

<b>Case Number:</b>	CM15-0190298		
<b>Date Assigned:</b>	10/02/2015	<b>Date of Injury:</b>	02/19/2013
<b>Decision Date:</b>	12/03/2015	<b>UR Denial Date:</b>	09/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/28/2015

### 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: Preventive Medicine, Occupational Medicine

### 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 42 year old female, who sustained an industrial injury on 2-19-2013. The injured worker was being treated for fibromyalgia syndrome, posttraumatic headache, major depression-moderate and chronic pain syndrome. On 9-3-2015, the injured worker reported continued chest discomfort, headaches, and pain of the neck, back, arms, and legs. In addition, she reported having nausea without vomiting. Her pain is rated: 6 out of 10 on a good day, 6 out of 10 on current good day, 10 out of 10 on a bad day, and 10 out of 10 on current bad day. The physical exam (9-3-2015) revealed tightness of the neck muscles, marked end range of motion stiffness and tenderness, tight and tenderness bilateral trapezii with taut muscle bands, and continued focal tenderness of the upper right cervical paraspinal region. There was moderate tenderness of the costosternal and sternoclavicular joints, one slightly more prominent right lower sternal joint, and tender anterior chest wall and supraclavicular fossa. There was cervical forward flexion of 25 degrees, bilateral lateral flexion of 10 degrees, hyperextension of 25 degrees, and bilateral lateral rotation of 30 degrees. The injured worker stood with increased thoracic kyphosis. There was tenderness of the right upper thoracic, scapular, and rib region. There was soreness of the upper and lower ribcage and pain in the midsection. There was right anterior ribcage involvement with radiating pain from the right mid-thoracic region. There was end range of motion stiffness and tenderness of the lumbosacral region, right greater than left tender paraspinals, a tender right upper buttock region, and tenderness of the right femoral nerve. There was lumbar forward flexion of 30 degrees, hyperextension of 5 degrees, and bilateral lateral bend of 5 degrees. There was an antalgic gait, abnormal bilateral heel-toe walking, and

slight head forward posture. There was multiple, right greater than left areas of the body with burning pain, allodynia, and hyperesthesia. There was marked tenderness of the right shoulder with passive flexion of 80 and extension of 30 and radiating [pain to the posterolateral ribcage, periscapular area with arm flexion and abduction. The left shoulder was non-tender with passive flexion of 150, extension of 50, external rotation of 90 degrees, internal rotation of 70 degrees, and horizontal abduction of -10 degrees. The right shoulder external rotation was 10 degrees, internal rotation was 10 degrees, and horizontal abduction of -20 degrees. On 6-16-2015, a urine drug screen was positive for Norco, Valium, and Xanax. Per the treating physician (9-3-2015 report), a pain management agreement is on file, the Controlled Substance Utilization Review and Evaluation System (CURES) data base is checked regularly, and an completed opioid risk assessment is on file. Treatment has included chiropractic therapy, physical therapy, a home exercise program, heat, ice, a transcutaneous electrical nerve stimulation (TENS) unit, work restrictions, and medications including oral pain (Norco since at least 1-2015), topical pain (Lidoderm 5% since at least 4-15), anti-epilepsy, muscle relaxant (Skelaxin since at least 1-2015), anti-anxiety, antidepressant, anti-vertigo, histamine 2 antagonist, NMDA receptor antagonist, and non-steroidal anti-inflammatory. Per the treating physician (9-3-2015 report), the injured worker has not returned to work. The requested treatments included Norco 10-325mg, Zofran 4mg #60, Skelaxin 800mg, and Lidoderm 5% #3. On 9-14-2015, the original utilization review non-certified a request for Norco 10-325mg, Zofran 4mg #60, Skelaxin 800mg, and Lidoderm 5% #3.

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

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

**Norco 10/325mg #90, No NDC# with no refills: 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.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. Despite the long-term use of Norco, the patient has reported very little, if any, functional improvement or pain relief over the course of the last 6 months. Norco 10/325mg #90, No NDC# with no refills is not medically necessary.

**Zofran 4mg #60, No NDC# with no refills: 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), Pain, Antiemetics (for opioid nausea).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Ondansetron (Zofran).

**Decision rationale:** There is no documentation that the patient is suffering nausea or vomiting due to any of the approved indications for ondansetron. Current approved indications include nausea as a result of cancer chemotherapy, radiation of the abdomen or total body radiotherapy, or postoperative nausea/vomiting. Ondansetron not recommended for nausea and vomiting secondary to chronic opioid use. Zofran 4mg #60, No NDC# with no refills is not medically necessary.

**Skelaxin 800mg, No NDC# with no refills:** 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:** The MTUS states that muscle relaxants are recommended with caution only on a short-term basis. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. The patient has been taking the muscle relaxant for an extended period of time far longer than the short-term course recommended by the MTUS. Skelaxin 800mg, No NDC# with no refills is not medically necessary.

**Lidoderm 5% #3 No NDC# with no refills:** 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): Lidoderm (lidocaine patch).

**Decision rationale:** According to the MTUS, Lidoderm may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. The medical record has no documentation that the patient has undergone a trial of first-line therapy. Lidoderm 5% #3 No NDC# with no refills is not medically necessary.