

<b>Case Number:</b>	CM14-0115536		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	05/09/2012
<b>Decision Date:</b>	09/23/2014	<b>UR Denial Date:</b>	06/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/22/2014

### 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 Anesthesiology, 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:

According to the records made available for review, this is a 31-year-old female with a 5/9/12 date of injury and status post cervical disc replacement at C5-6. At the time of request for authorization for right radio frequency ablation at C5, 6, 7 and T1, Nucynta ER 250mg from 150mg, #60, Percocet 10/325mg, #120, Ambien 10mg, #30, Zanaflex 4 mg # 60, Duexis, # 90, and Nucynta IR 100 mg, # 120, there is documentation of subjective (moderate to severe neck pain, mid to upper back pain, headache, and poor sleep quality due to pain) and objective (tenderness to palpation over the cervical facets with crepitus upon range of motion) findings. The patient's current diagnoses include brachial neuritis/radiculitis, cervical post-laminectomy syndrome, myalgia and myositis, muscle spasms, poor sleep hygiene, cervicgia, and cervicocranial syndrome. The patient's treatment to date includes C5, C6, C7, & T1 medial branch block on 4/15/14 with 60% relief of pain for about a day and a half; and ongoing therapy with Nucynta ER, Percocet, Zanaflex, and Ambien. In addition, medical report identifies a pain contract and a request for trial of Duexis and trial of Nucynta IR to replace Percocet. Furthermore, medical report plan identifies discontinue Celebrex and continue home exercise/physical therapy. Regarding right radio frequency ablation at C5, 6, 7 and T1, there is no documentation of a response of 70% following medial branch block and no more than two joint levels will be performed at one time. Regarding Nucynta ER 250mg from 150mg, #60, there is no documentation of intolerable adverse effects with first line opioids and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of use of Nucynta ER. Regarding Percocet 10/325MG, #120, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of use of Percocet. Regarding Ambien 10mg, #30, there is no

documentation of short-term (two to six weeks) treatment of insomnia, functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of use of Ambien. Regarding Zanaflex 4 Mg # 60, there is no documentation of spasticity or acute exacerbation of chronic pain, short-term (less than two weeks) treatment, and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of use of Zanaflex. Regarding Duexis, # 90, there is no documentation of risk for gastrointestinal events (high dose/multiple NSAID) and preventing gastric ulcers induced by NSAIDs. Regarding Nucynta IR 100 Mg, # 120, to replace Percocet, there is no documentation of intolerable adverse effects with first line opioids.

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

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

#### **RIGHT RADIO FREQUENCY ABLATION AT C5, 6, 7 AND T1.: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back Chapter, Facet joint radiofrequency neurotomy.

**Decision rationale:** The MTUS reference to ACOEM guidelines state there is limited evidence that radiofrequency neurotomy may be effective in relieving or reducing cervical facet joint pain among patient who had a positive response to facet injections. The ODG identifies documentation of at least one set of diagnostic medial branch blocks with a response of 70%, no more than two joint levels will be performed at one time (if different regions require neural blockade, these should be performed at intervals of no sooner than one week), and evidence of a formal plan of additional evidence-based conservative care in addition to facet joint therapy as criteria necessary to support the medical necessity of facet neurotomy. Within the medical information available for review, there is documentation of diagnoses of brachial neuritis/radiculitis, cervical post-laminectomy syndrome, myalgia and myositis, muscle spasms, poor sleep hygiene, cervicgia, and cervicocranial syndrome. In addition, there is documentation of at least one set of diagnostic medial branch blocks and evidence of a formal plan of additional evidence-based conservative care (home exercise/physical therapy) in addition to facet joint therapy. However, given documentation of 60% pain relief with C5, 6, 7, T1 medial branch block, there is no documentation of a response of 70% following medial branch block. In addition, given documentation of a request for right radio frequency ablation at C5, 6, 7 and T1, there is no documentation of no more than two joint levels will be performed at one time. Therefore, based on guidelines and a review of the evidence, the request for right radio frequency ablation at C5, 6, 7 and T1 is not medically necessary.

#### **NUCYNTA ER 250MG FROM 150MG, #60.: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 80.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-80. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Tapentadol (Nucynta).

**Decision rationale:** The MTUS Chronic Pain Medical Treatment Guidelines necessitate documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, as criteria necessary to support the medical necessity of Opioids. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. The ODG identifies documentation of moderate to severe pain; and Nucynta used as a second line therapy for patients who develop intolerable adverse effects with first line opioids, as criteria necessary to support the medical necessity of Nucynta. Within the medical information available for review, there is documentation of diagnoses of brachial neuritis/radiculitis, cervical post-laminectomy syndrome, myalgia and myositis, muscle spasms, poor sleep hygiene, cervicgia, and cervicocranial syndrome. In addition, there is documentation of moderate to severe pain. Furthermore, given documentation of a pain contract, there is documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. However, despite documentation of Nucynta used as a second line therapy, and given documentation of ongoing treatment with Percocet, there is no documentation of intolerable adverse effects with first line opioids. In addition, given documentation of ongoing treatment with Nucynta ER, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of use of Nucynta ER. Therefore, based on guidelines and a review of the evidence, the request for Nucynta ER 250mg from 150mg, #60 is not medically necessary.

**PERCOCET 10/325MG, #120.:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 80.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-80.

**Decision rationale:** The MTUS Chronic Pain Medical Treatment Guidelines necessitate documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, as criteria necessary to support the medical necessity of opioids. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a

reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of brachial neuritis/radiculitis, cervical post-laminectomy syndrome, myalgia and myositis, muscle spasms, poor sleep hygiene, cervicalgia, and cervicocranial syndrome. In addition, given documentation of a pain contract, there is documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. However, given documentation of ongoing treatment with Percocet, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of use of Percocet. In addition, given documentation of a request for Nucynta IR100 mg to replace Percocet, there is no documentation of the medical necessity of the requested Percocet 10/325MG, #120. Therefore, based on guidelines and a review of the evidence, the request for Percocet 10/325MG, #120 is not medically necessary.

**AMBIEN 10MG, #30.:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain Chapter, Zolpidem.

**Decision rationale:** The MTUS does not address this issue. The ODG identifies Ambien (Zolpidem) as a prescription short-acting non-benzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of brachial neuritis/radiculitis, cervical post-laminectomy syndrome, myalgia and myositis, muscle spasms, poor sleep hygiene, cervicalgia, and cervicocranial syndrome. In addition, there is documentation of insomnia. However, given documentation of ongoing treatment with Ambien since at least 3/20/14, there is no documentation of short-term (two to six weeks) treatment of insomnia. Furthermore, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of use of Ambien. Therefore, based on guidelines and a review of the evidence, the request for Ambien 10mg, #30 is not medically necessary.

**ZANAFLEX 4 MG # 60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antispasticity/Antispasmodic Drugs (Tizanidine (Zanaflex)) Page(s): 66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Muscle relaxants (for pain).

**Decision rationale:** The MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of spasticity, as criteria necessary to support the medical necessity of Tizanidine. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. The ODG identifies that muscle relaxants are recommended as a second line option for short-term (less than two weeks) treatment of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Within the medical information available for review, there is documentation of diagnoses of brachial neuritis/radiculitis, cervical post-laminectomy syndrome, myalgia and myositis, muscle spasms, poor sleep hygiene, cervicgia, and cervicocranial syndrome. In addition, there is documentation of chronic pain. However, there is no documentation of spasticity or acute exacerbation of chronic pain. In addition, given documentation of ongoing treatment with Zanaflex since at least 3/20/14, there is no documentation of short-term (less than two weeks) treatment. Furthermore, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of use of Zanaflex. Therefore, based on guidelines and a review of the evidence, the request for Zanaflex 4 Mg # 60 is not medically necessary.

**DUEXIS ( NO DOSAGE), # 90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Inflammatory Page(s): 22.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs); NSAIDs, GI symptoms & cardiovascular risk Page(s): 67-69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Proton pump inhibitors (PPIs).

**Decision rationale:** An online search identifies Duexis as a combination of the NSAID ibuprofen and the histamine H2-receptor antagonist Famotidine that is indicated for the relief of signs and symptoms of rheumatoid arthritis or osteoarthritis. MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of moderate to severe osteoarthritis pain, acute low back pain, chronic low back pain, or exacerbations of chronic pain, as criteria necessary to support the medical necessity of NSAIDs. In addition, MTUS Chronic Pain Medical Treatment Guidelines identifies that risk for gastrointestinal event includes age > 65 years; history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, and/or an anticoagulant; and/or high dose/multiple NSAID. ODG identifies documentation of risk for gastrointestinal events, preventing gastric ulcers induced by NSAIDs, as criteria necessary to support the medical necessity of proton pump inhibitors. Within the medical information available for review, there is documentation of diagnoses of brachial neuritis/radiculitis, cervical post-laminectomy syndrome, myalgia and myositis, muscle spasms, poor sleep hygiene,

cervicalgia, and cervicocranial syndrome. In addition, there is documentation of a request for a trial of Duexis. Furthermore, there is documentation of chronic pain. However, despite documentation of prior ongoing therapy with NSAID (Celebrex), and given documentation of a plan identifying to discontinue Celebrex, there is no documentation of risk for gastrointestinal events (high dose/multiple NSAID) and preventing gastric ulcers induced by NSAIDs. Therefore, based on guidelines and a review of the evidence, the request for Duexis, # 90 is not medically necessary.

**NUCYNTA IR 100 MG, # 120, TO REPLACE PERCOCET: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 80.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-80. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Tapentadol (Nucynta).

**Decision rationale:** The MTUS Chronic Pain Medical Treatment Guidelines necessitate documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, as criteria necessary to support the medical necessity of Opioids. The ODG identifies documentation of moderate to severe pain; and Nucynta used as a second line therapy for patients who develop intolerable adverse effects with first line opioids, as criteria necessary to support the medical necessity of Nucynta. Within the medical information available for review, there is documentation of diagnoses of brachial neuritis/radiculitis, cervical post-laminectomy syndrome, myalgia and myositis, muscle spasms, poor sleep hygiene, cervicalgia, and cervicocranial syndrome. In addition, there is documentation of a request for trial of Nucynta IR to replace Percocet. Furthermore, there is documentation of moderate to severe pain. Lastly, given documentation of a pain contract, there is documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. However, despite documentation of Nucynta IR used as a second line therapy to replace Percocet, and given documentation of prior ongoing treatment with Percocet, there is no (clear) documentation of intolerable adverse effects with first line opioids. Therefore, based on guidelines and a review of the evidence, the request for Nucynta IR 100 Mg, # 120 is not medically necessary.