

<b>Case Number:</b>	CM15-0016601		
<b>Date Assigned:</b>	02/04/2015	<b>Date of Injury:</b>	11/15/1996
<b>Decision Date:</b>	04/01/2015	<b>UR Denial Date:</b>	01/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/28/2015

### 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 injured worker is a 59 year old female, who sustained an industrial injury on 11/15/1998. She was filing medical charts and felt a pop in her neck and shoulder. The diagnoses have included arthropathy, unspecified, other specified sites. Treatment to date has included conservative treatments. Currently, the injured worker complains of neck pain, rated 8-9/10, and upper back pain, rated 6-7/10. She described her pain as aching from her neck that radiates to the top of her head and down into her shoulders and arms bilaterally. She reported numbness in bilateral fingers. She reported low back pain with radiation to buttocks and bilateral legs. Current medications included Norco 10/325mg (2 tablets daily), Naproxen Sodium 550mg (as needed), and Zanaflex 2mg (3-4 tablets daily). Physical exam noted hypertonicity to bilateral trapezii and paraspinals C3-C6. Bilateral trapezii were tender to palpation. Plan included current medications and Florinal 50/325mg. No recent diagnostic testing was referenced. On 1/23/2015, Utilization Review non-certified a retrospective prescription request for Naproxen Sodium 550mg every 12 hours, non-certified a request for (3) Norco 10/325mg #120, non-certified a request for Zanaflex 4mg #120, and non-certified a request for Florinal 50/325mg #30, noting the lack of compliance with MTUS and Non-MTUS Guidelines, ACOEM Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Naproxen Sodium 550mg every 12 hours if necessary for pain control/inflammation, as an outpatient submitted diagnosis cervical facet arthropathy, cervical myofascial strain, cervical radiculopathy:** Overturned

**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 anti-inflammatory medication. Medications for chronic pain Page(s): 22, 60.

**Decision rationale:** This patient presents with neck, upper back, bilateral shoulder, bilateral elbow, and bilateral hand pain. The treater is requesting Naproxen Sodium 550 mg every 12 hours if necessary for pain control/inflammation as an outpatient submitted diagnosis cervical facet arthropathy, cervical myofascial strain, cervical radiculopathy. The RFA dated 11/25/2014 shows a request for quantity 60 naproxen sodium 550 mg Q 12 H PRN for inflammation/pain control. The patient's date of injury is from 11/15/1996 and her current work status was referred to primary treating physician. The MTUS Guidelines page 22 on anti-inflammatory medication states that anti-inflammatories are the traditional first-line treatment to reduce pain so activity and functional restoration can resume, but long term use may not be warranted. MTUS page 60 on medications for chronic pain states that pain assessment and functional changes must also be noted when medications are used for chronic pain. The records show that the patient was prescribed Naproxen on 09/23/2014. The 11/25/2014 report notes, "Heat, massage, pain medications and Biofreeze will help to alleviate her symptoms." In this case, the treater has noted medication efficacy and request IS medically necessary.

**3 Norco 10/325mg #120 every 8 hours if necessary for severe breakthrough pain:** 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 criteria for use of opioids Hydrocodone Page(s): 76-78, 88-89, 90.

**Decision rationale:** This patient presents with neck, upper back, bilateral shoulder, bilateral elbow, and bilateral hand pain. The treater is requesting Norco 10/325 quantity 120 every eight hours if necessary for severe breakthrough pain. The RFA dated 11/25/2014 shows a request for prescription #120 Norco 10/325 mg Q8H PRN for severe breakthrough pain not controlled with Naproxen for temporary relief while plan of care is being implemented/approved. No refills. The patient's date of injury is from 11/15/1996 and her current work status was referred to primary treating physician. For chronic opiate use, the MTUS guidelines page 88 and 89 on criteria for use of opioids states, "pain should be assessed at each visit, and functioning should be measured at six-month intervals using a numerical scale or validated instrument." MTUS page 78 On-Going Management also require documentation of the 4A's including analgesia, ADLs, adverse side effects, and aberrant drug seeking 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 medications to work, and duration of pain relief. The MTUS page 90

notes that a maximum dose for Hydrocodone is 60mg/day. The records show that the patient was prescribed Norco on 09/23/2014. The 11/25/2014 progress report notes that the patient's pain level is 8/10 without medication and 6/10 with medication use. She states that she is able to do more around the house and be more active with medication use. There are no specific ADLs discussed. No side effects were reported. The CURES report from 11/18/2014 was noted to have consistent results with current providers. However, this report was not made available for review. In this case, the patient does not meet the required criteria based on the MTUS guidelines. The patient should now be slowly weaned as outlined in the MTUS guidelines. The request IS NOT medically necessary.

**Zanaflex 4mg #120 every 6 hours if necessary: Overturned**

**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 Muscle relaxants medications for chronic pain Page(s): 63-66, 60.

**Decision rationale:** This patient presents with neck, upper back, bilateral shoulder, bilateral elbow, and bilateral hand pain. The treater is requesting Zanaflex 4 mg quantity 120 every six hours if necessary. The RFA dated 11/25/2014 shows a request for prescription Zanaflex 4mg Q6H PRN #120 for severe muscle spasms. No refill. The patient's date of injury is from 11/15/1996 and her current work status was referred to primary treating physician. The MTUS Guidelines page 63 to 66 states, "Tizanidine-Zanaflex, generic available is a centrally acting alpha-2-adrenergic agonist that is FDA approved for management of spasticity; unlabeled for low back pain; demonstrated a significant decrease in pain associated with chronic myofascial pain syndrome." MTUS page 60 states that for medications used for chronic pain, efficacy in terms of pain reduction and functional gains must also be documented. The record show that the patient was prescribed Zanaflex on 11/18/2014. The 11/25/2014 report shows that the patient's current pain level without medication is 8/10 and 6/10 with pain meds. She states that she's able to do more around the house and be more active. The patient further states that the medications do help alleviate her symptoms. In this case, the treater has noted medication efficacy. The request IS medically necessary.

**Fiorinal 50/325mg #30 as an outpatient submitted diagnosis cervical facet arthropathy, cervical myofascial strain, cervical radiculopathy: 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 Barbituates-containing analgesic Page(s): 23.

**Decision rationale:** This patient presents with neck, upper back, bilateral shoulder, bilateral elbow, and bilateral hand pain. The treater is requesting Fiorinal 50/325 mg quantity 30 as an outpatient submitted diagnosis cervical facet arthropathy, cervical myofascial strain, cervical

radiculopathy. The RFA dated 11/25/2014 shows a request for prescription Fiorinal 50/325 mg 1 tablet Q24 H PRN #30. No refill. The patient's date of injury is from 11/15/1996 and her current work status was referred to primary treating physician. The MTUS Guidelines page 23 on Barbituates-containing analgesic agents states, "not recommended for chronic pain. The potential for drug dependence is high and no evidence exists to show a clinically important enhancement of analgesic efficacy of BCAs due to the barbiturate constituents. There is a risk of medication overuse as well as rebound headache." The records do not show a history of Fiorinal use. The MTUS guidelines do not support barbiturate containing analgesic agents. Fiorinal contains a barbiturate and is not recommended for chronic pain conditions. The request IS NOT medically necessary.