

<b>Case Number:</b>	CM14-0064748		
<b>Date Assigned:</b>	08/08/2014	<b>Date of Injury:</b>	01/18/2012
<b>Decision Date:</b>	10/06/2014	<b>UR Denial Date:</b>	03/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/24/2014

### 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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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:

Patient is a 34-year-old male who has submitted a claim for herniated nucleus pulposus of the cervical spine, left shoulder sprain/strain, left hand sprain/strain, lumbar sprain/strain, electrocution burn injuries of the left hand, anxiety, and insomnia associated with an industrial injury date of 1/18/2012. Medical records from 2013 to 2014 were reviewed. Patient complained of moderate neck pain, left shoulder pain, low back pain, and trouble sleeping. Physical examination of the cervical spine, lumbar spine, and bilateral shoulder joints showed limited range of motion. Back pain radiated to bilateral lower extremities at L4 to L5 dermatomes. He also complained of numbness and tingling of both hands and wrists. Jamar hand dynamometer testing showed a right grip strength of 105/110/110 versus 70/70/50 at the left. Straight leg raise test was positive bilaterally. Patient had spasm of the paracervical and paralumbar muscles. Cervical compression test and Spurling's test were positive. Reflexes of bilateral upper extremities were graded 3+. Sensation was diminished at left C5 to C6 dermatomes. Muscle strength of left upper extremity muscles was graded 4/5. Progress report from 7/24/2014 stated that patient had symptoms of opioid addiction; hence, the request for pain management consultation to discontinue Norco. Urine drug screen from 7/10/2014 showed inconsistent results with prescribed medications. MRI of the cervical spine, dated 12/13/2013, revealed a 4-mm disc herniation at C5 to C6 with cord compression and severe left greater than right stenosis. Treatment to date has included physical therapy, extracorporeal shockwave therapy, and medications such as Norco (since 2012), gabapentin (since 2013), Xanax (for insomnia since 2013), Fioricet (for headaches since 2013), and Prilosec. Current treatment plan includes anterior cervical discectomy and fusion at C5 to C6. However, patient was not able to discontinue smoking and no consent was given, as cited from 7/24/2014 report. Utilization review from 3/11/2014 denied the request for Pain Management Consultation because there was no

documentation that the patient had radiculopathy to warrant such; denied Consultation with a Spine Surgeon because of no documentation that the patient had failed conservative treatment; denied Norco 10/325mg #60 because of no evidence of pain relief or functional benefit; denied Fiorinal 50/135mg #60 because it contained butalbital which was not recommended by the guidelines; denied Gabapentin 300mg #60 because of no evidence of neuropathic pain; denied Xanax 1mg #60 because of no documentation that patient had anxiety or muscle spasms; and denied Prilosec 20mg #90 because of no gastrointestinal complaints.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Pain Management Consultation: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 7

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) <Chapter 7, Independent Medical Examinations and Consultations, page(s) <127>

**Decision rationale:** As stated on page 127 of the California MTUS ACOEM Independent Medical Examinations and Consultations Chapter, occupational health practitioners may refer to other specialists if the diagnosis is uncertain, or when psychosocial factors are present. In this case, patient complained of moderate neck pain, left shoulder pain, and low back pain. Symptoms persisted despite physical therapy, extracorporeal shockwave therapy and medications. Patient has been on Norco since 2012 and current treatment plan is to discontinue opioids to prevent opioid-dependence. The request for a pain specialist referral is to explore other non-addicting pain medications. The medical necessity has been established because of clear rationale presented in the records. Therefore, the request for Pain Management Consultation is medically necessary.

#### **Consultation with a Spine Surgeon: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 7

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) <Chapter 7, Independent Medical Examinations and Consultations, page(s) <127>

**Decision rationale:** As stated on page 127 of the California MTUS ACOEM Independent Medical Examinations and Consultations Chapter, occupational health practitioners may refer to other specialists if the diagnosis is uncertain, or when psychosocial factors are present. In this case, patient complained of moderate neck pain associated with numbness and tingling sensation

of both hands and wrists. Physical examination showed positive cervical compression test and Spurling's maneuver. Reflexes of bilateral upper extremities were graded 3+. Motor testing of left upper extremity muscles was rated 4/5. Sensation was diminished at left C5 to C6 dermatomes. MRI of the cervical spine, dated 12/13/2013, revealed a 4-mm disc herniation at C5 to C6 with cord compression and severe left greater than right stenosis. Current treatment plan includes anterior cervical discectomy and fusion at C5 to C6. Clinical manifestations are consistent with radiculopathy and corroborated by imaging findings. However, there was no evidence of failure and exhaustion of conservative management. Moreover, progress report from 7/24/2014 stated that patient was not able to discontinue smoking (a criterion in cervical fusion). Patient likewise did not provide consent for surgery. There is no clear indication for surgery referral at this time. Therefore, the request for Consultation with a Spine Surgeon is not medically necessary.

**Norco 10/325mg #60:** Upheld

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

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

**Decision rationale:** As stated on page 78 of CA MTUS Chronic Pain Medical Treatment Guidelines, there are 4 A's for ongoing monitoring of opioid use: pain relief, side effects, physical and psychosocial functioning and the occurrence of any potentially aberrant drug-related behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. In this case, patient has been on Norco since 2012. However, the medical records do not clearly reflect continued analgesia, continued functional benefit, or a lack of adverse side effects. MTUS Guidelines require clear and concise documentation for ongoing management. Urine drug screen from 7/10/2014 also showed inconsistent results with prescribed medications. Furthermore, progress report from 7/24/2014 stated that patient had chronic use of opioids; hence, the plan was to discontinue Norco. Therefore, the request for Norco 10/325mg #60 is not medically necessary.

**Fiorinal 50/135mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Barbiturate-containing analgesic agents (BCA's).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Barbiturate-containing analgesics Page(s): 23.

**Decision rationale:** Fiorinal (Butalbital/aspirin/caffeine) is classified under barbiturate-containing analgesics (BCA). CA MTUS Chronic Pain Medical Treatment Guidelines state that barbiturate-containing analgesics are not recommended for chronic pain, with high potential for drug dependence and no evidence to show a clinically important enhancement of analgesic

efficacy of BCAs due to the barbiturate constituents. There is a risk of medication overuse, as well as rebound headache. In this case, the patient was prescribed Fiorinal since 2013 for headaches. However, there was no documentation concerning pain relief and functional improvement derived from its use. Moreover, it was unclear as to why Fiorinal was prescribed despite its potential adverse effects. Therefore, the request for Fiorinal 50/135mg #60 is not medically necessary.

**Gabapentin 300mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AED's).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy Drugs Page(s): 16-17.

**Decision rationale:** As stated on pages 16 - 17 of CA MTUS Chronic Pain Medical Treatment Guidelines, antidepressants, such as pregabalin and gabapentin, are recommended as a first line option for neuropathic pain, i.e., painful polyneuropathy. In this case, the patient has been on gabapentin since 2013. Patient's manifestations of neck pain radiating to bilateral upper extremities associated with numbness, are consistent with neuropathic pain. However, there was no documentation concerning pain relief and functional improvement derived from medication use. Therefore, the request for Gabapentin 300mg #60 is not medically necessary.

**Xanax 1mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

**Decision rationale:** As stated on page 24 of CA MTUS Chronic Pain Medical Treatment Guidelines, benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. In this case, patient has been on Xanax since 2013 for insomnia. However, there was no discussion concerning sleep hygiene. Furthermore, it is not recommended for long-term use as stated by the guidelines. Therefore, the request for Xanax 1mg #60 is not medically necessary.

**Prilosec 20mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAID's, GI symptoms & cardiovascular risk.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms, and Cardiovascular Risk Page(s): 68.

**Decision rationale:** As stated on page 68 of CA MTUS Chronic Pain Medical Treatment Guidelines, clinicians should weigh the indications for NSAIDs against both GI and cardiovascular risk factors: age > 65 years, history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, or anticoagulant; or on high-dose/multiple NSAIDs. Patients with intermediate risk factors should be prescribed proton pump inhibitors (PPI). In this case, patient has been on omeprazole since 2013. However, there was no subjective report of heartburn, epigastric burning sensation or any other gastrointestinal symptoms that may corroborate the necessity of this medication. Furthermore, patient did not meet any of the aforementioned risk factors. The guideline criteria were not met. Therefore, the request for Prilosec 20mg #90 is not medically necessary.