

<b>Case Number:</b>	CM14-0146216		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	11/06/1992
<b>Decision Date:</b>	12/24/2014	<b>UR Denial Date:</b>	08/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/09/2014

### 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 Occupational Medicine 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:

This 63 year old female sustained a work related injury on 11/06/1992. The mechanism of injury was not made known. Radiographic imaging submitted for review included and MRI of the lumbar spine and was dated 09/06/2011. A letter to the injured worker from the provider dated 04/04/2014 described radiographic imaging results that showed narrowing of the L5-S1 greater than L4-L5 disc spaces. Treatment note dated 05/22/2014, the injured worker complained of arm, shoulder and head pain. Her pain was rated a 5 on a scale of 1-10. Physical findings included tenderness to palpation to the cervical spine and lumbar spinous area with decreased range of motion in the cervical spine. The injured worker reported that the combination of Morphine and Norco provided 50 percent pain relief. She reported that she was able to do light cleaning, cooking and grocery shopping. She lives by herself and was able to take care of her 3 animals. Plan of care included MS Contin, Norco, Omeprazole and Maxalt, urine drug screen, Toradol intramuscular injection, request for 8 sessions of acupuncture and acupressure, one month follow up and cancellation of the request for a lumbar epidural steroid injection. The injured worker reported excessive weight gain with previous epidural steroid injections and was not interested in interventions that require the use of steroids. As of an office visit on 06/19/2014, the injured worker complained of arm, shoulder and head pain. She reported that her pain level was 10 out of 10 without medication and a 5-6 with medication. Pain was characterized as sharp, dull, throbbing aching and electricity. Her pain was noted to be intermittent and increased when sitting, standing, sleeping or with no medications. She requested an increase of Maxalt for her migraines. Medication allergies included sulfonamides, Butrans patch and Celebrex. Abnormal physical findings revealed that the cervical spine was tender to touch to palpation and had decreased range of motion. The lumbar paraspinous area was tender to touch to palpation and left straight leg raise was negative. Diagnostic impression included classical migraines, opioid

type dependency, migraine variant, osteoarthritis, lumbalgia, postlaminectomy, failed back surgery syndrome (cervical) and intractable migraines that were felt to be cervicogenic in nature. Plan of care included MS Contin, Norco, Omeprazole, Maxalt #9, Cambia 50mg, spine consult and a one month follow up. She has a history of gastroesophageal reflux disease and was encouraged to treat this with the Omeprazole. Ibuprofen was discontinued and she had an appointment with a gastroenterologist. As of an office visit on 07/25/2014, the injured worker reported that the Omeprazole helped with the reflux, gastrointestinal symptoms and limited visits to the Emergency Department. Abnormal physical findings included tenderness to palpation to the paraspinal area. Her chief complaint was arm, shoulder and head pain. Pain was rated a 5 on a scale of 1-10. Pain was described as constant and intermittent and was increased with sitting, standing, sleeping, movement and no medications. On 08/11/2014 Utilization Review non-certified MS Contin 30mg #120, Norco 10/325mg #120, Maxalt #9 and Cambia 50mg #9 that was requested on 07/28/2014. According to the Utilization Review physician, in regards to the MS Contin and Norco, there was no supporting evidence of objective functional improvement or a current urine drug test, risk assessment profile, attempt at weaning/tapering or an updated and signed pain contract between the provider and claimant submitted for review. In regards to the Maxalt, there was lacking objective functional benefit supporting the documented subjective findings of efficacy. In regards to the Cambia there was no supporting evidence of objective functional improvement and no documentation of trialed and failed "Y" drugs on the ODG formulary. This UR decision was appealed for an Independent Medical Review.

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

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

**MS Contin 30mg #120:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Opioids

**Decision rationale:** MS Contin is a pure opioid agonist. ODG does not recommend the use of opioids for low back pain "except for short use for severe cases, not to exceed 2 weeks." The patient has exceeded the 2 week recommended treatment length for opioid usage. MTUS does not discourage use of opioids past 2 weeks, but does state that "ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." The treating physician does not fully document the increased level of function, or improved quality of life during the time the patient has been on this medication. As such the request for MS Contin 30 MG # 120 is not medically necessary.

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

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute and Chronic), Low Back - Lumbar & Thoracic (Acute & Chronic), Shoulder, Pain, Opioids

**Decision rationale:** ODG does not recommend the use of opioids for neck, low back, and shoulder pain "except for short use for severe cases, not to exceed 2 weeks." The patient has exceeded the 2 week recommended treatment length for opioid usage. MTUS does not discourage use of opioids past 2 weeks, but does state that "ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." The treating physician does not fully document the increased level of function, or improved quality of life during the time the patient has been on this medication. As such, the question for Norco, 10/325mg #120 is not medically necessary.

**Maxalt #9:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Head Procedure Summary

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head, Rizatriptan (Maxalt®), Triptans

**Decision rationale:** MTUS is silent specifically with regards to Malaxt and triptans for migraine treatment. Other guidelines were utilized.ODG states regarding Rizatriptan, "Recommended for migraine sufferers." ODG additionally writes regarding triptans, "At marketed doses, all oral triptans (e.g., sumatriptan, brand name Imitrex) are effective and well tolerated. Differences among them are in general relatively small, but clinically relevant for individual patients. A poor response to one triptan does not predict a poor response to other agents in that class." Medical records indicate complaints of headaches where Maxalt is a possible treatment option. Medical records do not indicate that her medical regimen is improving symptoms or functional status. Improvement is important for continuation of any medication of this type. As such, the request for Maxalt #9 is not medically necessary.

**Cambia 50mg #9:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-73. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) - Diclofenac, Head - Migraine pharmaceutical treatment

**Decision rationale:** Cambia is a brand name version for Diclofenac, which is an NSAID. MTUS specifies four recommendations regarding NSAID use: 1) Osteoarthritis (including knee and hip): Recommended at the lowest dose for the shortest period in patients with moderate to severe pain. 2) Back Pain - Acute exacerbations of chronic pain: Recommended as a second-line treatment after acetaminophen. In general, there is conflicting evidence that NSAIDs are more effective than acetaminophen for acute LBP. 3) Back Pain - Chronic low back pain: Recommended as an option for short-term symptomatic relief. A Cochrane review of the literature on drug relief for low back pain (LBP) suggested that NSAIDs were no more effective than other drugs such as acetaminophen, narcotic analgesics, and muscle relaxants. The review also found that NSAIDs had more adverse effects than placebo and acetaminophen but fewer effects than muscle relaxants and narcotic analgesics. 4) Neuropathic pain: There is inconsistent evidence for the use of these medications to treat long-term neuropathic pain, but they may be useful to treat breakthrough and mixed pain conditions such as osteoarthritis (and other nociceptive pain) in with neuropathic pain. Importantly, ODG also states that diclofenac is "Not recommended as first line due to increased risk profile . . . If using diclofenac then consider discontinuing as it should only be used for the shortest duration possible in the lowest effective dose due to reported serious adverse events." Medical records indicate that diclofenac would be used for the treatment of migraines. With regards to headaches, the medical documents provided did not document improvement in function while on the duration of this medication. As such, the request for Cambia 50mg #9 is not medically necessary.