

<b>Case Number:</b>	CM14-0064950		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	09/17/2001
<b>Decision Date:</b>	08/14/2014	<b>UR Denial Date:</b>	04/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/08/2014

### 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 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:

The injured worker is a 45-year-old female who reported an injury on September 17, 2001 due to a motor vehicle accident. The injured worker was referred for neurosurgery consultation on April 30, 2014. The injured worker reported the pain was a dull ache in the neck that radiated to a sharper, burning pain into the scapular regions, arms and forearm, the right side more affected than the left. She also stated the extremity pain was provoked by head turning. The injured worker reported she used NSAIDs (non-steroidal anti-inflammatory drugs), opioids, and muscle relaxants and has undergone massage and physical therapy without sustained relief. She had a cervical epidural steroid injection that provided 50% pain relief and was short lived. Medications for the injured worker were Percocet 10/325 mg, Soma 250 mg, Celebrex 200 mg, Nexium 40 mg, and Lidoderm 5% patch. Physical exam revealed strength in the right and left deltoid was 5/5, shoulder external rotation was 5/5, triceps was 5/5, pronator drift was not present, and Babinski's sign was absent. The injured worker had a cervical MRI on September 5, 2013. The impression was physical findings of mild weakness in the injured worker's right wrist extensors, a C6 innervated muscle group and Hoffmann's sign. Her neuro imaging demonstrated severe C4-5 cervical stenosis. It was noted the injured worker's symptoms and signs were more consistent with C6 and C7 nerve root irritation which was caused by spondylosis causing foraminal narrowing at the C5-6 and C6-7 levels. It was recommended the injured worker undergo decompression at the C4-5 level for spinal cord protection. It was reported that this would benefit the injured worker for a C6 and C7 nerve root decompression to address the subjective and medically refractory complaints. Treatment plan for the injured worker were cervical x-rays with dynamic flexion and extension views in the upright position. The request submitted was for Lidoderm patches, Soma, Percocet and Nexium. Urine toxicology was

submitted for review. The rationale and request for authorization were not submitted for review. The diagnoses were cervical radiculopathy and disc prolapse with myelopathy.

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

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

**Lidoderm 5% patch thirty count:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm, Topical Analgesics Page(s): 56, 111, 112.

**Decision rationale:** The injured worker has diagnoses of cervical radiculopathy and disc prolapse with myelopathy. The California Medical Treatment Utilization Schedule states Lidoderm may be recommended for localized peripheral pain after there has been evidence of a trial of first line therapy (tricyclic or SNRI [serotonin-norepinephrine reuptake inhibitor] antidepressants or an AED [anti-epileptic drug] such as gabapentin or Lyrica). This is not a first line treatment and is only FDA approved for postherpetic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than postherpetic neuralgia. Although the injured worker has reported some pain relief from using the Lidoderm patch, there was a lack of objective functional benefit from the medication to support continuation. The request as submitted did not indicate a frequency for the medication. Therefore, the request for Lidoderm 5% patch thirty count is not medically necessary or appropriate.

**Soma 250mg thirty count:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxant. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain Procedure Summary last updated 04/10/2014.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol, Muscle Relaxants Page(s): 29, 63.

**Decision rationale:** It was stated the injured worker takes Soma for muscle spasms. The California Medical Treatment Utilization Schedule states for carisoprodol (Soma) is not recommended. This medication is not indicated for long-term use. Carisoprodol is a commonly prescribed, centrally acting skeletal muscle relaxant whose primary active metabolite is Meprobamate. Abuse has been noted for sedative and relaxant effects. It is unknown how long the injured worker has been taking carisoprodol. The guidelines also state that muscle relaxants show no additional benefit when combined with NSAIDs. It also states efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. The request submitted for review does not indicate a frequency for the medication. It was not indicated how long the injured worker has been taking Soma and Soma is not recommended for

long term use. Objective functional improvement was not documented to support continuation. The medical necessity for taking Soma was not justified. Therefore, the request for Soma 250mg thirty count is not medically necessary or appropriate.

**Percocet 10/325mg 150 count:** Upheld

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

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

**Decision rationale:** The documentation provided did not provide evidence of pain relief from the Percocet, increased level of function, or improved quality of life were not documented. The California Medical Treatment Utilization Schedule states for ongoing management documentation of pain relief, functional status, appropriate medication use, and side effects should be assessed on a regular basis. Pain assessment should include, current pain, the least reported pain over the period since last assessment, average pain, intensity of pain after taking the opioid, how long it takes for pain relief, and how long the pain relief lasts. There have been 4 domains proposed as most relevant for ongoing monitoring of chronic pain patients on opioids to include pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the 4 A's (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behavior). Adverse side effects and aberrant behavior were not addressed in the documentation provided and there were no VAS scales for pain reported. The request submitted does not indicate a frequency for the medication. Therefore, the request for Percocet 10/325mg 150 count is not medically necessary or appropriate.

**Nexium 40mg thirty count:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs: GI symptoms and cardiovascular risk.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms and Cardiovascular Risk Page(s): 68, 69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Proton Pump Inhibitors.

**Decision rationale:** There was no diagnosis to corroborate the usage of Nexium. The injured worker had no complaints of gastrointestinal events. To determine if a patient is at risk for gastrointestinal events the medical guidelines has set forth with suggestions for evaluation, such as patients over 65 years of age, history of peptic ulcer, GI bleeding, concurrent use of aspirin, corticosteroids, and/or an anticoagulant, high dose/multiple NSAID. Nonselective NSAIDs are okay for patients with no risk and no cardiovascular disease. Patients at high risk for gastrointestinal events with no cardiovascular disease, a COX-2 selective agent plus a proton pump inhibitor if absolutely necessary. The clinical information did not provide information to support the injured worker was at risk of gastrointestinal events, was currently experiencing

gastrointestinal symptoms or the efficacy of the medication to support continuation. The request does not indicate the frequency for the medication. Therefore, the request for Nexium 40mg thirty count is not medically necessary or appropriate.