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| <b>Case Number:</b>   | CM14-0208132 |                              |            |
| <b>Date Assigned:</b> | 12/22/2014   | <b>Date of Injury:</b>       | 02/11/2004 |
| <b>Decision Date:</b> | 02/13/2015   | <b>UR Denial Date:</b>       | 11/19/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 12/12/2014 |

### 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 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 71 year old female with an injury date of 02/11/04. Based on the 11/12/14 progress report provided by treating physician, the patient complains of neck and back pain rated 4/10 with and 9/10 without medications. Physical examination to the cervical spine revealed myospasm and tenderness to palpation over the paraspinal and trapezius muscles. Range of motion was limited, especially on extension 10 degrees. Cervical compression causes pain but does not radiate. Examination to the lower back revealed limited range. Per treating physician report dated 11/12/14, patient reports "50% reduction in her pain, 50% functional improvement with activities of daily living with the medications versus not taking them at all. She does not work. She remains on [REDACTED] disability." Patient states the medications "work very well." Patient is under narcotic contract and urine drug screens have been appropriate. Patient's medications include Amrix for muscle spasms, Dexilant for dyspepsia from medications prescribed and Norco prn pain. Amrix, Dexilant and Norco have been prescribed in progress reports dated 05/01/14, 07/30/14 and 11/12/14. Patient cannot tolerate NSAID's, as they severely upset her stomach. Diagnosis 07/30/14, 10/09/14, 11/12/14- neck pain. Status post C1-C2 ORIF procedure for odontoid fracture. Status post posterior cervical spinal fusion with chronic neck pain and muscle spasms and cervicogenic headaches- lower back pain with radicular symptoms in the right leg. MRI previously revealing a disc herniation at L5-S1- non-industrial medical problems including diabetes and hypertension. The utilization review determination being challenged is dated 11/19/14. Treatment reports were provided from 05/01/14 - 11/12/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Amrix 15 mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain) Page(s): 63-66.

**Decision rationale:** MTUS pg. 63-66 states: "Muscle relaxants (for pain): Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbation in patients with chronic LBP. The most commonly prescribed antispasmodic agents are carisoprodol, cyclobenzaprine, metaxalone, and methocarbamol, but despite their popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available): Recommended for a short course of therapy." Amrix is prescribed for muscle spasms, and has been included in progress reports dated 05/01/14, 07/30/14 and 11/12/14. MTUS only recommends short-term use (no more than 2-3 weeks) for sedating muscle relaxants. Patient has already been prescribed Amrix per progress report dated 05/01/14, which is 6 months from UR date of 11/19/14. The request for additional Amrix, quantity 60 would exceed MTUS recommendation; and does not indicate intended short-term use of this medication. Therefore, the request IS NOT medically necessary.

**Dexilant 60 mg #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk, Page(s): 69. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: FDA labeled indications (<http://www.drugs.com/pro/dexilant.html>) Indications and Usage for Dexilant.

**Decision rationale:** FDA labeled indications for Dexilant: "for Healing of Erosive Esophagitis. Dexilant is indicated for healing of all grades of erosive esophagitis (EE) for up to eight weeks. Dexilant is also indicated to maintain healing of EE and relief of heartburn for up to six months. Dexilant is indicated for the treatment of heartburn associated with symptomatic non-erosive gastroesophageal reflux disease (GERD) for four weeks." MTUS pg. 69 states, "Clinicians should weight the indications for NSAIDs against both GI and cardiovascular risk factors. Determine if the patient is at risk for gastrointestinal events: (1) age > 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 (e.g., NSAID + low-dose ASA)." "Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." Dexilant is prescribed for dyspepsia from medications prescribed and is included in progress reports dated 05/01/14, 07/30/14 and 11/12/14. Review of medical records does not indicate the patient was currently taking any

NSAIDs to warrant a prophylactic use of the PPI, according to guidelines. Per progress report dated 11/12/14, the patient cannot tolerate NSAID's, as they severely upset her stomach. There is no diagnosis of erosive esophagitis or GERD, which would be indicated for Dexilant. Furthermore, it's been 6 months from the UR date of 11/19/14, and treating physician has not discussed how the patient is doing, how the requested medication is helping patient manage her symptoms and why she needs to continue. Given lack of documentation, the request IS NOT medically necessary.

**Norco 10/325 mg #140:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medication For Chronic Pain; Criteria For Use Of Opioids Page(s): 60-61, 76-78, 88-89.

**Decision rationale:** 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. Per treating physician report dated 11/12/14, patient reports "50% reduction in her pain, 50% functional improvement with activities of daily living with the medications versus not taking them at all. She does not work. She remains on [REDACTED] disability." Patient states the medications "work very well." Patient is under narcotic contract and urine drug screens have been appropriate. However, in addressing the 4A's, treating physician has not discussed how Norco significantly improves patient's activities of daily living with specific examples of ADL's. MTUS requires appropriate discussion of the 4A's. Given the lack of documentation as required by guidelines, the request IS NOT medically necessary.