

<b>Case Number:</b>	CM14-0195529		
<b>Date Assigned:</b>	12/03/2014	<b>Date of Injury:</b>	01/26/2012
<b>Decision Date:</b>	10/07/2015	<b>UR Denial Date:</b>	11/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/21/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: California  
 Certification(s)/Specialty: Family Practice

### 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 48 year old male with an industrial injury dated 01/26/2012. The injured worker's diagnoses include neck pain, low back pain, upper back pain, left shoulder pain, and left carpal tunnel syndrome. Treatment consisted of MRI of cervical/lumbar/left shoulder, status post left shoulder arthroscopic surgery dated 04/30/2013, prescribed medications, cortisone injection and periodic follow up visits. In a progress note dated 09/23/2014, the injured worker presented for further evaluation of neck, left shoulder, mid and low back pain. Objective findings revealed decreased lumbar extension/flexion and limited left shoulder abduction. In a progress note dated 10/17/2014, the injured worker reported ongoing neck, thoracic, left shoulder and low back pain. Objective findings revealed no significant change. Treatment plan consisted of medication management. The treating physician prescribed retrospective request for Norco 10/325mg #180, Flexeril 10mg #30, Trazadone 50mg #60, Effexor 75mg #30, Biofreeze gel #2 tubes, #2 roll-ons, Prilosec 20mg #30, and Naprosyn 550mg #60 now under review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective request for Norco 10/325mg #180: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain, Testosterone replacement for hypogonadism (related to opioids).

**Decision rationale:** As per the MTUS guidelines, a recent epidemiologic study found that opioid treatment for chronic non-malignant pain did not seem to fulfill any of key outcome goals including pain relief, improved quality of life, and/or improved functional capacity. The MTUS guidelines also note that opioid tolerance develops with the repeated use of opioids and brings about the need to increase the dose and may lead to sensitization. It is now clear that analgesia may not occur with open-ended escalation of opioids. It has also become apparent that analgesia is not always sustained over time, and that pain may be improved with weaning of opioids. In order to support continued opioid use, the MTUS guidelines, note that there should be improvement in pain and function. The MTUS guidelines also note that four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) 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 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. The MTUS guidelines also note that the long term use of opioids leads to testosterone imbalance in men. In this case, the medical records do not establish that the injured worker meets the criteria for ongoing opioid use. The medical records also note that Utilization Review had allowed for modification for weaning purposes. The request for Retrospective request for Norco 10/325mg #180 is not medically necessary and appropriate.

**Retrospective request for Flexeril 10mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Cyclobenzaprine (Flexeril), Muscle relaxants (for pain).

**Decision rationale:** According to the MTUS Chronic Pain Medical Treatment Guidelines, Cyclobenzaprine (Flexeril) is recommended as an option, using a short course of therapy. References state that Cyclobenzaprine (Flexeril) is more effective than placebo in the management of back pain; the effect is modest and comes at the price of greater adverse effects. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. The guidelines also state that muscle relaxants are recommended for with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. The guidelines state that efficacy of muscle relaxers appears to diminish over time, and prolonged use of some medications may lead to dependence. The medical records indicate that the injured worker has been prescribed muscle relaxants for an extended

period of time. Chronic use of muscle relaxants is not supported and as such the request for Retrospective request for Flexeril 10mg #30 is not medically necessary and appropriate.

**Retrospective request for Trazadone 50mg #60: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress Chapter/Trazodone (Desyrel).

**Decision rationale:** According to ODG, Trazodone (Desyrel) is recommended as an option for insomnia, only for patients with potentially coexisting mild psychiatric symptoms such as depression or anxiety. The medical records note coexisting symptoms of depression and anxiety and the request for Trazodone for insomnia is supported. The request for Retrospective request for Trazadone 50mg #60 is medically necessary and appropriate.

**Retrospective request for Effexor 75mg #30: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress Chapter/PTSD pharmacotherapy.

**Decision rationale:** According to ODG, among the pharmacological treatments for PTSD, there is evidence of moderate strength supporting the efficacy of venlafaxine for improving PTSD symptoms. Paroxetine and venlafaxine may have the best evidence supporting their efficacy. Unlike the other medications with evidence of efficacy for improving PTSD symptoms, they both also have evidence of efficacy for achieving remission. In addition, venlafaxine has evidence of efficacy for improving depression symptoms, quality of life, and functional impairment. In this case, the medical records note efficacy with the utilization of Effexor ( Venlafaxine) and this medication is supported. The request for Retrospective request for Effexor 75mg #30 is medically necessary and appropriate.

**Retrospective request for Biofreeze #2 tubes, #2 roll-ons: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter/Biofreeze.

**Decision rationale:** According to ODG, Biofreeze cryotherapy gel is recommended as an optional form of cryotherapy for acute pain. Biofreeze is a nonprescription topical cooling agent with the active ingredient menthol that takes the place of ice packs. Whereas ice packs only work for a limited period of time, Biofreeze can last much longer before reapplication. This randomized controlled study designed to determine the pain-relieving effect of Biofreeze on acute low back pain concluded that significant pain reduction was found after each week of treatment in the experimental group. The injured worker is followed for injuries to multiple body parts and the request for Biofreeze is supported. The request for Retrospective request for Biofreeze #2 tubes, #2 roll-ons is medically necessary and appropriate.

**Retrospective request for Prilosec 20mg #30:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

**Decision rationale:** According to the MTUS guidelines, proton pump inhibitors may be indicated for the following cases: (1) age greater than 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID . The medical records note that the injured worker is being prescribed Naprosyn 550 mg #60. The request for Retrospective request for Prilosec 20mg #30 is medically necessary and appropriate.

**Retrospective request for Naprosyn 550mg #60:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Anti-inflammatory medications.

**Decision rationale:** According to the MTUS guidelines, anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. In this case, the medical records indicate that the injured worker is followed for chronic pain to multiple body parts. Efficacy has been noted with the utilization of naproxen. The request for Retrospective request for Naprosyn 550mg #60 is medically necessary and appropriate.