

<b>Case Number:</b>	CM14-0013480		
<b>Date Assigned:</b>	02/26/2014	<b>Date of Injury:</b>	07/25/2003
<b>Decision Date:</b>	11/26/2014	<b>UR Denial Date:</b>	01/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/03/2014

### 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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 68-year-old woman who sustained a work-related injury on July 25, 2003. Subsequently, she developed chronic neck, shoulder, and back pain. On July 7, 2006, the patient underwent a left knee arthroscopic partial medial meniscectomy and chondroplasty of the patella. On August 17, 2007, she had a total knee arthroplasty. MRI of the cervical spine dated August 28, 2004 and then a second one dated September 18, 2006 showed cervical disc bulge/osteophyte complex of 5 mm C5-6; 1 mm C4-5; 5 mm disc bulge C6-7; 2 mm disc bulge C7-T1; 6 mm paramedian disc protrusion C6-7; 3.5 mm disc protrusion C5-6. MRI of the lumbar spine dated June 2, 2011 showed degenerative disc changes at L3-4, L4-5, and L5-S1 with a circumferential broad-based left posterior paracentral and left posterolateral component of a posterior osteophyte/disc complex measuring up to 4 mm with moderate left foraminal narrowing at L4-5 and a 3 mm right posterior paracentral disc protrusion and moderate facets arthropathy at L5-S1. MRI of the lumbar spine dated May 29, 2013 showed lumbar spine central disc protrusion 6 mm with focal effacement of the thecal sac and moderate narrowing of the left neural foramen. There is hypertrophy of the articular facets bilaterally. Spinal canal is otherwise widely patent. At L5-S1, there is marked loss of the disc height without focal protrusion. The EMG/NCV study of the lower extremities done on May 14, 2010 documented sensory motor polyneuropathy. According to a progress report dated February 19, 2014, the patient was complaining of pain to the neck that is constant. She rated the pain as a 7-8/10. The pain radiates down the shoulders, through the arms, and to the hands/fingers. She noted pain that radiates behind her left ear and into the jaw at times. Movement of the neck increases the pain. The patient complained of pain to the left shoulder. She rated her pain as a 2-6/10. She noted pain to the left elbow and left wrist/hand. The patient complained of numbness and tingling of the arm, elbow, and fingers when she lets her arm hang by her body in a relaxed position. She complained of constant low back pain that she

rated as a 7-8/10. The pain radiates down the left leg, left hip, and to the level of the foot/toes. She was unable to bend 3 toes of her left foot. She continued to have a constant numbness in her left 3rd, 4th, and 5th toes that was unchanged. Examination of the cervical spine revealed tenderness to palpation to the left base of the occiput, left C5-6 and C6-7 levels, left upper trapezius, and left levator scapulae. The patient experiences limited flexion, extension, and right and left rotation. Sensory examination revealed decreased sensation to light touch to the left hand middle and little fingers. Examination of the lumbar spine revealed tenderness to palpation bilaterally over the L4-5 and L5-S1 levels, bilateral sciatic notches, bilateral posterior thighs, bilateral posterior calves, and plantar surfaces of both feet. There was pain with flexion and extension. Flexion, extension, and right and left lateral rotation were limited. There was decreased sensation over the 3rd, 4th, and 5th toes. Examination of the left knee revealed tenderness to palpation to the quadriceps tendon and patellar tendon. There was slight to moderate effusion of the left knee. The patient experienced limited extension and flexion. The patient's diagnoses included cephalgia, cervical spine strain/sprain, left upper trapezius and rotator cuff strain with mild impingement syndrome, lumbar spine sprain/strain, left hip strain, bilateral outer thigh meralgia paresthetica, severe chronic pain syndrome with severe depression and moderate anxiety, and gastritis. The provider requested authorization to use Norco, Celebrex, and Skelaxin.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Norco 10mg #100:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) 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. 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 justification for the need to continue the use of Norco. The patient was treated with opioid medication since prior to June 2012 without any evidence of pain and functional improvement,

compliance and monitoring of side effects. Therefore, the prescription of Norco 10 mg #100 is not medically necessary.

**Celebrex 200mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti inflammatory medications Page(s): 27-30.

**Decision rationale:** According to MTUS guidelines, Celebrex is indicated in case of back, neck and shoulder pain especially in case of failure or contraindication of NSAIDs. There is no clear documentation that the patient failed previous use of NSAIDs. There is no documentation of contra indication of other NSAIDs. There is no documentation that Celebrex was used for the shortest period and the lowest dose as a matter of fact, the patient has been using Celebrex since July 2012 without significant improvement. The patient continued to report neck and extremities pain. Therefore, the prescription of 60 capsules of Celebrex 200mg is not medically necessary.

**Skelaxin 800mg #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, has chronic spasms for several months that did not respond to muscle relaxant medications. There is no clear justification for prolonged use of Skelaxin. The request of Skelaxin 800mg, #60 is not medically necessary.