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| <b>Case Number:</b>   | CM14-0019123 |                              |            |
| <b>Date Assigned:</b> | 04/23/2014   | <b>Date of Injury:</b>       | 06/15/2001 |
| <b>Decision Date:</b> | 07/07/2014   | <b>UR Denial Date:</b>       | 01/16/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 02/14/2014 |

### 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 General Surgery and is licensed to practice in Texas. 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 58 year old female who sustained an injury on 06/15/01 while flipping objects into a hopper. The injured worker had prior carpal tunnel release in 2004 followed by chiropractic therapy in 2008 through 2011. The injured worker was followed for carpal tunnel syndrome lateral epicondylitis and rotator cuff tendinitis. Symptoms were managed with multiple medications including valium Oxycontin Daypro, Zanaflex, and Norco which had been prescribed since at least 07/13. There was a toxicology report from 08/18/13 which noted positive findings for both Hydrocodone and Oxycodone. The clinical record from 09/26/13 indicated the injured worker had persistent pain in the right upper extremity and neck and upper back. The injured worker reported some benefits with her current medications. The injured worker also indicated that Provigil helped improve daytime sedation associated with pain medications. On physical examination the injured worker noted the injured worker demonstrated tenderness to palpation in the Trapezii and Levator scapulae. Medications were continued at this visit. Follow up on 10/24/13 reported no changes on physical examination. The most recent evaluation from 12/05/13 noted continuing complaints of pain in the right upper extremity neck and upper back that was worsened with cold weather. The injured worker reported some benefits from medications. Physical examination findings were unchanged. Medications were continued at this visit. The requested Daypro 600mg #60, Zanaflex 2mg #60, Oxycontin 4mg three times a day #90, Norco 10/325mg #120, Provigil 200mg, and Valium 10mg #30 were denied by utilization review on 01/16/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**DAYPRO 600MG TWICE A DAY #60: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-68.

**Decision rationale:** In regards to the use of Daypro 600mg quantity 60, this reviewer would not have recommended this medication as medically necessary based on the clinical documentation provided for review and California Medical Treatment Utilization Schedule (CAMTUS) guidelines. The chronic use of prescription NSAIDs is not recommended by current evidence based guidelines as there is limited evidence regarding their efficacy as compared to standard over-the-counter medications for pain such as Tylenol. Per guidelines, NSAIDs can be considered for the treatment of acute musculoskeletal pain secondary to injury or flare ups of chronic pain. There is no indication that the use of NSAIDs in this case was for recent exacerbations of the claimant's known chronic pain. As such, the injured worker could reasonably transition to a over-the-counter medication for pain.

**ZANAFLEX 2MG TWICE A DAY #60: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-67.

**Decision rationale:** In regards to the use of Zanaflex 2mg quantity 60 this reviewer would not have recommended this medication as medically necessary based on the clinical documentation provided for review and California Medical Treatment Utilization Schedule (CAMTUS) guidelines. The chronic use of muscle relaxers is not recommended by current evidence based guidelines. At most, muscle relaxers are recommended for short term use only. The efficacy of chronic muscle relaxer use is not established in the clinical literature. There is no indication from the clinical reports that there had been any recent exacerbation of chronic pain or any evidence of a recent acute injury. Therefore, this reviewer would not have recommended certification for this medication.

**OXYCONTIN 40MG THREE TIMES A DAY #90: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opiates, Criteria for Use Page(s): 88-89.

**Decision rationale:** In regards to the request for Oxycontin 40mg quantity 90, this reviewer would not deem the request as medically necessary. Based on the current prescriptions the injured worker was substantially exceeding the maximum recommended amount of narcotics to be taken in one day set at 120mg morphine dose (MED) per day. Her prescribed MED was 220mg/day. With this amount of narcotics there was no clear evidence of functional benefit obtained as well as specific pain reduction. Per California Medical Treatment Utilization Schedule (CAMTUS) guidelines, the continued use of narcotics should be supported by objective evidence regarding functional improvement and documented pain reduction. This was not clearly identified in the clinical records provided for review. Given the significant amount of narcotics being prescribed to the injured worker there should be some consideration for weaning which was not documented. Without any clear indication regarding functional benefits obtained with the level of narcotics currently being prescribed, the request is not medically necessary.

**NORCO 10/325 FOUR TIMES A DAY #120:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opiates, Criteria for Use Page(s): 88-89.

**Decision rationale:** In regards to the request for Norco 10/325mg quantity 120, this reviewer would not recommend the request as medically necessary certification for this medication. Based on the current prescriptions the injured worker was substantially exceeding the maximum recommended amount of narcotics to be taken in one day set at 120mg morphine dose equivalent (MED) per day. Her prescribed MED was 220mg/day. With this amount of narcotics there was no clear evidence of functional benefit obtained as well as specific pain reduction. Per California Medical Treatment Utilization Schedule (CAMTUS) guidelines, the continued use of narcotics should be supported by objective evidence regarding functional improvement and documented pain reduction. This was not clearly identified in the clinical records provided for review. Given the significant amount of narcotics being prescribed to the injured worker there should be some consideration for weaning which was not documented. Without any clear indication regarding functional benefits obtained with the level of narcotics currently being prescribed, the request is not medically necessary.

**PROVIGIL 200MG 1 BY MOUTH ONCE A DAY #30;:** Upheld

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

**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, Provigil.

**Decision rationale:** In regards to the request for Provigil 200mg quantity 30, this reviewer would not recommend the request as medically necessary. The use of Provigil to counteract

sedation from narcotic analgesics is considered off label. There was no evidence to establish a diagnosis of narcolepsy shift work sleep disorder or restless leg syndrome which is indications for this medication per the FDA and the Official Disability Guidelines (ODG). Given the lack of recommendation and guidelines regarding the use of this medication to counteract sedation effects from narcotics this reviewer would not deem request as medically necessary.

**VALIUM 10MG 1 BY MOUTH AT BEDTIME AS NEEDED #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 22.

**Decision rationale:** In regards to the use of Valium 10mg quantity 30, this reviewer would not have recommended this medication as medically necessary based on the clinical documentation provided for review and current evidence based guideline recommendations. The chronic use of benzodiazepines is not recommended by current California Medical Treatment Utilization Schedule (CAMTUS) guidelines as there is no evidence in the clinical literature to support the efficacy of their extended use. The current clinical literature recommends short term use of benzodiazepines only due to the high risks for dependency and abuse for this class of medication. The clinical documentation provided for review does not specifically demonstrate any substantial functional improvement with the use of this medication that would support its ongoing use. As such, this reviewer would not deem the request as medically necessary.