

<b>Case Number:</b>	CM15-0202285		
<b>Date Assigned:</b>	10/19/2015	<b>Date of Injury:</b>	11/22/2009
<b>Decision Date:</b>	12/03/2015	<b>UR Denial Date:</b>	09/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/14/2015

### 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: Montana, Oregon, Idaho

Certification(s)/Specialty: Orthopedic Surgery

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 59 year old female with a date of injury on 11-22-09. A review of the medical records indicates that the injured worker is undergoing treatment for lower back, neck, left thumb, left shoulder and right knee pain. Progress report dated 6-22-15 reports continued complaints of constant, tight, left sided neck pain rated 4 out of 10 with pain in the left shoulder rated 4 out of 10. She has left thumb pain rated 6 out of 10 only with movement. Lower back pain is rated 6 out of 10 made worse with bending and sitting. Right knee pain is rated 4 out of 10 comes and goes. The left knee pain is rated 6 out of 10, she gets a stabbing sensation when bending. Left shoulder pain is rates 7 out of 10. She takes medications as needed and has increased pain in her back, left leg and left knee after 5 hours at work. Objective findings: range of motion increases pain toward the end of motion and is tender to palpation to all areas of complaint, the right shoulder shows evidence of atrophy, she is able to walk on toes and heels with pain in low back and knee. According to the medical records, the injured worker has been taking Ibuprofen, Flexeril and Norco since at least 2-18-15. Request for authorization dated was made for Ibuprofen 800 mg quantity 60 with 4 refills, Flexeril 5 mg quantity 90 with 4 refills, and Norco 10-325 mg quantity 60 with 4 refills. Utilization review dated 9-28-15 non-certified the requests.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ibuprofen 800mg, #60 with 4 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 Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

**Decision rationale:** Per the CA MTUS Chronic Pain Medical Treatment Guidelines, page 22, anti-inflammatory are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. (Van Tulder-Cochrane, 2000) A comprehensive review of clinical trials on the efficacy and safety of drugs for the treatment of low back pain concludes that available evidence supports the effectiveness of non-selective non-steroidal anti-inflammatory drugs (NSAIDs) in chronic LBP and of antidepressants in chronic LBP. It is generally recommended that the lowest effective dose be used for the shortest duration of time. NSAID's should be used with caution due to the potential side effects of cardiovascular, gastrointestinal, hepatic and renal side effects. In this case, the injured worker is noted to have been taking ibuprofen since at least 2/18/15. The submitted documentation provides no evidence of functional improvement, a quantitative assessment on how this medication helps, percentage of relief, increase in function, or increase in activity. In addition, the guidelines caution against long-term usage due to the side effect profile of this class of medications. The guidelines also recommend the lowest possible dose and the submitted records do not indicate if lower dosages had been tried. Without documented evidence of functional improvement, the request is not medically necessary.

**Flexeril 5mg, #90 with 4 refills:** Upheld

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

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

**Decision rationale:** According to the CA MTUS, Chronic Pain Medical Treatment Guidelines, Cyclobenzaprine, pages 41-42 "Recommended as an option, using a short course of therapy. Cyclobenzaprine (Flexeril) is more effective than placebo in the management of back pain; the effect is modest and comes at the price of greater adverse effects. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. (Browning, 2001) Treatment should be brief. There is also a post-op use. The addition of cyclobenzaprine to other agents is not recommended."In this particular case, the patient has no evidence in the records 6/22/15 of functional improvement, a quantitative assessment on how this medication helps, percentage of relief lasts, increase in function, or increase in activity. In addition, the injured worker is noted to have been prescribed Flexeril since at least 2/18/15 and chronic usage is not supported by the guidelines. Therefore, the criteria set forth in the guidelines have not been met and the request is not medically necessary.

**Norco 10/325mg, #60 with 4 refills:** 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): Opioids for chronic pain, Opioids, long-term assessment. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain.

**Decision rationale:** According to the CA MTUS/Chronic Pain Medical Treatment Guidelines, a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. Opioids may be continued if the patient has returned to work and the patient has improved functioning and pain. According to the ODG pain section a written consent or pain agreement for chronic use is not required but may make it easier for the physician and surgeon to document patient education, the treatment plan, and the informed consent. The lowest possible dose should be prescribed to improve pain and function. Use of drug screening or inpatient treatment with issues of abuse, addiction, or poor pain control is recommended. Consideration of a consultation with a multidisciplinary pain clinic if doses of opioids are required beyond what is usually required for the condition or pain does not improve on opioids in 3 months. Consider a psych consult if there is evidence of depression, anxiety or irritability. Consider an addiction medicine consult if there is evidence of substance misuse. The ODG-TWC pain section comments specifically on criteria for the use of drug screening for ongoing opioid treatment. The ODG (Pain / Opioids for chronic pain) states "According to a major NIH systematic review, there is insufficient evidence to support the effectiveness of long-term opioid therapy for improving chronic pain, but emerging data support a dose-dependent risk for serious harms." In this case, based on the documentation submitted, there is insufficient evidence to recommend the chronic use of opioids. There is no documentation of increased level of function, percentage of pain relief, duration of pain relief, compliance with urine drug screens, a signed narcotic contract or that the injured worker has returned to work. Therefore, the criteria set forth in the guidelines have not been met and the request is not medically necessary.