MAXIMUS Federal Services

Case Number:	CM14-0207366		
Date Assigned:	12/19/2014	Date of Injury:	06/04/2012
Decision Date:	02/10/2015	UR Denial Date:	11/13/2014
Priority:	Standard	Application Received:	12/11/2014

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 Rehab, has a subspecialty in Interventional Spine Pain Management 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 60 year old female with an injury date of 06/04/12. Based on the 11/03/14 progress report provided by treating physician, the patient complains of ongoing neck pain with intermittent pain and numbness radiating down the bilateral upper extremities primarily over the C7 dermatome distribution and associated headaches with pain rated 10/10. Patient also complains of constant lower back pain (unrated) and right wrist and hand pain (unrated). Physical examination 11/03/14 reveals painful limited range of motion of the cervical spine, tenderness on palpation to the L4-L5 facets with positive facet loading noted. Bicep and brachioradialis reflexes were absent bilaterally, with decreased motor strength of the right shoulder. Range of motion was decreased in the cervical spine in all planes, lumbar spine especially on flexion. Negative straight leg test was noted bilaterally. The patient is currently prescribed Xanax, Zofran, Voltaren, Norco, and Protonix. Per progress report dated 11/03/14: Diagnostic EMG performed 08/01/13 indicating evidence of bilateral median neuropathy across the wrist with bilateral sensory involvement, mild abnormal nerve conduction of the right lower extremity suggestive of RIGHT L5-S1 nerve root involvement. MRI dated 07/26/13 of cervical spine showed 2-3mm posterior disc/endplate osteophyte complexes from C4-C5 through C7-T1, minimal to mild central canal stenosis, multi-level neuroforaminal stenosis bilaterally, worse on left at C4-C5. MRI of the left shoulder dated 07/26/13 showed Arthrosis of the acromioclavicular joint with mild narrowing of the subacromial space, moderate tendinosis of the distal supraspinatus tendon without evidence of full-thickness rotator cuff tear, degenerative change of the labrum anteriorly without evidence of dislocation, minor inflammatory changes in the joint space. MRI of the lumbar spine dated 07/26/13 showed lumbar hyperlordosis and scoliosis, 2-3mm posterior disc protrusion at the lower four lumbar interspaces with mild central stenosis at

all four levels, multilevel foraminal narrowing, most pronounced at the left L1-L2 and right L5-S1. MRI dated 07/26/13 of the thoracic spine showed mild thoracic kyphoscoliosis, multilevel disc desiccation with minor endplate spondylosis throughout the thoracic spine; however no significant disc protrusion identified. Diagnosis 11/03/14, 10/23/14 - Cervicogenic headaches - C5-C6 and C6-C7 disc degeneration - Left leg radiculopathy with weakness - L4-S1 disc degeneration - Right coronal plane deformity - Right greater trochanter bursitis - C5-C6 posterior disc protrusion The utilization review determination being challenged is dated 11/13/14. The rationale follows: 1)"Regarding the request for Norco, objective evidence of pain reduction and improved functioning has not been provided to justify continued treatment with this medication." 2)"Regarding the request for Protonix, the indication for this medication is not clear, it is not supported in this clinical scenario since no risk factors for GI events are described. 3)"Regarding the request for Phenergan, evidence based guidelines do not support antiemetics such as promethazine for nausea and vomiting secondary to chronic opioid use." 4)"Regarding the request for Xanax, the patient has been prescribed with Xanax as early as 2013. Benzodiazepines such as alprazolam are generally not recommended for long term use because of their unproven long-term efficacy and their risk for dependence." Treatment reports were provided from 05/05/14 to 11/03/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

45 tablets of Norco 5/325mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain; criteria for use of opioids Page(s): 60, 61; 88, 89 and 76-78.

Decision rationale: The patient presents with ongoing neck pain with intermittent pain and numbness radiating down the bilateral upper extremities primarily over the C7 dermatome distribution and associated headaches with pain rated 10/10. Patient also complains of constant lower back pain (unrated) and right wrist and hand pain (unrated). The request is for 45 tablets of Norco 5/325MG. Physical examination 11/03/14 reveals painful limited range of motion of the cervical spine, tenderness on palpation to the L4-L5 facets with positive facet loading noted. Bicep and brachioradialis reflexes were absent bilaterally, with decreased motor strength of the right shoulder. Range of motion was decreased in the cervical spine in all planes, lumbar spine especially on flexion. Negative straight leg test was noted bilaterally. The patient is currently prescribed Xanax, Zofran, Voltaren, Norco, and Protonix. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In this case, provider has not stated how Norco reduces pain and significantly improves patient's activities of daily living; the four A's are not specifically addressed including

discussions regarding adverse effects, aberrant drug behavior and specific ADL's, etc. Given the lack of documentation as required by MTUS, this request is not medically necessary.

60 tablets of Protonix 20mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk Page(s): 69.

Decision rationale: The patient presents with ongoing neck pain with intermittent pain and numbness radiating down the bilateral upper extremities primarily over the C7 dermatome distribution and associated headaches with pain rated 10/10. Patient also complains of constant lower back pain (unrated) and right wrist and hand pain (unrated). The request is for 60 tablets of Protonix 20mg. Physical examination 11/03/14 reveals painful limited range of motion of the cervical spine, tenderness on palpation to the L4-L5 facets with positive facet loading noted. Bicep and brachioradialis reflexes were absent bilaterally, with decreased motor strength of the right shoulder. Range of motion was decreased in the cervical spine in all planes, lumbar spine especially on flexion. Negative straight leg test was noted bilaterally. The patient is currently prescribed Xanax, Zofran, Voltaren, Norco, and Protonix. MTUS Guidelines page 69 states "NSAIDs, GI symptoms and cardiovascular risk: Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." Regarding Protonix, or a proton pump inhibitor, MTUS allows it for prophylactic use along with oral NSAIDs when appropriate GI risk is present such as age greater 65; concurrent use of anticoagulants, ASA or high dose of NSAIDs; history of PUD, gastritis, etc. This medication also can be used for GI issues such as GERD, PUD or gastritis. In this case, provider has not provided a reason for the request. The patient is not currently prescribed NSAIDS for pain and progress reports do not indicate that the patient is currently taking NSAIDS over the counter. Additionally, no risk factors for GI complications, such as advanced age or past medical history of dyspepsia are noted in the progress reports provided. Therefore, this request is not medically necessary.

60 tablets of Xanax 0.5mg: Upheld

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

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

Decision rationale: The patient presents with ongoing neck pain with intermittent pain and numbness radiating down the bilateral upper extremities primarily over the C7 dermatome distribution and associated headaches with pain rated 10/10. Patient also complains of constant lower back pain (unrated) and right wrist and hand pain (unrated).The request is for 60 tablets of Xanax 0.5mg. Physical examination 11/03/14 reveals painful limited range of motion of the

cervical spine, tenderness on palpation to the L4-L5 facets with positive facet loading noted. Bicep and brachioradialis reflexes were absent bilaterally, with decreased motor strength of the right shoulder. Range of motion was decreased in the cervical spine in all planes, lumbar spine especially on flexion. Negative straight leg test was noted bilaterally. The patient is currently prescribed Xanax, Zofran, Voltaren, Norco, and Protonix. MTUS Guidelines page 24 states: "Benzodiazepines: 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. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks." Per the progress reports provided, patient has been receiving Xanax since at least 05/05/14. MTUS guidelines indicate that treatment with Xanax should be limited to 4 weeks duration and that tolerance to the anxiolytic effects occurs rapidly. While it is likely that this patient's chronic pain results in significant personal anxiety, the prolonged use of this medication is not indicated by MTUS guidelines and furthermore becomes clinically ineffective if taken over prolonged periods. Therefore, this request is not medically necessary.

120 tablets of Phenergan 25mg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Online edition, Chapter : Pain, Proton pump inhibitors (PPIs)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter for Antiemetics

Decision rationale: The patient presents with ongoing neck pain with intermittent pain and numbness radiating down the bilateral upper extremities primarily over the C7 dermatome distribution and associated headaches with pain rated 10/10. Patient also complains of constant lower back pain (unrated) and right wrist and hand pain (unrated). The request is for 120 tablets of Phenergan 25mg.Physical examination 11/03/14 reveals painful limited range of motion of the cervical spine, tenderness on palpation to the L4-L5 facets with positive facet loading noted. Bicep and brachioradialis reflexes were absent bilaterally, with decreased motor strength of the right shoulder. Range of motion was decreased in the cervical spine in all planes, lumbar spine especially on flexion. Negative straight leg test was noted bilaterally. The patient is currently prescribed Xanax, Zofran, Voltaren, Norco, and Protonix. ODG-TWC guidelines, Pain chapter for Antiemetics (for opioid nausea) states: "Not recommended for nausea and vomiting secondary to chronic opioid use. Recommended for acute use as noted below per FDA-approved indications. Nausea and vomiting is common with use of opioids. These side effects tend to diminish over days to weeks of continued exposure. Studies of opioid adverse effects including nausea and vomiting are limited to short-term duration (less than four weeks) and have limited application to long-term use. If nausea and vomiting remains prolonged, other etiologies of these symptoms should be evaluated for." Per MTUS guidelines, antiemetic medications are not

recommended for nausea and vomiting secondary to chronic opioid use. Furthermore, the progress report initiating the Phenergan treatment dated 11/03/14 fails to specify a reason for the request other than the patient's presumed opiate-related side effects. Due to the fact that this medication is not indicated for nausea associated with chronic opioid use per MTUS guidelines, and the failure of the provided reports to specify a separate condition for which its use would be clinically appropriate, this request is not medically necessary.