

<b>Case Number:</b>	CM14-0120286		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	06/01/2001
<b>Decision Date:</b>	09/15/2014	<b>UR Denial Date:</b>	07/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/30/2014

### 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 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 suffered a work related injury on 06/01/01. Mechanism of injury was not documented. The injured worker was seen for neck pain and underwent anterior cervical fusion, discectomy from C3 to C7. A note from an office visit dated 06/10/14 was the most recent clinical documentation submitted for review. She continued to experience neck pain. Recently, she had some increased pain into her trapezius muscles. Neck pain was aggravated by twisting, turning, and bending. She only had occasional radicular complaints to her upper extremities and had no sensory complaints. Because of the continued neck pain she still required Norco averaging about two pills per day. Physical examination was normal sagittal balance of the cervical spine. There was no abnormal lordosis, kyphosis, or scoliosis. There were well healed and non-tender anterior and posterior surgical incisions. There was moderate paraspinal muscle guarding and tenderness and trapezius spasm bilaterally much greater on the left than right particularly in periscapular area. There was marked tenderness in that area. Flexion/extension of cervical spine was 30 degrees. Bilateral lateral bending was 15 degrees and bilateral rotation was 45 degrees. There was slight hypesthesia of the fingers of the left hand, more radial than ulnar. There was no localizing motor deficit of either upper extremity. Deep tendon reflexes in upper extremities were 1+. Diagnoses status post anterior cervical fusion and discectomy C3 to C7 and pseudoarthrosis of cervical spine and repair of pseudoarthrosis with posterior instrumentation C4 through C7 and removal of retained posterior lateral mass fixation C4 through C7 with exploration of fusion in 12/13. In review of the clinical documentation submitted for review, there is no documentation of VAS scores with and without medication or documentation of functional improvement. Prior utilization review 07/02/2014 non-certified.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Fioricet 50/325/40mg #120:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Barbiturate-containing analgesic agents (BCAs) Page(s): 23.

**Decision rationale:** As noted in the Chronic Pain Medical Treatment Guidelines, "a barbiturate-containing analgesic, is not recommended for treatment of chronic pain. Research indicates the potential for drug dependence is high and no evidence exists to show a clinically important enhancement of analgesic efficacy." Additionally, there is no indication in the documentation that establishes the benefits associated with the use of the medication. The clinical notes indicate that the patient's pain and symptoms remain unchanged with the current medication regimen. As such, the continued use of Fioricet cannot be established as medically necessary at this time.

### **Prilosec 20mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAID'S, GI Symptoms and Cardiovascular Risk.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - online version Integrated Treatment/Disability Duration Guidelines Pain (Chronic) Proton pump inhibitors (PPIs).

**Decision rationale:** As noted in the Official Disability Guidelines, "proton pump inhibitors are indicated for patients at intermediate and high risk for gastrointestinal events with concurrent use of non-steroidal anti-inflammatory drug use. Risk factors for gastrointestinal events include age > 65 years; history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, and/or an anticoagulant; or high dose/multiple NSAID." There is no indication that the patient is at risk for gastrointestinal events requiring the use of proton pump inhibitors. Furthermore, long-term PPI use (> 1 year) has been shown to increase the risk of hip fracture. As such, the request for this medication cannot be established as medically necessary.

### **Flexeril 10mg #90:** 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 Cyclobenzaprine (Flexeril) Page(s): 41 of 127.

**Decision rationale:** As noted in the Chronic Pain Medical Treatment Guidelines, "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. Studies have shown that the efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence." Based on the clinical documentation, the patient has exceeded the 2-4 week window for acute management also indicating a lack of efficacy if being utilized for chronic flare-ups. As such, the medical necessity of this medication cannot be established at this time.

**Miseflex 167/65/200mg #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: Pain Chapter (Medical Foods).

**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, Medical foods.

**Decision rationale:** The request for Miseflex 167/65/200mg #120 is not medically necessary. The clinical documentation does not support the request. This medication contains calcium, magnesium, chondroitin, bromelain. The injured worker is not documented to have these deficits. Additionally, current guidelines do not recommend the use of medical foods or herbal medicines. As such, the request for this medication cannot be recommended as medically necessary.

**Norco 10/325mg #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids.

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

**Decision rationale:** Current evidenced-based guidelines indicate patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. There is insufficient documentation regarding the functional benefits and functional improvement obtained with the continued use of narcotic medications. Documentation does not indicate significant decrease in pain scores with the use of medications. As such, medical necessity has not been established. However, these medications cannot be abruptly discontinued due to withdrawal symptoms, and medications should only be changed by the prescribing physician.

