

<b>Case Number:</b>	CM14-0208538		
<b>Date Assigned:</b>	02/02/2015	<b>Date of Injury:</b>	07/07/1993
<b>Decision Date:</b>	03/05/2015	<b>UR Denial Date:</b>	11/20/2014
<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. 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: Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management

### 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 is a 49 year old female with a work injury dated 07/07/1993. The mechanism of injury is not documented in the records submitted for this review. The utilization review (UR) references an AME report dated 06/24/2002 describing the mechanism of injury as a cyclone gate falling on top of the IW. The IW sustained injuries to the neck, upper back, left shoulder, right elbow and knees. The referenced AME is not in the records submitted for this review. Pain management consultation dated 10/12/2014 documented the IW's chief complaint as low back pain, mid back pain and neck pain. The IW had been involved in a motor vehicle accident on 08/21/2009 and had noticed increasing neck pain since the accident. She also complained of headaches and had been placed on medication and noted no recent severe headaches. She reported average pain level was 8 out of 10. Physical exam showed tenderness along the thoracic and lumbar spine. The neck showed normal range of motion, with tenderness at the limits of motion. The IW noted pain and worsening of headache with neck extension. She had marked occipital tenderness. Palpation of different muscle groups demonstrated mild tenderness in the cervical paraspinal muscles. Abnormal sensory deficits were noted in lower extremities. She had full, normal range of motion in all joints of the lower extremities and walked with a normal gait. Straight leg raise was positive on the right. On 10/25/2014 The IW had bilateral cervical median branch block radiofrequency ablation at the levels of cervical 2-3-4. Prior treatments included: - Three shoulder surgeries, bilaterally - Three neck surgeries - Medications to include anti-inflammatory, opiates and anti-spasmodic - Botox injections - RF therapies- Diagnostic CMBB at cervical 2-3-4 with "outstanding" pain relief lasting for the first day.-

Pulsed cervical 2 block - Lumbar epidural steroid injection - Cervical median branch blocks with good response. MRI dated 09/05/2013 showed lumbar 4-5 disc desiccation with moderate facet osteo-arthropathy and mild bilateral foraminal stenosis. At lumbar 5-sacral 1 there was disc desiccation with loss of disc height and reactive end plate changes. Moderate right and left foraminal stenosis and small disc protrusion was noted. MRI dated 08/05/2014 showed prior cervical fusion at cervical 5-6 and central disc extrusion at cervical 6-7 causing mild canal narrowing. Drug screen dated 06/14/2014 was consistent with the IW medications. On 10/12/2014 the provider requested the following treatments: - Thermacare heat wrap 1-2/day - Lyrica 100 mg two times daily - three times daily - Nucynta 75 four times a day - Zanaflex capsule 6 mg 4-6 tablets per day - Celexa 20 mg one tablet twice daily - Buspar 10 mg one tablet four times a day - Glucosamine/Chondroitin Sulfate 500 mg one tablet four times a day - Feldene 20 mg daily. On 11/20/2014 UR issued a decision modifying the following: - Lyrica 100 mg # 90 - stating there is no indication in the documentation of specific efficacy with prior medication use or of objective functional benefit. Therefore, to permit the provider time to submit additional documentation in support of medical necessity partial certification is recommended. Cited Guidelines were MTUS -Chronic Pain Medical Treatment Guidelines, page 99 and ODG-TWC Pain Procedure Summary. - Nucynta 75 mg # 60 - stating opioids are recommended as the standard of care for treatment of moderate or severe nociceptive pain. Tapentadol (Nucynta) is recommended only as second line therapy for patients who develop intolerable adverse effects with first line opioids. Cited guidelines MTUS - Chronic Pain Medical Treatment Guidelines - Zanaflex 6 mg # 20 - stating non-sedating muscle relaxants are recommended with caution as a second line option for short term treatment of acute exacerbations in patients with chronic low back pain. There is no evidence of efficacy with prior use or of objective functional improvement. Guidelines cited - CA MTUS and ODG-TWC Pain Procedure Summary - Celexa 20 mg # 30 - stating the claimant is noted to have a history of depression. However, there is no clinical evidence of depressive symptomatology. - Buspar 10 mg # 120 - stating the claimant has a history of depression and anxiety. However, no specific symptomatology is noted. Without record of anxious symptoms and efficacy with prior medication use, the medical necessity of this medication is not supported. In order to prevent withdrawal symptoms from sudden discontinuation and to allow the provider time to submit additional documentation, partial certification is recommended. Cited Guidelines - ODG TWC Pain Procedure Summary. The following were non-certified:- Glucosamine/Chondroitin Sulfate 500 mg - stating it is recommended as an option in patients with moderate arthritis pain. However, there is no indication of a diagnosis of arthritis or arthritic symptomatology. Cited guidelines were CA MTUS - Feldene 20 mg - stating there is no specific evidence of efficacy with the prior use of this medication, nor of objective functional benefit. Guidelines cited - CA MTUS - NSAID's (non-steroidal anti-inflammatory drugs) and ODG. - Thermacare heat wrap -stating that guidelines state that physical modalities have no proven efficacy in treating acute low back symptoms. Guidelines cited - CA MTUS/ACOEM and ODG-TWC.

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

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

**Lyrica 100mg:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Anticonvulsants Page(s): 16-22. Decision based on Non-MTUS Citation Pain Chapter: Anticonvulsant

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that anticonvulsants can be utilized for the treatment of radiculopathy and chronic pain syndrome. The use of anticonvulsant is indicated in the presence of co-existing psychosomatic symptoms associated with chronic musculoskeletal pain. The records show that the patient had subjective and objective findings consistent with radiculopathy. There are co-existing depression and anxiety disorder. There is documentation of functional restoration without adverse effects with the use of Lyrica. The criteria for the use of Lyrica 100mg was met.

**Nucynta 75 mg:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Opioids Page(s): 74-96. Decision based on Non-MTUS Citation Pain Chapter: Opioids. Nucynta

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that opioids can be utilized for the treatment of severe musculoskeletal pain that did not respond to standard treatment with NSAIDs and PT. The records indicate that the patient have completed surgeries, interventional pain procedures, PT and non opioids medications treatments. There is documentation of functional restoration with utilization of the medications. There is no report of aberrant behavior or adverse medication effects. The chronic use of Nucynta is associated with less adverse sedative and addictive effects than pure opioid agonists. The criteria for the use of Nucynta 75mg was met.

**Zanaflex 6 mg capsules:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Muscle Relaxants Page(s): 63-66. Decision based on Non-MTUS Citation Pain Chapter: Muscle Relaxants

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that muscle relaxants can be utilized for the treatment of severe musculoskeletal pain when standard treatments with NSAIDs and PT are not effective. The chronic use of muscle relaxants can be associated with the development of tolerance, dependency, sedation, addiction and adverse interaction with other sedatives. The records indicate that the patient is utilizing multiple sedative medications including

opioids and psychiatric medications. The patient had utilized Zanaflex longer than the maximum recommended short term period limit of less than 6 weeks. The criteria for the use of Zanaflex 6mg was not met.

**Celexa 20 mg:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Antidepressants Page(s): 13-16. Decision based on Non-MTUS Citation Pain Chapter: Mental illness and Stress

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that co-existing psychiatric conditions should be effectively treated during chronic pain management. The presence of poorly controlled psychiatric conditions is associated with non compliance, aberrant drug behaviors, adverse drug interactions, decreased efficacy of interventional pain procedures and decreased efficacy of pain medications. There is also increased risk of addiction, dependency and medication associated fatalities. The records indicate that the patient was diagnosed with anxiety and depression. There is documentation of symptomatic control with utilization of the psychiatric medications. There are no reported adverse medication effects. The criteria for the use of Celexa 20mg was met.

**Buspar 10 mg:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Procedure Summary

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Anti-depressants, Anti-anxiety Page(s): 24,63-66,78. Decision based on Non-MTUS Citation Pain Chapter: Mental illness and Stress

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that co-existing psychiatric conditions should be effectively treated during chronic pain management. The presence of poorly controlled psychiatric conditions is associated with non compliance, aberrant drug behaviors, adverse drug interactions, decreased efficacy of interventional pain procedures and decreased efficacy of pain medications. There is also increased risk of addiction, dependency and medication associated fatalities. The records indicate that the patient was diagnosed with anxiety and depression. There is documentation of symptomatic control with utilization of the psychiatric medications. There are no reported adverse medication effects. The criteria for the use of Buspar 10mg was met.

**Glucosamine/Chondroitin Sulfate 500 mg:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pain Chapter: Supplements, Arthritis medications

**Decision rationale:** The CA MTUS did not address the use of glucosamine /chondroitin sulfate supplements. The ODG guidelines recommend that glucosamine/chondroitin supplement can be utilized in patient with a history of joint arthritis. The efficacy for the use of these supplements have not been established in patient with severe degenerative disease of the spine and post surgical spine syndrome. The records indicate that the patient was diagnosed with severe musculoskeletal pain, cervical radiculopathy and headache. The criteria for the use of Glucosamine/Chondroitin Sulfate 500mg was not met.

**Feldone 20 mg:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 NSAIDS Page(s): 67-73. Decision based on Non-MTUS Citation Pain Chapter: NSAIDS

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that NSAIDs can be utilized for the treatment of exacerbation of musculoskeletal pain. The chronic use of NSAIDs is associated with renal, cardiac and gastrointestinal complications. The guidelines recommend that first line medications such as ibuprofen and naproxen be utilized as first line options. Feldene is a second line NSAID medication with significantly higher adverse effects profile. The records did not show that the patient failed treatment with first line NSAIDs medications. The criteria for the use of Feldene 20mg was not met.

**Thermacare heat wrap:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20. Decision based on Non-MTUS Citation Pain Chapter: Heat/Cold Treatments

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that heat treatment can be utilized for short periods of about 1 week during the post injury and post-operative period. The utilization of heat treatment can lead to increased blood flow, decreased swelling, decreased pain and improvement in function.. The records did not show that the patient is in the post injury or post-operative period. The patient was diagnosed with pain located in the head and neck where heat wraps are not practical. The criteria for the use of Thermacare wrap was not met.