

<b>Case Number:</b>	CM14-0153607		
<b>Date Assigned:</b>	09/23/2014	<b>Date of Injury:</b>	09/17/2010
<b>Decision Date:</b>	10/24/2014	<b>UR Denial Date:</b>	08/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/19/2014

### 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 Physical Medicine and Rehabilitation 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 injured worker is a 53-year-old female who sustained an injury on 9/17/09. On 8/12/14 she presented with bilateral neck pain, right shoulder pain, and bilateral wrist pain; pain was exacerbated with most of the movements and relieved by resting and stretching the back. On exam, there was tenderness upon palpation of the cervical paraspinal muscles overlying the bilateral C2-C7 facet joints and tenderness of the right shoulder and the right wrist. Range of motion of the cervical spine and right shoulder were limited by pain in all directions right shoulder impingement and positive neck and shoulder spasms. She is currently on Voltaren gel, Nuvigil, Zanaflex, Gabapentin, Duragesic, loratadine, Ambien, and Percocet. She was on Tizanidine from 9/16/13 and it provides 50% decrease of the patient's spasms and allows the patient to sleep 4 hours uninterrupted. Ambien allows her to sleep an additional 2 hours for a total of 6 hours of sleep per night. She cannot take oral NSAIDS as she is s/p gastric bypass surgery. Her diagnoses include status post positive fluoroscopically-guided diagnostic right C4-C5 and right C6-C7 facet joint media branch block, bilateral cervical facet joint pain at C4-C5, C5-C6, C6-C7, cervical facet joint arthropathy, bilateral upper cervical facet joint plain at C2-C3, C3-C4, anterior cervical discectomy and fusion at C5-C6, right shoulder rotator cuff tear and right shoulder internal derangement, right shoulder impingement and pain, and bilateral wrist pain. The request for Retrospective request for Fentanyl patch 25mcg q 3 days #10 (DOS: 7/21/14), retrospective request for Oxycodone 10/325mg, one (1) tab po q 4 hour prn pain #180 (DOS: 7/21/14), retrospective request for Tizanidine 2mg, one to two (1-2) tabs po bid prn spasms #90 (DOS: 7/21/14), and Ambien 10mg 1 tab po qhs prn sleep #30 with 2 refills, was denied on 8/20/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective request for Fentanyl patch 25mcg q 3 days #10 (DOS: 7/21/14): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 91-93.

**Decision rationale:** Per CA MTUS Chronic Medical Treatment Guidelines Fentanyl transdermal (Duragesic; generic available): Indicated for management of persistent chronic pain, which is moderate to severe requiring continuous, around-the-clock opioid therapy. The pain cannot be managed by other means (e.g., NSAIDS). Guidelines indicate "four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids; pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors)." There is little to no documentation of any significant improvement in pain level (i.e. VAS) or function with continuous use to demonstrate the efficacy of this medication. There is no evidence of recent urine drug test in order to monitor compliance. Therefore, the medical necessity for Duragesic has not been established based on guidelines and lack of documentation.

**Retrospective request for Oxycodone 10/325mg, one (1) tab poq 4 hour prn pain #180 (DOS: 7/21/14): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioids, Page(s): 91-92, 97.

**Decision rationale:** According to CA MTUS guidelines, Oxycodone (+Acetaminophen) is a short- acting Opioid that is recommended for breakthrough pain in chronic pain management under certain criteria. Guidelines indicate "four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids; pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. The medical records indicate that the IW has chronic pain and is taking Oxycodone 10/325mg around the clock. Conversion to long acting opioids should be considered when continuous around the clock pain relief is desired. Furthermore, there is no documentation of significant pain relief (i.e. VAS) and improvement in function with Oxycodone use. There is no documentation of urine drug test in order to monitor compliance. The medical documents do support continuation of Oxycodone at the current dose. Therefore, the medical necessity for the request is not established based on guidelines.

**Retrospective request for Tizanidine 2mg, one to two (1-2) tabs po bid prn spasms #90 (DOS: 7/21/14): 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 Zanaflex, Page(s): 66.

**Decision rationale:** According to the CA MTUS guidelines, Tizanidine (Zanaflex) is a centrally acting alpha<sub>2</sub>-adrenergic agonist that is FDA approved for management of spasticity; unlabeled use for low back pain. In this case, there is no evidence of spasticity or associated disorders in this IW. There is no documentation of trial of first line therapy. Therefore, the request is not medically necessary according to the guidelines.

**Ambien 10mg 1 tab po qhs prn sleep #30 with 2 refills: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS ODG Integrated Treatment/Disability Duration Guidelines, Stress & Mental Illness Chapter.

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

**Decision rationale:** CA MTUS guidelines do not address the issue in dispute and hence ODG have been consulted. As per ODG, Zolpidem (Ambien) is a prescription short-acting non-benzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia. There is no documentation of a detailed assessment of insomnia. Proper sleep hygiene is critical to the individual with chronic pain, but is not addressed. Chronic use of Ambien is not recommended. In the absence of documented trial of alternative strategies for treating insomnia the request is not medically necessary according to the guidelines.