

<b>Case Number:</b>	CM15-0140263		
<b>Date Assigned:</b>	07/30/2015	<b>Date of Injury:</b>	10/07/2003
<b>Decision Date:</b>	09/24/2015	<b>UR Denial Date:</b>	06/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/20/2015

### 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 56-year-old male, who sustained an industrial injury on 10-7-2003. The current diagnoses are failed cervical back syndrome, herniated disc in the cervical spine, displaced cervical disc with myelopathy, cervical radiculopathy, and opiate dependence. According to the progress report dated 6-22-2015, the injured worker complains of neck, shoulder, and left knee pain. He describes the pain as constant with intermittent flare-ups. The pain is aching, sharp, shooting, throbbing, and burning. He notes his pain on average is 5 out of 10, and at its worst 6 out of 10. The physical examination of the cervical spine reveals evidence of spasm, reduced range of motion, tenderness over the paravertebral regions bilaterally at the C5-C6 and C6-C7 levels, positive Spurling's test for pain and radiculopathy on the right, positive on the left for pain only, diminished sensation in the right upper extremity, and decreased grip strength on the right. The current medications are Bupropion, Amitriptyline, Hydrocodone- APAP, Rabeprazole, Lidopro, Ondansetron, Librium, Omeprazole, Eszopiclone, Phenobarbital, Suboxone, and Morphine IR. Treatment to date has included medication management, physical therapy, and surgical intervention. Work status is described as permanent and stationary. A request for Phenobarbital and 12 physical therapy sessions to the cervical spine has been submitted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Phenobarbital 30mg one tab three times a day as needed x 14 days, #42: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Barbiturate-containing analgesic agents (BCAs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Barbiturate-containing analgesic agents (BCAs) Medications for chronic pain CRITERIA FOR USE OF OPIOIDS Page(s): 23, 60, 61, 76-78, 88, 89.

**Decision rationale:** The patient presents with pain in the neck, bilateral shoulders and left knee. The request is for PHENOBARBITAL 30 MG ONE TAB THREE TIMES A DAY AS NEEDED X 14 DAYS, #42. Patient is status post neck and knee surgeries, dates unspecified. Physical examination to the cervical spine on 07/21/15 revealed tenderness to palpation in the cervical paravertebral region bilaterally at the C5-C6 and C6-C7 level. Spurling test was positive on the right for neck pain and radiculopathy and positive on the left for pain only. Per 07/03/15 progress report, patient's diagnosis include failed back syndrome, cervical; herniation disc, cervical; opiate dependence; displaced disc with myelopathy, cervical; radiculopathy, cervical. Patient's medications, per 06/22/15 progress report include Morphine and Seroquel. Patient is retired. MTUS Guidelines p23, Barbiturate-containing analgesic agents (BCAs) section 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. (McLean, 2000) There is a risk of medication overuse as well as rebound headache. (Friedman, 1987) See also Opioids." MTUS, Criteria for use of Opioids, 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. MTUS page 77 states, "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." A prescription for Phenobarbital is first noted in 06/04/15 progress report. It appears that the patient has used this medication before, as it was listed in Previously Prescribed Medications in progress reports 05/26/15 through 07/21/15. In 06/04/15 progress report, treater states, "... I am putting him back on Phenobarbital 30 mg 3 times a day." In this case, the treater has not discussed how this medication helps the patient with pain reduction and improved function. MTUS page 60 require that medication efficacy in terms of pain reduction and functional gains must be discussed when using for chronic pain. Furthermore, MTUS does not recommend BCAs for chronic pain due to potential for drug dependence. Therefore, the request IS NOT medically necessary.

**Physical Therapy x 12 (cervical spine): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

**Decision rationale:** The patient presents with pain in the neck, bilateral shoulders and left knee. The request is for PHYSICAL THERAPY X 12 (CERVICAL SPINE). Patient is status post neck and knee surgeries, dates unspecified. Physical examination to the cervical spine on 07/21/15 revealed tenderness to palpation in the cervical paravertebral region bilaterally at the C5-C6 and C6-C7 level. Spurling test was positive on the right for neck pain and radiculopathy and positive on the left for pain only. Per 07/03/15 progress report, patient's diagnosis include failed back syndrome, cervical; herniation disc, cervical; opiate dependence; displaced disc with myelopathy, cervical; radiculopathy, cervical. Patient's medications, per 06/22/15 progress report include Morphine and Seroquel. Patient is retired. The MTUS Chronic Pain Management Guidelines, pages 98, 99 has the following: "Physical Medicine: recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." MTUS guidelines pages 98, 99 states that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended." In this case, the patient continues with neck pain and is diagnosed with cervical disc herniation, cervical disc displacement with myelopathy and cervical radiculopathy. Given the patient's condition, a short course of physical therapy would be beneficial. However, review of the medical records provided indicates that the patient has completed 2 physical therapy session. MTUS supports up to 10 sessions of physical therapy and the requested 12 sessions, in addition to the previous 2 sessions exceeds what is allowed by MTUS. Therefore, the request IS NOT medically necessary.