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| <b>Case Number:</b>   | CM14-0054943 |                              |            |
| <b>Date Assigned:</b> | 07/07/2014   | <b>Date of Injury:</b>       | 05/01/2007 |
| <b>Decision Date:</b> | 08/07/2014   | <b>UR Denial Date:</b>       | 04/14/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 04/24/2014 |

### 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 Interventional Spine 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 64-year-old female with an injury date of 05/01/07. Based on the 04/01/14 progress report provided by [REDACTED], the patient complains of right knee pain, persistent left thoracic pain s/p thoracotomy and thoracic fusion, and right neck pain and headaches. It appears the current chronic opioid therapy does help to allow increased function of ADL's. She rates her pain as a 7/10. The patient's diagnoses include the following: Lumbago, Thoracic or lumbosacral neuritis or radiculitis, unspecified, Postlaminectomy syndrome, cervical region, Osteoarthritis, generalized, multiple sites, Opioid dependence [REDACTED] is requesting for the following: Physical therapy qty: 18, Urine drug screen, Percocet 10/325 mg qty: 90, and Cyclobenzaprine 10 mg qty: 90. The utilization review determination being challenged is dated 04/14/14. [REDACTED] is the requesting provider, and he provided treatment reports from 09/19/13- 06/24/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy Quantity 18:** Upheld

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

**MAXIMUS guideline:** Decision based on the MTUS Chronic Pain Medical Treatment Guidelines Physical Medicine page 98-99.

**Decision rationale:** According to the 04/01/14 report by [REDACTED], the patient presents with right knee pain, persistent left thoracic pain s/p thoracotomy and thoracic fusion, and right neck pain and headaches. The request is for 18 sessions of physical therapy for treatment with traction trials. The California MTUS guidelines pages 98, 99 states that for Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended. In this case, the provider has asked for 18 total sessions of therapy for the patient. A short course of treatment may be reasonable if the patient is flared-up, has a new injury or aggravated. However, such documentations are not provided and the request of 18 sessions exceeds what is allowed per the California MTUS Guidelines. Therefore, the request is not medically necessary.

**Urine Drug Screen:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on the Non-MTUS Official Disability Guidelines (ODG), Criteria for Use of Urine Drug Testing

**Decision rationale:** According to the 04/01/14 report by [REDACTED], the patient presents with right knee pain, persistent left thoracic pain s/p thoracotomy and thoracic fusion, and right neck pain and headaches. The request is for a urine drug screen. The 03/18/14 and 04/01/14 urine drug screens were Appropriately negative for opiates and positive for benzodiazepines, TCA's and oxycodone. Negative for THC, cocaine, amphetamines, methamphetamines, PCP, MDMA, barbiturates, methadone. While the MTUS Guidelines does not specifically address how frequent UDS should be obtained from various risks opiate users, The Official Disability Guidelines provides a clearer guideline for low risk opiate users. It recommends once yearly urine drug screen following initial screening within the first six months for management of chronic opiate use. The patient had two urinalysis on 03/18/14 and 04/01/14; the patient does not present a high risk for opiates abuse. There were no concerns raised to warrant a more frequent UDS has to help manage this patient's opiates use. Therefore, the request is not medically necessary.

**Percocet 10/325mg Quantity 90:** Upheld

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

**MAXIMUS guideline:** Decision based on the MTUS Chronic Pain Medical Treatment Guidelines, Medications for chronic pain Criteria for use of Opioids, page 60-61, 88-89.

**Decision rationale:** According to the 04/01/14 report by [REDACTED], the patient presents with right knee pain, persistent left thoracic pain s/p thoracotomy and thoracic fusion, and right neck

pain and headaches. The request is for Percocet 10/325 mg qty: 90. None of the reports mentioned anything specifically regarding Percocet. Medications were reviewed and reconciled with patient. For chronic opiate use, the MTUS Guidelines page 88 and 89 require functioning documentation using a numerical scale or a validated instrument at least once every six months. Documentation of the 4A (analgesia, ADLs, adverse side effects, and adverse behavior) and documentation of current pain, average pain, least pain, time it takes for medication to work, duration of pain relief with medication, etc. are required. There are no discussions regarding any functional improvement specific to Percocet use, nor do any reports discuss any significant change in ADL attributed to use of Percocet. Given the need of sufficient documentation demonstrating efficacy from chronic opiate use, the patient should now slowly be weaned as outlined in the California MTUS Guidelines. Therefore, the request is not medically necessary.

**Cyclobenzaprine 10mg Quantity 90: Upheld**

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

**MAXIMUS guideline:** Decision based on the MTUS Chronic Pain Medical Treatment Guidelines, Cyclobenzaprine (Flexeril®, Amrix®, Fexmid™, generic available) Muscle Relaxants (for pain), page 63-64.

**Decision rationale:** According to the 04/01/14 report by [REDACTED], the patient presents with right knee pain, persistent left thoracic pain s/p thoracotomy and thoracic fusion, and right neck pain and headaches. The request is for Cyclobenzaprine 10 mg qty: 90. None of the progress reports provided indicates how Cyclobenzaprine gave functional improvement and pain relief. According to the California MTUS guidelines, Cyclobenzaprine are not recommended to be used for longer than 2-3 weeks. Based on the review of the reports, it is not known when and if the patient has previously taken Cyclobenzaprine. Therefore, it is not known if the patient has already been on this medication for over 2-3 weeks. There is also no evidence or documentation that it has done anything for the patient's pain or spasms. Therefore, the request is not medically necessary.