed refill for Orphenadrine 100mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orphenadrine citrate 100mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain). Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines -Treatment in Workers' Compensation, Pain Procedure Summary, updated 5/15/14, Non-sedating muscle relaxants

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-65.

Decision rationale: The Chronic Pain Medical Treatment guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic pain. Antispasmodics are used to decrease muscle spasm in conditions such as LBP although it appears that these medications are often used for the treatment of musculoskeletal conditions whether spasm is present or not. Orphenadrine is similar to diphenhydramine, but has greater anticholinergic effects. The mode of action is not clearly understood. Effects are thought to be secondary to analgesic and anticholinergic properties. The medical records do not establish the patient presented with an acute exacerbation of her chronic neck complaint, unresponsive to first-line interventions. Instead, the medical records document chronic use of muscle relaxants, which is not supported by the guidelines. Ongoing use of Orphenadrine is not medically necessary.

Norco 10-325mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Workers' Compensation, Pain Procedure Summary, updated 5/15/14, Opioid drugs

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 75-94.

Decision rationale: According to the Chronic Pain Medical Treatment guidelines, Norco is indicated for moderate to moderately severe pain. It is classified as a short-acting opioid, 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. The guidelines state opioids may be continued: (a) If the patient has returned to work and (b) If the patient has improved functioning and pain. The medical records have not demonstrated the requirements for continued opioid therapy have been met. The prior peer review allowed Norco #60 to allow opportunity for submission of medication compliance

guidelines, including current urine drug test, risk assessment profile, attempt at weaning/tapering and ongoing efficacy (measurable subjective and/or functional benefit with prior use). Otherwise, the #60 is to provide for downward titration and complete discontinuation of this medication. The medical records do not support that all of the required medication compliance guidelines have been provided and met in this case. Therefore, continuation of Norco is not appropriate or medically necessary.

Protonix 20 mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID's, GI symptoms & cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: According to the guidelines, proton pump inhibitor, such as Omeprazole, may be recommended for patients at risk for gastrointestinal events. Determining factors are 1) age over 65 years, 2) history of peptic ulcer, GI bleeding or perforation, 3) concurrent use of ASA, corticosteroids, and/or an anticoagulants, or 4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). The medical records do not demonstrate potential risk factors are present in the case of this patient. Furthermore, other PPIs, such as Protonix (pantoprazole), should be considered second-line therapy. The medical records do not establish the patient has significant risk factors of GI events and failed to respond to first line PPI. Therefore, the medical necessity of Protonix has not been established.

Neurontin(Gabapentin) 10mg x 1 month supply: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs).

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

Decision rationale: The guidelines state gabapentin (Neurontin) 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 post-herpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. The prior peer review allowed one month supply of Neurontin with the caveat that if subsequent review lacks ongoing efficacy (measurable subjective and/or functional benefit with prior use), then the 1 month supply would serve for downward titration and discontinuation. The medical records do not establish there has been any clinically significant benefit with use, as would include improved pain levels with reduction in opioid use, improved objective findings and functional status. Based on non-compliance of medication guidelines, the medical necessity of Neurontin has not been established.

Methadone 10mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Workers' Compensation, Pain Procedure Summary, updated 5/15/14, Opioid drugs

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Methadone Page(s): 61-62.

Decision rationale: According to the guidelines, Methadone is recommended as a second-line drug for moderate to severe pain if the potential benefit outweighs the risk. The FDA reports that they have received reports of severe morbidity and mortality with this medication. This appears, in part, secondary to the long half-life of the drug (8-59 hours). Pain relief on the other hand only lasts from 4-8 hours. Methadone should only be prescribed by providers experienced in using it. This product is FDA-approved for detoxification and maintenance of narcotic addiction. The medical records do not establish Methadone is being provided for either of these purposes. In addition, the medical records do not quantify pain reduction due to methadone, demonstrate improved function, and the documented physical examination findings are minimal and unchanged. Furthermore, the medical records do not support that all of the required medication compliance guidelines. Given these factors, the medical necessity of Methadone is not established under the guidelines.

Cetirizine 10 mg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MDCConsult.com

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Cetirizine <http://www.nlm.nih.gov/medlineplus/druginfo/meds/a698026.html>

Decision rationale: Cetirizine is used to temporarily relieve the symptoms of hay fever (allergy to pollen, dust, or other substances in the air) and allergy to other substances (such as dust mites, animal dander, cockroaches, and molds). These symptoms include sneezing; runny nose; itchy, red, watery eyes; and itchy nose or throat. Cetirizine is also used to treat itching and redness caused by hives. It works by blocking the action of histamine, a substance in the body that causes allergic symptoms. ROS is negative for any relevant issues. The medical records do not document any subjective complaints or correlative objective findings to support the medical necessity of this medication.

Naproxen 550mg x1 month supply: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID's.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-68.

Decision rationale: According to the Chronic Pain Medical Treatment guidelines, Naproxen is a nonsteroidal anti-inflammatory drug (NSAID) for the relief of the signs and symptoms of osteoarthritis. The guidelines state NSAIDs are recommended as an option for short-term symptomatic relief. In addition to the well-known potential side-effects of long term NSAID use, use of NSAIDs has been shown to possibly delay and hamper healing in all the soft tissues, including muscles, ligaments, tendons, and cartilage. In this case, the patient reports 7-10/10 pain and 5/10 pain medications. The medical records document reduction of pain level to 5/10 with medications, however, there is no specific documentation supporting efficacy of naproxen. It is not evident by the medical records that Naproxen has provided clinically significant improvement in pain level and function. In the absence of acute symptomatology, Naproxen is not medically necessary.

Zofran 8mg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Workers' Compensation, Pain Procedure Summary, updated 5/15/14, Antiemetics

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Anti-emetics (for opioid nausea)

Decision rationale: According to the ODG, Anti-emetics are not recommended for nausea and vomiting secondary to chronic opioid use. Recommended for acute use as noted below per FDA-approved indications. Nausea and vomiting is common with use of opioids. Ondansetron (Zofran) is a serotonin 5-HT₃ receptor antagonist, FDA-approved for nausea and vomiting secondary to chemotherapy and radiation treatment. It is also FDA-approved for postoperative use. Acute use is FDA-approved for gastroenteritis. According to the medical records, the patient had been chronically prescribed Ondansetron (Zofran). This medication is not recommended for nausea and vomiting secondary to chronic opioid use. This medication has limited application for short-term use. The use of this medication is not consistent with FDA approved use. The medical records do not establish this medication is appropriate and medically necessary for the treatment of this patient. In accordance with the guidelines, the medical necessity of Zofran is not established.