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| <b>Case Number:</b>   | CM15-0164483 |                              |            |
| <b>Date Assigned:</b> | 09/10/2015   | <b>Date of Injury:</b>       | 06/15/1999 |
| <b>Decision Date:</b> | 10/29/2015   | <b>UR Denial Date:</b>       | 08/11/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 08/21/2015 |

### 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, Arizona

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 45 year old male, who sustained an industrial-work injury on 6-15-99. A review of the medical records indicates that the injured worker is undergoing treatment for Reflex sympathetic dystrophy syndrome or complex regional pain syndrome (CRPS) of the right upper extremity. Medical records dated (1-15-15 to 7-22-15) indicate that the injured worker complains of bilateral arm pain with severe burning and needle sensation and muscle spasms and right shoulder pain. Per progress note dated 6-29-15 the injured worker reports right arm decreased range of motion, discoloration bright red, numbness, tingling, weakness, mild edema, heaviness and sensitivity. The pain is worse and rated 9 out of 10 on pain scale. The medical records also indicate worsening of the activities of daily living and right arm. The physical exam dated from (1-15-15 to 7-22-15) reveals hyperesthesia and allodynia of the right wrist, which has remained unchanged. Per progress note dated 7-22-15, the physician notes that the injured worker takes Vistaril because "it helps to keep his food down." It is also noted that he would like the injured worker to see an orthopedic surgeon for the right shoulder as this is outside of his expertise. The physician also notes that during the exam, "trigger points were identified in the right trap." Therefore, he states that he "injected trigger points using sterile technique with Kenalog and Marcaine." Treatment to date has included pain medication including Vistaril for at least 13 years, Flexeril, Valium, Norco and Voltaren gel for at least 6 months, consultations, diagnostics, dental care, nerve blocks, psyche care, pain management, physical therapy, spinal stimulator, and other modalities. The treating physician indicates that the urine drug test result dated 6-29-15 was inconsistent with the medication prescribed. The original Utilization review

dated 8-11-15 denied a request for Flexeril 10mg #60 as per the MTUS it is only recommended for short term treatment of 2-3 weeks for spasticity , denied Valium 10mg #60 as it is not recommended by the guidelines exceeding 4 weeks due to high risk of tolerance and dependence, Norco 10-325mg #90 was modified to Norco 10-325mg #68 to taper the medication, denied Vistaril 25mg #90 as the guidelines do not support Vistaril in the management of nausea and or vomiting, denied Voltaren gel 1% #2 as it is not approved for neuropathic pain by the guidelines, denied Urine toxicology screen as it is unnecessary because the injured worker is currently being weaned from opioid medications and the request is not congruent with guideline recommendations, denied orthopedic surgeon consultation as the submitted documents do not indicate that the injured worker has undergone physical therapy, Magnetic Resonance Imaging (MRI), x-rays of the shoulder or any other indication for a surgical referral, and denied Trigger point injections as the request does not meet guideline criteria.

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

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

**Flexeril 10mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

**Decision rationale:** According to the California MTUS Chronic Pain Guidelines, in regards to Flexeril it is stated that "This medication is not recommended to be used for longer than 2-3 weeks." CA MTUS Chronic Pain Treatment Guidelines note that long-term use of muscle relaxants is not recommended. It is associated with mental and physical impaired abilities and has limited efficacy. There are no extenuating factors noted within the submitted records to warrant non-adherence to guideline recommendations. Long-term is not recommended. The injured worker has worsening pain and activities of daily living ability per recent progress notes reviewed. Efficacy of this drug is not established as it pertains to improving pain scores using validated measures, and improving function and/or ability to perform ADLs. This request is not medically necessary.

**Valium 10mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines.

**Decision rationale:** California MTUS guidelines state that benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there are risks of dependency. Guidelines generally limit use to 4 weeks. Chronic benzodiazepines are the

treatment of choice in very few conditions. Within the submitted records, there are no extenuating circumstances to warrant non-adherence to guideline recommendations. Long-term is not recommended. The injured worker has worsening pain and activities of daily living ability per recent progress notes reviewed. Efficacy of this drug is not established as it pertains to improving pain scores using validated measures, and improving function and/or ability to perform ADLs. This request is not medically necessary.

**Norco 10/325mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain, Opioids for neuropathic pain.

**Decision rationale:** The California MTUS guidelines allows for the use of opioid medication, such as Norco, for the management of chronic pain and outlines clearly the documentation that would support the need for ongoing use of an opioid. These steps include documenting pain and functional improvement using validated measures at 6 months intervals, documenting the presence or absence of any adverse effects, documenting the efficacy of any other treatments and of any other medications used in pain treatment. The 4 A's were not adequately described within the submitted records. Pain seems to be worsening, despite medications. Weaning has been recommended in the past. This request is not medically necessary.

**Vistaril 25mg #90:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation FDA.

**Decision rationale:** According to the FDA, Vistaril (Hydroxyzine pamoate) is indicated for symptomatic relief of anxiety and tension associated with psychoneurosis, and as an adjunct in organic disease states in which anxiety is manifested. The effectiveness as an anti-anxiety agent for long-term use (more than 4 months) has not been assessed by clinical studies. Within the submitted records, the injured worker has documented anxiety, panic attacks, among other psychiatric co-morbid conditions. Also, the Vistaril appears to provide some added benefit as it helps with optimizing nutrition by allowing the injured worker to maintain PO (oral) intake. This request is medically necessary.

**Voltaren gel 1% #2:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

**Decision rationale:** The MTUS guidelines specifically state regarding Non-steroidal anti-inflammatory agents (NSAIDs): "The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first two weeks of treatment for osteoarthritis, but either not afterward, or with diminishing effect over another 2-week period." Voltaren is an approved agent indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment, such as the hands, wrists, knees, ankles, and feet. It has not been evaluated for treatment of spine, hip, or shoulder conditions. This injured worker has widespread upper extremity pain that is neuropathic and not related to osteoarthritis primarily. This request does not meet guideline criteria and as such, is not medically necessary.

**Urine toxicology screen:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain, Opioids for neuropathic pain, Opioids, indicators for addiction. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Drug Screening.

**Decision rationale:** According to the California MTUS Drug Screening section, Chronic Pain 2009 Guidelines, urine drug screening can be considered to monitor for abuse in those who are taking high risk, addictive narcotic pain medications. Within the submitted records, the injured worker was previously denied a urine screen, as recommendations were to wean off opiates. There is no great risk mentioned as it pertains to abusing controlled substances. Medical necessity has not yet been established.

**Orthopedic surgeon consultation:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Shoulder Complaints 2004.

**MAXIMUS guideline:** Decision based on MTUS General Approaches 2004, Section(s): General Approach to Initial Assessment and Documentation, Initial Approaches to Treatment, and Shoulder Complaints 2004, Section(s): General Approach, Initial Assessment, Medical History, Physical Examination, Diagnostic Criteria, Work-Relatedness, Initial Care, Activity Modification, Work Activities, Follow-up Visits, Special Studies, Surgical Considerations, Summary, References.

**Decision rationale:** The CA MTUS Guidelines recommend a consultation to aid with diagnosis/prognosis and therapeutic management, recommend referrals to other specialists if a diagnosis is uncertain or exceedingly complex when there are psychosocial factors present, or when a plan or course of care may benefit from additional expertise. The physician is

recommending Orthopedic consultation as the injured worker has diagnoses that are outside his expertise. This is a reasonable request given the ongoing, worsening pain in the setting of RSD or reflex sympathetic dystrophy. This request is medically necessary.

**Trigger point injections, unknown:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Trigger point injections.

**Decision rationale:** California MTUS Requirements for TPI or trigger point injections include palpation of a trigger point with lateral radiation of pain and noted twitch response. Requirements are for no more than three injections at one time. There is documented 'trigger points' on examination, about the "right trap" but specifics as to the number of trigger points, twitch response, and/or lateral radiation of pain were not mentioned. At this time, medical necessity is not established.