

<b>Case Number:</b>	CM14-0048737		
<b>Date Assigned:</b>	06/25/2014	<b>Date of Injury:</b>	08/21/2012
<b>Decision Date:</b>	07/23/2014	<b>UR Denial Date:</b>	03/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/27/2014

### 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 Practice 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:

51 yr. old male claimant sustained an industrial injury on 8/21/12 resulting in chronic neck pain and a diagnosis of cervical disk protrusions with multi-level radiculopathy. A progress note on 2/14/14 noted that the claimant had 7/10 pain. The examination was notable for cervical, thoracic and lumbar para spinal tenderness and reduced range of motion. The claimant was unable to get prior requests for epidurals approved. He was given a prescription for Anexsia for pain control. He had been given Ultram for a few months prior. An examination on 3/14/14 indicated continued 7/10 pain and Anexsia was continued. On 5/12/14, the pain remained at 7/10 and Flurbiprofen cream was requested for topical pain control.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ANEXSIA 7.5/325 MG, #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47,49,Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, page(s) 78-80 Page(s): 78-80. Decision based on Non-MTUS Citation Non-MTUS ACOEM Practice Guidelines, Chapter 6: Pain, Suffering, Restoration of Function, page 115.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, page(s) 82-92 Page(s): 82-92.

**Decision rationale:** Anexsia contains Hydrocodone and Acetaminophen (7.5/325). Anexsia is a short acting opioid used for breakthrough pain. According to the MTUS guidelines are not indicated at 1st line therapy for neuropathic pain, and chronic back pain . It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant has been on Anexsia as well as other opioids including Tramadol for a prolonged period with no improvement in pain scale . The continued use of Anexsia is not medically necessary.