

<b>Case Number:</b>	CM14-0036810		
<b>Date Assigned:</b>	06/25/2014	<b>Date of Injury:</b>	10/28/2012
<b>Decision Date:</b>	08/21/2014	<b>UR Denial Date:</b>	03/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/26/2014

### 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, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 40-year-old female who reported an injury on 10/20/2012. The mechanism of injury was not provided in the medical records. Her diagnoses include cervical radiculitis, lumbar radiculitis, and chronic pain syndrome. Her previous treatments included medication. Per the clinical note dated 02/24/2014, the injured worker had complaints of neck pain, thoracic pain, low back pain, pelvis pain, and on-going headaches. She reported her pain was an 8/10 with medications and a 10/10 without medications. The injured worker reported that her pain medication was helpful and the time until pain relief was approximately 1 hour, the pain relief from each medication lasts for 3 hour, the least reported pain since last assessment was 8/10, and functional improvements noted with the medication include bathing, brushing teeth, climbing stairs, combing and washing hair, dressing, and sitting. On physical examination of the cervical spine, the physician reported there was tenderness, decreased range of motion, spasms, and increased pain with flexion, extension and rotation. The physician reported on examination of the lumbar spine, there were spasms noted in the paraspinal musculature with decreased range of motion due to pain. He reported her sensory exam also showed decreased sensation in her bilateral lower extremities. The physician's treatment plan included a urine drug screen and prescription for MS Contin CR 30 mg, 300/50 mg of Tylenol with codeine No. 4, vitamin D 2000 unit tablet, gabapentin 600 mg tablet, and cyclobenzaprine 10 mg tablet. A urine drug screen report dated 03/03/2014, showed findings consistent with the patient's medications. The current request was for pharmacy purchase MS Contin CR 30 mg #90, Tylenol No. 4 #90, vitamin D 2000 units qty 60, and cyclobenzaprine #90. The request for authorization and rationale for each request were not provided in the medical records.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Pharmacy purchase MS contin CR 30mg #90: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 78.

**Decision rationale:** The request for pharmacy purchase MS Contin CR 30 mg #90 is non-certified. The California MTUS Guidelines state for ongoing management of opioids, the patients should have ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The pain assessment should include current pain, the least reported pain over the period since last assessment, average pain, the intensity of pain after taking opioids, how long it takes for the pain relief, and how long the pain relief lasts. The clinical documentation provided sufficient documentation indicating that the injured worker's medications were effective and provided adequate pain relief and increased function, and she had no indication of drug abuse and a consistent urine drug screen. Therefore, continued use of opioids would be supported. However, the request failed to provide the frequency of the medication. As such, the request for pharmacy purchase MS Contin CR 30 mg #90 is non-certified.

### **Tylenol No. 4 #90: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 78.

**Decision rationale:** The request for Tylenol No. 4 #90 is non-certified. The California MTUS Guidelines state for ongoing management of opioids, the patients should have ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The pain assessment should include current pain, the least reported pain over the period since last assessment, average pain, the intensity of pain after taking opioids, how long it takes for the pain relief, and how long the pain relief lasts. The clinical documentation provided sufficient documentation indicating that the injured worker's medications were effective and provided adequate pain relief and increased function, and she had no indication of drug abuse and a consistent urine drug screen. Therefore, continued use of opioids would be supported. However, the request failed to provide the frequency of the medication. As such, the request for Tylenol No. 4 #90 is non-certified.

### **Vitamin D 2000 units QTY: 60.00: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The request for vitamin D 2000 units QTY: 60 is non-certified. The Official Disability Guidelines state vitamin D is recommended for consideration of use in patients who have chronic pain. It is under study as an isolated pain treatment, and vitamin D deficiency is not considered a Workers' Compensation condition. The clinical documentation provided indicated the injured worker continued to have chronic pain; however, Vitamin D is still under study as an isolated pain treatment for pain and therefore, is not recommended. It was also unclear in the documentation as to why Vitamin D was being prescribed to the injured worker. The request also failed to provide the frequency for the medication. Therefore, due to Vitamin D being understudy for isolated pain treatment and the lack of rationale to indicate why Vitamin D was being prescribed, the request would not be supported. As such, the request for vitamin D 2000 units QTY: 60 is non-certified.

**Cyclobenzaprine #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines Muscle relaxants.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63.

**Decision rationale:** The request for cyclobenzaprine #90 is non-certified. The California MTUS Guidelines state that muscle relaxants are recommended with caution as a second line option for short-term treatment of acute exacerbation in patients with chronic low back pain. However, in most low back pain cases, they show no benefit beyond NSAIDs in pain and overall improvement. The guidelines state that cyclobenzaprine is recommended for a short course of therapy for no longer than 2 to 3 weeks. The clinical documentation provided indicated the injured worker had cervical and lumbar spasms; however, the clinical documentation failed to indicate if the spasms were decreased with use of cyclobenzaprine. Therefore, due to the lack of documentation to indicate the efficacy of the medication, and as the documentation shows that the injured worker has been utilizing this medication for longer than 2-3 weeks, the criteria has not been met for the use of muscle relaxants. As such, the request for cyclobenzaprine #90 is non-certified.