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| <b>Case Number:</b>   | CM14-0108546 |                              |            |
| <b>Date Assigned:</b> | 08/01/2014   | <b>Date of Injury:</b>       | 06/08/2010 |
| <b>Decision Date:</b> | 09/16/2014   | <b>UR Denial Date:</b>       | 06/25/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 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 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 injured worker is a 51-year-old female with a reported injury on 06/08/2010. The mechanism of injury was that the injured worker was standing on a chair posting bulletins and she sustained a twisting and jerking injury to her neck and upper back. Her diagnoses included chronic neck pain, degenerative cervical spondylosis, chronic neck pain due to myofascial pain syndrome, pain disorder with psychological due to general medical conditions, and insomnia due to chronic pain. The injured worker has had previous treatments of epidural steroidal injections, physical therapy, acupuncture, and medications. She also was involved in a HELP program. The injured worker had an examination on 06/11/2014 with continued pain that is radicular into both arms on the left greater than right. The pain appeared to be in the C5-6 dermatomal distribution. It was reported that there was progression of pain and neurological deficits in the C5-6 distribution. There was weakness in the right biceps and the right deltoid. The injured worker had difficulty lifting and holding up her arms and had spasms in both of her arms, left side more than the right. The deep tendon reflexes were decreased. It was reported that the injured worker had partial pain relief with her medications, although the VAS scale was not provided. It was reported that her current analgesic medications do help her maximize her level of physical function and improve her quality of life. Her list of medications included methadone, Percocet, Flexeril, and Lunesta. It was noted that she was tried on trazodone and failed. The recommended plan of treatment is for her to have a renewal of her medications. The request for authorization and the rationale were not provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Methadone 10mg #120: Upheld**

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

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

**Decision rationale:** The request for methadone 10 mg #120 is non-certified. The California MTUS Guidelines recommend methadone as a second line drug for moderate to severe pain if the potential benefit outweighs the risk. Delayed adverse effects may occur due to methadone accumulation during chronic administration. The Guidelines state that this product is FDA approved only for detoxification and maintenance of narcotic addiction. The injured worker has been taking opioids for a long period. The last record indicates at least since 01/07/2013. There was no evidence or documentation that the potential benefit outweighs the risk of this particular medication. The recommended treatment plan stated to optimize analgesic medication regimen to achieve maximal pain relief with the highest level of physical function. The functional deficits were not assessed. There was a lack of evidence of improvement and of efficacy on the VAS scale. There was not a urine drug screen test provided to check for potential aberrant or nonadherent drug related behaviors provided. Furthermore, the request does not specify directions as far as duration and frequency. There is a lack of evidence to support the number of medications of 120 pills without further evaluation and assessment. The clinical information fails to meet the evidence based guidelines for the request. Therefore, the request for methadone 10 mg is non-certified.

**Flexeril 10mg #120: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment for Workers' Compensation, Online Edition Chapter: Pain.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-64.

**Decision rationale:** The request for Flexeril 10 mg is non-certified. The California MTUS Guidelines recommend muscle relaxants as a second line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Flexeril is recommended for a short course of therapy of no longer than 2 to 3 weeks. There is limited and mixed evidence to allow for a recommendation for chronic use. The injured worker has been on this medication at least since 01/07/2013 as well and there is no evidence or documentation of the efficacy of this medication and that it has been attempted to be tapered off. Furthermore, the examination did not show physical signs of spasms present. Additionally, the request does not specify directions as far as duration and frequency. The clinical information fails to meet the evidence based guidelines for the request. Therefore, the request for Flexeril is non-certified.

**Percocet 10/325mg #180: 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 Opioids Page(s): 78-80 , 92.

**Decision rationale:** The request for Percocet 10/325 mg #180 is non-certified. The California MTUS Guidelines recommend for there to be ongoing monitoring of opioids for the documentation of pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant or nonadherent drug related behaviors. There was a lack of documentation of pain relief. There was not a VAS scale provided. The side effects were not assessed in this examination that was provided and there was not an examination of the physical and psychosocial functioning deficits and/or improvements. There was no evidence of a urine drug screen test provided for review of whether there was aberrant or nonadherent drug related behaviors. The California guidelines recommend Percocet initially at 2.5 to 5 mg every 4 to 6 hours as needed for pain. For more severe pain, the dose is up to from 10 to 30 mg every 4 to 6 hours as needed for pain. It is unknown when the medication was started and so it is not clear if this is an initial dose or if this is an ongoing dose. Furthermore, the request does not specify directions as far as duration and frequency. There is a lack of evidence to support the number of 180 pills of the medication without further evaluation and assessment. The clinical information fails to meet the evidence-based guidelines for the request. Therefore, the request for the Percocet is non-certified.

**Lunesta 3mg #60: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODGMental illness and stress, eszopicolone (lunesta).

**Decision rationale:** The request for Lunesta 3 mg #60 is non-certified. The California MTUS Guidelines and the ACOEM guidelines do not address this request. The Official Disability Guidelines do not recommend Lunesta for long-term use. It is recommended though for short-term use. It is noted that the injured worker has been on Lunesta at least since 01/07/2013. The California guidelines recommend limiting the use of hypnotics to 3 weeks maximum in the first 2 months of injury. There is concern that the Lunesta may increase pain and depression over the long-term. The efficacy of this medication was not provided and there was no documentation as to the injured worker's sleep habits and the duration of her sleep. Due to the fact that she does have increased pain and that it is not recommended for long-term, there is no clinical information, and there is a lack of evidence to support the medical necessity for this medication, and for the number of 60 pills without further evaluation and assessment. Furthermore, there is a

lack of directions provided with frequency and duration. Therefore, the request for the Lunesta 3 mg #60 is non-certified.