

Case Number:	CM15-0195334		
Date Assigned:	10/09/2015	Date of Injury:	01/01/1989
Decision Date:	11/25/2015	UR Denial Date:	09/21/2015
Priority:	Standard	Application Received:	10/05/2015

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 53 year old male injured worker suffered an industrial injury on 1-1-1989. The diagnoses included cervical fusion post-laminectomy syndrome, bilateral upper extremity radiculopathy, and lumbar disc herniation with bilateral lower extremity radiculopathy. On 9-11-2015, the treating provider reported continued severe and debilitating pain in the neck with cervicogenic headaches along with pain radiating down to both upper extremities. He reported weakness and numbness in both hands rated as high as 8 out of 10 without medication and with medication 6 out of 10. He continued to suffer diffuse Dupuytren's contracture of the hands and feet with decreased grip strength in the hands. He was counseled on the benefits and potential side effects of narcotics. On exam, the cervical spine revealed muscle spasms with reduced range of motion with decreased sensation along the arm and forearm with weakness of the right triceps. There was point tenderness along the right and left thumb. The lumbar spine pain was in the muscles with decrease muscle tone along with reduced range of motion. The straight leg raise was positive with decreased sensation to the lower extremities. The medical record did not include evidence of functional improvement with the requested treatments. The Norco, Fioricet and Zanaflex had been in use since at least 2-25-2015. Diagnostics included urine drug screen 8-1-2015 was consistent and cervical magnetic resonance imaging 1-22-2015 revealed solid cervical fusion. The Utilization Review on 9-21-2015 determined modification for Norco 10/325mg #120 to #90, non-certification for Fioricet #120 and Zanaflex 4mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription for Norco 10/325mg #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 Chronic Pain Medical Treatment 2009, Section(s): Medications for chronic pain, Opioids, criteria for use, Opioids for chronic pain.

Decision rationale: The patient presents with pain in his neck with cervicogenic headaches, as well as pain radiating down to both upper extremities. The request is for 1 prescription for Norco 10/325mg #120. The request for authorization is not provided. The patient is status post anterior posterior fusion, C5-6, C6-7 and C7-T1, with residuals. Status post left arthroscopic shoulder surgery, 06/2003. Patient's diagnoses include bilateral upper extremity radiculopathy, right greater than left; lumbar disc herniation with bilateral lower extremity radiculopathy; chronic bronchitis/pneumonitis with hyperactive airway disease, steroid dependent; medication-induced gastritis/colitis/GERD/IBD; severe osteoporosis; right shoulder internal derangement. Physical examination of the cervical spine reveals muscle tenderness in the cervical musculature bilaterally, left greater than right. There is decreased sensation along the posterior lateral arm and forearm. Significant Dupuytren's contractures to both hands, right greater than left with decreased grip strength. There was point-tenderness noted along the region of the right thumb extensor tendon at the base of the right and left thumb. Exam of lumbar spine reveals pain to palpation to the lumbar musculature with decreased muscle tone. Straight-leg raise performed in the modified sitting position is positive bilaterally at about 70 degrees. Sensory exam in the lower extremity to pinwheel was decreased bilaterally at the L4 distribution right greater than left. The patient did undergo a very successful trial of spinal cord stimulation on 11/15/12, and he did receive certification for permanent implantation of the spinal cord stimulator on 11/27/12, but this was put on hold while [REDACTED] was further evaluating the patient until now. His pain can go as high as 8/10 in intensity, but on his current medical regimen it is decreased to 6/10 but continues to limit both his mobility and activity tolerance. The patient was counseled as to the benefits of these medications and the potential side effects. Patient's medications include Norco, Belladonna Alkaloids, Fosamax, Gaviscon, Imitrex, Neurontin, Anaprox, Prilosec, Fioricet, Flexeril, Nasonex, Singulair, Ramipril, and Prednisone. Per progress report dated 05/20/15, the patient to remain off-work. MTUS, Criteria for Use of Opioids Section, 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, Criteria For Use Of Opioids Section, 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, Criteria for Use of Opioids Section, p77, states that "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS, Medications for Chronic Pain Section, page 60 states that "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality

should include evaluating the effect of pain relief in relationship to improvements in function and increased activity." MTUS, p90 states, "Hydrocodone has a recommended maximum dose of 60mg/24hrs." Treater does not specifically discuss this medication. Review of provided medical records show the patient was prescribed Norco on 04/23/15. MTUS requires appropriate discussion of the 4A's; however, in addressing the 4A's, treater does not discuss how Norco significantly improves patient's activities of daily living with specific examples. Analgesia is discussed, specifically showing pain reduction with use of Norco. There is discussion regarding adverse effects but not aberrant drug behavior. No UDS, CURES, or opioid contract. In this case, treater has discussed some but not all of the 4A's as required by MTUS. Therefore, the request IS NOT medically necessary.

1 prescription for Fioricet #120: 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 Chapter, Fioricet; Barbiturate-containing analgesic agents (BCAs).

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) Chapter, under Barbiturate-containing analgesic agents.

Decision rationale: The patient presents with pain in his neck with cervicogenic headaches, as well as pain radiating down to both upper extremities. The request is for 1 prescription for Fioricet #120. The request for authorization is not provided. The patient is status post anterior posterior fusion, C5-6, C6-7 and C7-T1, with residuals. Status post left arthroscopic shoulder surgery, 06/2003. Patient's diagnoses include bilateral upper extremity radiculopathy, right greater than left; lumbar disc herniation with bilateral lower extremity radiculopathy; chronic bronchitis/pneumonitis with hyperactive airway disease, steroid dependent; medication-induced gastritis/colitis/GERD/IBD; severe osteoporosis; right shoulder internal derangement. Physical examination of the cervical spine reveals muscle tenderness in the cervical musculature bilaterally, left greater than right. There is decreased sensation along the posterior lateral arm and forearm. Significant Dupuytren's contractures to both hands, right greater than left with decreased grip strength. There was point-tenderness noted along the region of the right thumb extensor tendon at the base of the right and left thumb. Exam of lumbar spine reveals pain to palpation to the lumbar musculature with decreased muscle tone. Straight-leg raise performed in the modified sitting position is positive bilaterally at about 70 degrees. Sensory exam in the lower extremity to pinwheel was decreased bilaterally at the L4 distribution right greater than left. The patient did undergo a very successful trial of spinal cord stimulation on 11/15/12, and he did receive certification for permanent implantation of the spinal cord stimulator on 11/27/12, but this was put on hold while [REDACTED] was further evaluating the patient until now. His pain can go as high as 8/10 in intensity, but on his current medical regimen it is decreased to 6/10 but continues to limit both his mobility and activity tolerance. The patient was counseled as to the benefits of these medications and the potential side effects. Patient's medications include Norco, Belladonna Alkaloids, Fosamax, Gaviscon, Imitrex, Neurontin, Anaprox, Prilosec, Fioricet, Flexeril, Nasonex, Singulair, Ramipril, and Prednisone. Per progress report dated 05/20/15, the patient to remain off-work. ODG Guidelines, Pain (Chronic) Chapter, under 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) Fioricet is commonly used for acute headache, with some data to support it, but there is risks of medication overuse as well as rebound headache. (Friedman, 1987) The AGS updated Beers criteria for inappropriate medication use includes barbiturates. Treater does not specifically discuss this medication. Review of provided medical records show the patient was prescribed Fioricet on 05/20/15. In this case, the patient continues to suffer from neck and low back pain with ongoing headaches. However, ODG guidelines do not recommend Barbiturate-containing analgesics for chronic pain. This request does not meet guidelines indication. Therefore, the request IS NOT medically necessary.

1 prescription for Zanaflex 4mg #60: Overturned

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

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

Decision rationale: The patient presents with pain in his neck with cervicogenic headaches, as well as pain radiating down to both upper extremities. The request is for 1 prescription for Zanaflex 4mg #60. The request for authorization is not provided. The patient is status post anterior posterior fusion, C5-6, C6-7 and C7-T1, with residuals. Status post left arthroscopic shoulder surgery, 06/2003. Patient's diagnoses include bilateral upper extremity radiculopathy, right greater than left; lumbar disc herniation with bilateral lower extremity radiculopathy; chronic bronchitis/pneumonitis with hyperactive airway disease, steroid dependent; medication-induced gastritis/colitis/GERD/IBD; severe osteoporosis; right shoulder internal derangement. Physical examination of the cervical spine reveals muscle tenderness in the cervical musculature bilaterally, left greater than right. There is decreased sensation along the posterior lateral arm and forearm. Significant Dupuytren's contractures to both hands, right greater than left with decreased grip strength. There was point-tenderness noted along the region of the right thumb extensor tendon at the base of the right and left thumb. Exam of lumbar spine reveals pain to palpation to the lumbar musculature with decreased muscle tone. Straight-leg raise performed in the modified sitting position is positive bilaterally at about 70 degrees. Sensory exam in the lower extremity to pinwheel was decreased bilaterally at the L4 distribution right greater than left. The patient did undergo a very successful trial of spinal cord stimulation on 11/15/12, and he did receive certification for permanent implantation of the spinal cord stimulator on 11/27/12, but this was put on hold while [REDACTED] was further evaluating the patient until now. His pain can go as high as 8/10 in intensity, but on his current medical regimen it is decreased to 6/10 but continues to limit both his mobility and activity tolerance. The patient was counseled as to the benefits of these medications and the potential side effects. Patient's medications include Norco, Belladonna Alkaloids, Fosamax, Gaviscon, Imitrex, Neurontin, Anaprox, Prilosec, Fioricet, Flexeril, Nasonex, Singulair, Ramipril, and Prednisone. Per progress report dated 05/20/15, the patient to remain off-work. MTUS Chronic Pain Medical Treatment Guidelines for Muscle

Relaxants for pain, pg 66: " Antispasticity/Antispasmodic Drugs: Tizanidine (Zanaflex, generic available) is a centrally acting alpha2-adrenergic agonist that is FDA approved for management of spasticity; unlabeled use for low back pain. One study (conducted only in females) demonstrated a significant decrease in pain associated with chronic myofascial pain syndrome and the authors recommended its use as a first line option to treat myofascial pain." MTUS p60 also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. Treater does not specifically discuss this medication. This appears to be the initial trial prescription for Zanaflex. Since this is the initial prescription, treater has not had the opportunity to discuss and document the medication efficacy. Therefore, the request IS medically necessary.