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| Case Number: | CM15-0192162 | | |
| Date Assigned: | 10/06/2015 | Date of Injury: | 07/30/2014 |
| Decision Date: | 12/09/2015 | UR Denial Date: | 09/15/2015 |
| Priority: | Standard | Application Received: | 09/29/2015 |

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: Washington, 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 46 year old female with a date of injury of July 30, 2014. A review of the medical records indicates that she is undergoing treatment for shoulder strain, lumbar facet joint pain, sacroiliac disorder, cervical spine stenosis, chronic pain, cervical radiculitis, sleep disorder, myofascial pain, cervical facet joint pain, and wrist pain. Treatment has included 3 of 6 sessions of physical therapy that were stopped due to increased pain, 2 sessions of chiropractic treatments noted to be beneficial, 10 sessions of acupuncture with 50% relief for two weeks, 11 sessions of cognitive behavioral therapy, trigger point injections, and medications (Cyclobenzaprine 10mg each day, Lidocaine patches 5% once daily, Naprosyn 550mg twice a day, Percocet (dosage and frequency not documented) and Valium (dosage and frequency not documented) since at least June of 2015; Hydrocodone-acetaminophen since at least December of 2014). Medical records dated July 24, 2015, August 28, 2015 and October 7, 2015 indicated that the injured worker complained of bilateral neck pain radiating to the left shoulder with left upper extremity weakness, lower back pain radiating to the bilateral thighs, and left wrist pain. The pains were constant but variable in intensity. She also reported ongoing depression, sleep disturbance and anxiety. The pain behaviors were within context of the disease and she was having no side effects from her medication. Per the treating physician (August 28, 2015), the employee was not working. The physical exams dated July 24, 2015, August 28, 2015 and October 7, 2015 revealed normal gait and posture, normal motor and reflex exams, normal mental status exam, tenderness to palpation over the sacroiliac joints bilaterally with muscle spasm over the lower paraspinal muscles, decreased lumbar range of motion, positive Patrick's test bilaterally, tenderness to palpation over the cervical

paraspinal muscles overlying the facet joints, trigger points over the upper paraspinal muscles, presence of cervical muscle spasms and tenderness on palpation of dorsal-radial aspect of left thumb. The original utilization review (September 15, 2015) non-certified a request for Naprosyn 500 mg #60 with 2 refills, Cyclobenzaprine 10 mg #30 with 2 refills, and Lidocaine 5% patches #30 with 2 refills, and partially certified a request for Hydrocodone-Acetaminophen 10-325 mg #90 (original request for #120).

IMR ISSUES, DECISIONS AND RATIONALES

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

Naprosyn 500 mg #60 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Neck and Upper Back Complaints 2004, Section(s): Summary, Initial Care, and Forearm, Wrist, and Hand Complaints 2004, Section(s): Initial Care, Summary, and Low Back Complaints 2004, Section(s): Initial Care, Summary, and Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs), NSAIDs, GI symptoms & cardiovascular risk, NSAIDs, hypertension and renal function, NSAIDs, specific drug list & adverse effects.

Decision rationale: Naprosyn (naproxen) is a non-steroidal anti-inflammatory medication (NSAID). NSAIDs as a group are recommended for treatment of osteoarthritis and for short-term use in treating symptomatic pain from joint or muscle injury. In fact, MTUS guidelines notes that studies have shown use of NSAIDs for more than a few weeks can retard or impair bone, muscle, and connective tissue healing and perhaps even cause hypertension. This patient has had stable chronic pain for over 12 weeks and thus can be considered past the point where NSAIDs should be of value in treatment unless used short-term for exacerbation of the patient's chronic injuries or used to treat osteoarthritis. The records do not document these conditions to be present. Furthermore, there is no documentation that this medication is effective at reducing any of the patient's symptoms. Continued use of a NSAID is not indicated at this time. Considering all the information available, medical necessity has not been established.

Cyclobenzaprine 10 mg #30 with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Chronic Pain Medical Treatment 2009, Section(s): Cyclobenzaprine (Flexeril), Muscle relaxants (for pain).

Decision rationale: Cyclobenzaprine (Flexeril) is classified as a sedating skeletal muscle relaxant. It is recommended to be used three times per day. This class of medications can be helpful in reducing pain and muscle tension thus increasing patient mobility. Muscle relaxants as a group, however, are recommended for short-term use only as their efficacy appears to diminish over time. In fact, studies have shown cyclobenzaprine's greatest effect is in the first 4 days of treatment after which use may actually hinder return to functional activities. Muscle relaxants are considered no more effective at pain control than non-steroidal anti-inflammatory medication (NSAIDs) and there is no study that shows combination therapy of NSAIDs with muscle relaxants has a demonstrable benefit. This patient has been on cyclobenzaprine therapy and NSAID therapy for over 3 months. There is no documentation of the effectiveness of taking this neither medication nor instructions to use this medication on an intermittent or "as needed" basis. Additionally, even though she has no documented complaints of ongoing muscle spasms, she continues to demonstrate muscle spasms on exam, so the effectiveness of using of this medication is again called into question. Considering all the information available, there is no indication to continue use of this medication. Medical necessity has not been established.

Lidocaine 5% patches #30 with 2 refills: Upheld

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

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

Decision rationale: Lidoderm (lidocaine) patch is an anesthetic product formulated for topical use. The use of topical agents to control pain is considered by the MTUS to be an option although it is considered largely experimental, as there is little to no research to support their use. Topical lidocaine in the form of Lidoderm is recommended in the MTUS only for treatment of neuropathic pain. Other topical forms of this medication are not recommended and use of this medication for non-neuropathic pain is also not recommended. Since this patient has neuropathic pain use of lidocaine is considered an option for therapy but the MTUS restricts its use to after a trial of first-line medication therapies for radicular pain, such as tricyclic antidepressants or antiepileptic drugs. The patient has been using this preparation for at least three months. However, there is neither documentation of its effects in lessening the patient's pain and increasing her ability to function nor documentation of prior use of any of the approved first-line medications. Because of this lack of documentation, the medical necessity for use of this preparation has not been established.

Hydrocodone-Acetaminophen 10/325 mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Chronic Pain Medical Treatment 2009, Section(s): Opioids (Classification), Opioids, California Controlled Substance Utilization Review and Evaluation

System (CURES) [DWC], Opioids, criteria for use, Opioids for chronic pain, Medications for chronic pain, Opioids for neuropathic pain, Opioids for osteoarthritis, Opioids, cancer pain vs. nonmalignant pain, Opioids, dealing with misuse & addiction, Opioids, differentiation: dependence & addiction, Opioids, dosing, Opioids, indicators for addiction,.

Decision rationale: Hydrocodone-Acetaminophen (Norco) is a mixed medication made up of the short acting, opioid, hydrocodone, and acetaminophen, better known as Tylenol. It is recommended for moderate to moderately severe pain with usual dosing of 5-10 mg hydrocodone per 325 mg of acetaminophen taken as 1-2 tablets every 4-6 hours. Maximum dose according to the MTUS is limited to 4 gm of acetaminophen per day, which is usually 60-120 mg/day of hydrocodone. According to the MTUS opioid therapy for control of chronic neuropathic pain, while not considered first line therapy, is considered a viable alternative when other modalities have been tried and failed. When treating moderate to severe nociceptive pain, defined as non radicular pain caused by continual injury, the MTUS considers opioid therapy to be the standard of care. Success of opioid therapy is noted when there is significant improvement in pain or function. The risk with this therapy is the development of addiction, overdose and death. The pain guidelines in the MTUS directly address this issue and have outlined criteria for monitoring patients to allow for safe use of chronic opioid therapy. This patient has both radicular and nociceptive pain so use of an opioid is indicated. However, there is no documentation of the effectiveness of the opioid preparation or an opioid use contract with the patient. These are required by the MTUS for the continued safe use of chronic opioid therapy. Medical necessity has not been established.