

<b>Case Number:</b>	CM14-0146533		
<b>Date Assigned:</b>	10/16/2014	<b>Date of Injury:</b>	03/29/2004
<b>Decision Date:</b>	11/18/2014	<b>UR Denial Date:</b>	08/13/2014
<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 Family 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:

The patient is a 63 year old female physical therapist who sustained an industrial injury on 3/29/2004. She is currently followed for chief complaint of chronic neck pain. She was evaluated on July 24, 2014 at which time she complained of neck and right shoulder pain. She has been deemed permanent and stationary by the AME. The patient is noted to be disabled. She requires transportation to her appointments. She complains of bilateral cervical pain right greater than left. Pain is described as sharp and stabbing with radiation to the bilateral upper extremities right greater than left. The patient reports severe numbness, tingling, weakness and heaviness. She complains of mild morning edema and decreased grasping reflex right greater than left. She also complains of occipital headaches. She reports mild nausea. She has no photo/light smell/noise sensitivity. She is currently taking multiple medications with no adverse effects. She finds relief with TENS unit and interferential unit. Pain without medications is 6/10. Her pain has slightly worsened since the last visit. UDS is positive for opioids and benzodiazepines. Physical examination reveals cervical tenderness, limited cervical range of motion and diminished sensation over the C5 and C6 dermatomes. The patient is diagnosed with degeneration of cervical intervertebral disc, cervical disc displacement, cervical radiculitis, anxiety disorder and fatigue. Treatment plan is for Cyanocobalamin solution 1000 mcg/milliliter intramuscularly once a month, Flexeril 10-mg #90, monthly B12 injections due to chronic fatigue, supplies for interferential unit, supplies for TENS unit, Norco 5/325 mg #90, Lorazepam 1 mg #60, Zofran 4 mg #30, Prilosec 20-mg #30, Voltaren gel, Flector patch 1.3% #60. Request is also made for rheumatology consultation and chiropractic treatment weekly x 12 weeks. UR dated 8/13/2014 reviewed 7/24/14 report and certified the request for Norco 10/325 mg #90 and Lyrica 75 mg #90. The request for Cyanocobalamin solution, Flexeril Lorazepam, Ondansetron, Prilosec,

Voltaren gel, Flector Patch, Vit. B12 injections, Tens unit supplies and rheumatoid consultation were non-certified.

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

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

**Cyanocobalamin solution 1000mcg/ml, intramuscularly once a month: 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), Pain Chapter, Vitamin B

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyanocobalamin solution intramuscularly. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Vitamin B

**Decision rationale:** Cyanocobalamin is a synthetic form of vitamin B12. According to ODG, Vitamin B is not recommended for the treatment of chronic pain. The medical records do not establish that the patient has B12 deficiency to support the request for cyanocobalamin injections. Evidence-based guidelines do not recommend vitamin B in the treatment of chronic pain. As such, the request for cyanocobalamin solution 1000mcg/ml, intramuscularly once a month is not medically necessary.

**Flexeril 10mg #90, one table 3 times per day: 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): 63-66.

**Decision rationale:** Per CA MTUS guidelines, muscle relaxants are recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. References in regards to muscle relaxants state that efficacy appears to diminish over time, and prolonged use may lead to dependence. With regards to Flexeril, the guidelines state that the effect is modest and comes at the price of greater adverse effects. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. The medical records indicate that the patient has been treated with muscle relaxants for an extended period of time. The guidelines do not recommend chronic use of muscle relaxants. While short-term use of Flexeril may be supported for acute exacerbations, long-term use is not supported. Flexeril 10mg #90, one table 3 times per day is not medically necessary.

**Lorazepam 1mg #60, one tablet two times a day: Overturned**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 23.

**Decision rationale:** According to the CA MTUS guidelines, benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Furthermore, the guidelines specifically state that tolerance to anxiolytic effects occur within months and long-term use may actually increase anxiety. In this case, the patient is noted to be diagnosed with anxiety. Long-term use of this medication is not supported. However, given that the patient has been prescribed benzodiazepines for an extended period of time, this medication cannot be abruptly discontinued and should be gradually weaned. Modification cannot be rendered in this review. As such, Lorazepam 1mg #60, one tablet two times a day is medically necessary.

**Ondansetron 4mg #30, one tablet daily:** 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), Pain Chapter, Ondansetron and Antiemetics

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Ondansetron. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ondansetron (Zofran), Antiemetics (for opioid nausea)  
<http://www.ncbi.nlm.nih.gov/pubmedhealth/PMHT0011501/?report=details>

**Decision rationale:** According to the US National Library of Medicine, Ondansetron is used to prevent nausea and vomiting that is caused by cancer medicines (chemotherapy) or radiation therapy. In this case, the medical records do not indicate that the patient is being treated with chemotherapy or radiation therapy. The patient is being treated with opioids, and according to ODG, Ondansetron (Zofran) is not recommended for nausea and vomiting secondary to chronic opioid use. Therefore, the request for Ondansetron 4mg #30, one tablet daily is not medically necessary.

**Prilosec 20mg #60, one to two tables daily:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular risk Page(s): 68-69. Decision based on Non-MTUS Citation <http://www.mayoclinic.org/healthy-living/nutrition-and-healthy-eating/expert-blog/heartburn-and-b-12-deficiency/bgp-20091051>

**Decision rationale:** The medical records do not establish that the patient has gastrointestinal irritation to warrant consideration for a proton pump inhibitor. There is also no history of peptic ulcer, GI bleeding or perforation. There is also no indication that the patient is taking oral anti-

inflammatories. Furthermore, references state that long-term PPI use (> 1 year) has been shown to increase the risk of hip fracture. Moreover, references state that there is an association between PPIs and H-2-receptor blockers and increased risk for vitamin B-12 deficiency. Therefore, the request for Prilosec 20mg #60, one to two tables daily is not medically necessary.

**Voltaren Gel 1% #5, apply two times a day: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 110-112.

**Decision rationale:** The request for Voltaren gel is not medically necessary. According to the CA MTUS guidelines, Voltaren Gel 1% (diclofenac) is indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip or shoulder. In this case, the patient is noted to be treated for chronic neck pain and Voltaren gel is not indicated for the treatment of the spine. Furthermore, the medical records do not indicate a diagnosis of osteoarthritis to support topical diclofenac. Therefore, the request for Voltaren gel is not medically necessary.

**Flector patch 1.3% #60, apply two times a day: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Flector patch, Non-steroidal antiinflammatory agents (NSAIDs) entry under Topical analgesics Page.

**Decision rationale:** According to the CA MTUS guidelines, topical NSAIDs are recommended for short term use. According to ODG, Flector patch is not recommended as a first-line treatment. Flector patch is FDA indicated for acute strains, sprains, and contusions. (FDA, 2007) On 12/07/09 the FDA issued warnings about the potential for elevation in liver function tests during treatment with all products containing diclofenac. The medical records indicate that the patient has been using Flector Patches for an extended period of time. Given the increased risk profile with products containing diclofenac and given that Flector patches are FDA approved for acute injuries only, the ongoing use of this medication would not be supported.

**Vitamin B12 injections, oncer per month or prn, quantity on kit: 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), Pain Chapter, Vitamin B

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

**Decision rationale:** According to ODG, Vitamin B is not recommended for the treatment of chronic pain. The medical records do not establish that the patient has B12 deficiency to support Vitamin B 12 injections. The request for Vitamin B12 injections, once per month or prn is not medically necessary.

**TENS unit supplies (electropads), self-adhesive electrodes times one:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tens unit Page(s): 113-116.

**Decision rationale:** The medical records indicate that the patient has a Tens unit. She is reporting benefit with the use of the Tens unit. The request for TENS unit supplies (electropads), self-adhesive electrodes times one is medically necessary.

**Rheumatoid consultation:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM for Independent Medical Examinations and Consultations regarding Referrals, Chapter 7

**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) Independent Medical Examinations & Consultations Chapter 7, page 127

**Decision rationale:** The medical records do not establish the medical necessity of specialty consultation. The medical records do not establish physical examination findings to support the request for rheumatology consultation. The request for rheumatoid consultation is not medically necessary.