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| <b>Case Number:</b>   | CM14-0207471 |                              |            |
| <b>Date Assigned:</b> | 12/19/2014   | <b>Date of Injury:</b>       | 08/02/2001 |
| <b>Decision Date:</b> | 02/12/2015   | <b>UR Denial Date:</b>       | 11/24/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 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 Family Practice, 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:

This injured worker's date of injury is 08/02/2001. This patient receives treatment for chronic neck and bilateral shoulder pain. Diagnoses include right shoulder periscapular strain, s/p right shoulder arthroscopy with repair of SLAP tear and subacromial decompression. Additional diagnoses include s/p anterior C6-C7 discectomy, fusion, and hardware 2003, failed spinal cord stimulator, and failed cervical spine surgery syndrome. The patient received physical therapy. Medications used include Percocet, MS contin, Tylenol #3, Butrans patch, Cyclobenzaprine, and Norco. The patient is opioid dependent.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tylenol #3, #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80-82.

**Decision rationale:** This patient receives treatment for chronic pain involving the neck and shoulders. The patient has become opioid dependent, exhibits opioid tolerance, and may be exhibiting hyperalgesia, which are all associated with long-term opioid treatment. Opioids are

not recommended for the long-term management of chronic pain, because clinical studies fail to show either adequate pain control or a return to function, when treatment relies on opioid therapy. The documentation fails to document a quantitative assessment of any return to function. Based on the documentation treatment with Tylenol #3 is not medically indicated.

**Butrans patch 15 mcg #4:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Buprenorphine Page(s): 26-27.

**Decision rationale:** This patient receives treatment for chronic pain involving the neck and shoulders. This patient is opioid dependent. Butrans is indicated for the treatment of opiate addiction. It may also be indicated for patients after detoxification from opiates. This patient does not meet these clinical criteria. Butrans is not medically indicated.

**Fexmid 7.5 mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain) Page(s): 63-65.

**Decision rationale:** This patient receives treatment for chronic pain involving the neck and shoulders. Cyclobenzaprine is a muscle relaxer, specifically an anti-spasmodic. These drugs are recommended only for the short-term management of muscle spasm. Clinical studies do not show they are effective when used over the long term. Cyclobenzaprine is not medically indicated.

**Colace #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Codeine Page(s): 35.

**Decision rationale:** The guidelines show that codeine use is associated with constipation. More than one review has deemed codeine not medically indicated for this patient. In addition, the documentation does not make clear what degree of constipation the patient had or what benefit the Colace has had. Colace is not medically indicated.

**Urine drug screen:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, indicators for addiction Page(s): 87-89.

**Decision rationale:** A urine drug screen may be medically indicated for patients taking opioids for chronic pain, if there is documentation that they are at high risk for opioid misuse or addiction. These clinical "red flags" include: decreased functioning, observed intoxication, impaired control over medication use, and a negative affective state (mood). There is no documentation of these warning signs for abuse. The urine drug screen is not medically indicated.