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| <b>Case Number:</b>   | CM14-0208916 |                              |            |
| <b>Date Assigned:</b> | 12/22/2014   | <b>Date of Injury:</b>       | 04/01/2011 |
| <b>Decision Date:</b> | 02/12/2015   | <b>UR Denial Date:</b>       | 12/05/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 12/15/2014 |

### 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 Occupational Medicine 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:

Injured worker is a female with date of injury 4/1/2011. Per comprehensive pain management consultation dated 11/6/2014, the injured worker complains of pain in the neck radiating into the medial scapular region, bilaterally, right greater than left with radicular symptoms down the arms in about the C6 or C7 distribution. She describes 60% neck pain and 40% arm pain. She has difficulty with most daily activities. She continues to work full time, but it is difficult. Examination of the posterior cervical musculature reveals tenderness to palpation bilaterally with increased muscle rigidity. There are numerous trigger points that are palpable and tender throughout the cervical paraspinal muscles. There is decreased range of motion with obvious muscle guarding. She has difficulty with extension of her right hand when compared to the left and there is notable weakness with extension. Cervical spine range of motion is reduced in all planes. Upper extremity deep tendon reflexes are normal. Upper extremity motor testing reveals 4-/5 strength in the right elbow extensors and right wrist extensors. Jamar grip strength is 40/42/40 on the right and 25/20/22 on the left. Cervical spine MRI on 3/18/2014 reveals ACDF at C5-6, C6-7 3 mm central right posterior lateral disc protrusion encroaching the subarachnoid space. There is encroaching of the foramina with compromise of the exiting nerve roots bilaterally. This is contributed by an osteophyte projecting into the posterior lateral foramina as well as unvertebral joints of Luschka. Diagnoses include 1) status post C5-6 ACDF with residual bilateral upper extremity radiculopathy right greater than left 2) C6-7 right central posterior lateral disc protrusion encroaching the right neural foramina and exiting nerve roots bilaterally 3) medication induced gastritis 4) chronic myeloid leukemia.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**60 Anaprox DS 50 mg: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-71.

**Decision rationale:** The use of NSAIDs are recommended by the MTUS Guidelines with precautions. NSAIDs are recommended to be used secondary to acetaminophen, and at the lowest dose possible for the shortest period in the treatment of acute pain or acute exacerbation of chronic pain as there are risks associated with NSAIDs and the use of NSAIDs may inhibit the healing process. The injured worker has chronic injuries with no change in pain level and no acute injuries reported. Efficacy of prior NSAID use is not reported. The injured worker is reported to have gastritis with the use of NSAIDs. The request for 60 Anaprox DS 50 mg is determined to not be medically necessary.

**60 Prilosec 20 mg: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Proton Pump Inhibitors (PPIs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk Page(s): 68, 69.

**Decision rationale:** Proton pump inhibitors, such as Prilosec are recommended by the MTUS Guidelines when using NSAIDs if there is a risk for gastrointestinal events. The injured worker is reported to have gastritis with the use of NSAIDs, but the request for Anaprox has been determined to not be medically necessary. Without the use of NSAIDs, Prilosec is not medically necessary. The request for 60 Prilosec 20 mg is determined to not be medically necessary.

**90 MS Contin 100 mg: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids section, Weaning of Medications section Page(s): 74-95, 124.

**Decision rationale:** The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-

compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam. The injured worker has been treated chronically with opioid pain medications. There is no documentation of significant pain relief or objective functional improvement with the chronic use of opioid pain medications. Aberrant drug behavior and dependence are not addressed. Attempts to discontinue opioid pain medication use are not addressed. There have been prior utilization review denials of this medication. Medical necessity of this request has not been established within the recommendations of the MTUS Guidelines. It is not recommended to discontinue opioid treatment abruptly, as weaning of medications is necessary to avoid withdrawal symptoms when opioids have been used chronically. This request however is not for a weaning treatment, but to continue treatment. The claims administrator modified this request to allow for weaning of opioid pain medications. The request for 90 MS Contin 100 mg is determined to not be medically necessary.

**180 Percocet 10/325 mg:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids section, Weaning of Medications section Page(s): 74-95, 124.

**Decision rationale:** The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam. The injured worker has been treated chronically with opioid pain medications. There is no documentation of significant pain relief or objective functional improvement with the chronic use of opioid pain medications. Aberrant drug behavior and dependence are not addressed. Attempts to discontinue opioid pain medication use are not addressed. There have been prior utilization review denials of this medication. Medical necessity of this request has not been established within the recommendations of the MTUS Guidelines. It is not recommended to discontinue opioid treatment abruptly, as weaning of medications is necessary to avoid withdrawal symptoms when opioids have been used chronically. This request however is not for a weaning treatment, but to continue treatment. The claims administrator modified this request to allow for weaning of opioid pain medications. The request for 180 Percocet 10/325 mg is determined to not be medically necessary.

**120 Lyrica 50 mg:** 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) Lyrica

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy Drugs (AEDs) Page(s): 16-20.

**Decision rationale:** The MTUS Guidelines recommend the use of Lyrica for the treatment of diabetic neuropathy and postherpetic neuralgia. Antiepileptic drugs are recommended for the treatment of neuropathic pain. The injured worker does appear to have neuropathic pain based on the clinical reports. The injured worker has been on this medication for substantial time without documentation of the benefit received from it. The guidelines define a good response as a 50% reduction in pain and a moderate response as a 30% reduction. Antiepilepsy drugs are also recommended if they are successful in reducing the use of opioid pain medications, which has not been documented. The request for 120 Lyrica 50 mg is determined to not be medically necessary.