

<b>Case Number:</b>	CM14-0026483		
<b>Date Assigned:</b>	06/13/2014	<b>Date of Injury:</b>	02/20/2002
<b>Decision Date:</b>	07/21/2014	<b>UR Denial Date:</b>	02/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/03/2014

### 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:

Injured worker is a female with date of injury 2/20/2002. Per pain clinic progress note dated 1/28/2014, the injured worker complains of depression that has come back after reducing the dose of Cymbalta, all the way down to 30 mg a day and discontinuing the Lexapro. At one point she was taking 120 mg. She has had severe headaches for 3 days and is crying in the office profusely. She is requesting to go up on the Cymbalta as she cannot take this agony anymore. On exam, she had severe muscle spasm of the trapezius muscle and also the trapezius muscle aponeurosis was extremely tender and reproduced her headaches. She was not able to tell which side the headache was at. It was diffuse in the suboccipital region at the top of her head, neck. With trigger point injection 1 cm lateral to midline in the suboccipital trapezius muscle aponeurosis and right greater occipital nerve block her headache completely and 100% assist. Within 30 seconds she did not need a left-sided injection. There is decreased sensation below the elbow and the right arm not in a dermatomal pattern. There is decreased biceps strength on the right side and decreased shoulder abduction. The triceps is extremely weak and exhibits clonus-type movement at initiation of elbow extension. The left triceps is also quite weak. There is also weakness of right finger extensors and wrist flexors are clinical exam findings supporting right C7 radiculopathy. Diagnoses include 1) joint pain shoulder 2) cervical spondylosis 3) causalgia of upper limb 4) cervical radiculopathy 5) occipital neuralgia 6) rotator cuff syndrome unspecified 7) spasm of muscle 8) chronic headache.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MORPHINE ER 30MG #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids section, Weaning of Medications section Page(s): 74-95, 124.

**Decision rationale:** The requesting physician has prescribed morphine ER 30 mg every morning for chronic pain. The injured worker was injured 12 years ago and is being treated chronically with opioid pain medications. The requesting physician does not report the efficacy of opioid pain medication in the injured worker, specifically as a reduction in pain intensity, improved function or difference in physical exam. The guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. They do provide guidance on the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy, which is not the case in the current management of this injured worker. It may be the case that this injured worker requires some opioid pain management, but the clinical documents do not provide the information needed to determine it is necessary. It is not recommended to discontinue opioid treatment abruptly, as weaning of medications is necessary to avoid withdrawal symptoms when opioids have been used chronically. This request however is not for a weaning treatment, but to maintain treatment. The request for morphine ER 30 mg #30 is determined to not be medically necessary.

**NORCO 10/325MG # 90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids section, Weaning of Medications section Page(s): 74-95, 124.

**Decision rationale:** The requesting physician has prescribed Norco 10/325 mg every 8 hours when necessary for breakthrough pain. The injured worker was injured 12 years ago and is being treated chronically with opioid pain medications. The requesting physician does not report the efficacy of opioid pain medication in the injured worker, specifically as a reduction in pain intensity, improved function or difference in physical exam. The guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. They do provide guidance on the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy, which is not the case in the current management of this injured worker. It may be the case that this injured worker requires some opioid pain management, but the clinical documents do not provide the information needed to determine it is necessary. Additionally, the prescription is for treatment every 8 hours when necessary for breakthrough pain, yet 90 tablets are prescribed. This suggests that the treatment is not for breakthrough pain, but continuous treatment. Continuous treatment would require 90 tablets, and breakthrough treatment only should be less than 90. It is not recommended to discontinue opioid treatment abruptly, as weaning of medications is necessary

to avoid withdrawal symptoms when opioids have been used chronically. This request however is not for a weaning treatment, but to maintain treatment. The request for morphine Norco 10/325 mg #90 is determined to not be medically necessary.

**CYCLOBENZAPRINE 7.5MG #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine section, Muscle Relaxants (for pain) section Page(s): 41-42, 63-64.

**Decision rationale:** The requesting physician has prescribed cyclobenzaprine 7.5 mg twice a day for cervical muscles spasm, especially the trapezius muscle. Clinical documentation reports that the injured worker was injured 12 years ago, and she has been treated chronically with cyclobenzaprine. Cyclobenzaprine is recommended by the MTUS guidelines for short periods with acute exacerbations, but not for chronic or extended use. The guidelines report that the effect of cyclobenzaprine is greatest in the first four days of treatment. Chronic use of cyclobenzaprine may cause dependence, and sudden discontinuation may result in withdrawal symptoms. Discontinuation should include a tapering dose to decrease withdrawal symptoms. This request however is not for a tapering dose. The request for cyclobenzaprine 7.5 mg #60 is determined to not be medically necessary.