MAXIMUS Federal Services

Case Number:	CM15-0206379		
Date Assigned:	10/23/2015	Date of Injury:	03/19/2003
Decision Date:	12/31/2015	UR Denial Date:	10/19/2015
Priority:	Standard	Application Received:	10/21/2015

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
Certification(s)/Specialty: Emergency 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 67 year old male [redacted] who sustained an industrial injury on 3-19-2003. The injured worker is being treated for chronic pain syndrome, bilateral carpal tunnel syndrome, depression and anxiety due to pain, left phrenic nerve palsy, status post 2 surgeries of the cervical spine at C5-6 (2-2005) and revision with posterior fusion (12-2005) with persistent pain, status post multiple right shoulder surgical repairs, and status post bilateral carpal tunnel releases with residual symptoms. Treatment to date has included multiple surgical interventions, medications, diagnostics and injections. Per the Primary Treating Physician's Progress Report dated 9-30-2015, the injured worker reported ongoing right shoulder pain. He has been having "quite a flare recently." He is not sure why with the symptoms extending into the right side of his cervical spine. He continues to do well with Norco. Pain level before medication is rated as 9 out of 10 in severity and after medication is rated as 6 out of 10 in severity. Zanaflex helps with myofascial spasm and Lyrica helps with numbness and tingling. With medications he is able to help care for his animals and exercise with his wife. There are no adverse side effects and no aberrant behaviors. Objective findings included increased tenderness throughout the right shoulder especially into the trapezius with positive spasm on palpation and decreased range of motion. The IW has been prescribed Norco, Lyrica and Flexeril since at least 3-05-2009. Work status is permanent and stationary. The plan of care included continuation of prescribed medications and authorization was requested for Voltaren gel 1% #9 with 2 refills, Norco 10-325mg #120, Norco 10-325mg #120 (10-30-2015) Norco 10-325mg #120 (11-30-2015), Zanaflex 4mg #360 with 2 refills, and Lyrica 100mg #180 with 2 refills. On 10-19-2015,

Utilization Review non-certified the request for Voltaren gel 1% #9, and modified the requests for Norco 10-325mg #120, Zanaflex 4mg #360, and Lyrica 100mg #180.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 MG DND Qty 120: Upheld

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

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

Decision rationale: The request is for the use of Norco for diagnosis including chronic pain related to cervical spine disease with a fusion and revision, bilateral carpal tunnel syndrome, multiple right shoulder surgeries, depression and anxiety. The MTUS guidelines state that for on-going management of opioids, certain criteria are required. This includes documentation of pain, relief, functional status, appropriate medication use, and side-effects seen. A satisfactory response to treatment includes decreased pain with increased function and quality of life. An evaluation of the 4 A's for ongoing management includes assessment of analgesia, activities of daily living, adverse side-effects and aberrant behaviors seen. Functional improvement is defined as a reduction in work restrictions, an increase in activity tolerance, and/or a reduction in the use of medications used. In this case, the use of Norco is not guideline-supported. This is secondary to the provided documentation not revealing objective functional improvement with regards to pain control or a reduction in medication and work restriction seen. The progress note from 9/30/2015 states the patient is having increased pain over the right cervical spine with slight pain reduction from 9 to 6 with medication. As such, the use of Norco is not medically necessary and a tapering dose is advised.

Norco 10/325 MG DND 10/30/15: Upheld

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

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

Decision rationale: The request is for the use of Norco for diagnosis including chronic pain related to cervical spine disease with a fusion and revision, bilateral carpal tunnel syndrome, multiple right shoulder surgeries, depression and anxiety. The MTUS guidelines state that for on-going management of opioids, certain criteria are required. This includes documentation of pain, relief, functional status, appropriate medication use, and side-effects seen. A satisfactory response to treatment includes decreased pain with increased function and quality of life. An evaluation of the 4 A's for ongoing management includes assessment of analgesia, activities of daily living, adverse side-effects and aberrant behaviors seen. Functional improvement is

defined as a reduction in work restrictions, an increase in activity tolerance, and/or a reduction in the use of medications used. In this case, the use of Norco is not guideline-supported. This is secondary to the provided documentation not revealing objective functional improvement with regards to pain control or a reduction in medication and work restriction seen. The progress note from 9/30/2015 states the patient is having increased pain over the right cervical spine with slight pain reduction from 9 to 6 with medication. As such, the use of Norco is not medically necessary and a tapering dose is advised.

Norco 10/325 MG DND 11/30/15 Qty 120: Upheld

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

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

Decision rationale: The request is for the use of Norco for diagnosis including chronic pain related to cervical spine disease with a fusion and revision, bilateral carpal tunnel syndrome, multiple right shoulder surgeries, depression and anxiety. The MTUS guidelines state that for on-going management of opioids, certain criteria are required. This includes documentation of pain, relief, functional status, appropriate medication use, and side-effects seen. A satisfactory response to treatment includes decreased pain with increased function and quality of life. An evaluation of the 4 A's for ongoing management includes assessment of analgesia, activities of daily living, adverse side-effects and aberrant behaviors seen. Functional improvement is defined as a reduction in work restrictions, an increase in activity tolerance, and/or a reduction in the use of medications used. In this case, the use of Norco is not guideline-supported. This is secondary to the provided documentation not revealing objective functional improvement with regards to pain control or a reduction in medication and work restriction seen. The progress note from 9/30/2015 states the patient is having increased pain over the right cervical spine with slight pain reduction from 9 to 6 with medication. As such, the use of Norco is not medically necessary and a tapering dose is advised.

Zanaflex 4 MG Qty 360: 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 Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

Decision rationale: The request is for the use of Zanaflex to aid in muscle spasm relief for chronic pain related to cervical spine disease s/p fusion with revision. The MTUS guidelines state that muscle relaxants are recommended as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. In most cases they show no benefit over NSAIDS in pain improvement. Efficacy diminishes over time and prolonged use may lead to dependence. In this case, the continued use of Zanaflex is not guideline-supported. This is

secondary to the prolonged duration of use which is not advised. As such, the use of Zanaflex is not medically necessary.

Lyrica 100 MG Qty 180: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs).

Decision rationale: The request is for the use of Pregabalin (Lyrica) for diagnosis including chronic cervical pain syndrome. The MTUS guidelines recommend the use of anti-epilepsy drugs for neuropathic pain such as post-herpetic neuralgia and painful polyneuropathy. A good response to use has been defined as a 50% reduction in pain with less than at least 30% reduction advised as the trigger for either a switch to a different fist-line agent or combination therapy. The guideline specifically addresses the use of Lyrica stating it is indicated as first-line therapy for diabetic neuropathy and post-herpetic neuralgia. In this case, the patient has a complex history with multiple cervical procedures with neuropathic pain. He has been on Lyrica since at least March of 2009 with reported neuropathic pain relief of at least 30%. As such, continued use of this medication is supported by the guidelines and is medically necessary.

Voltaren Gel 1 Percent (In Tubes) Qty 9: 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): Topical Analgesics.

Decision rationale: The request is for Voltaren gel for topical application with diagnosis including chronic cervical pain s/p fusion, bilateral carpal tunnel syndrome and shoulder pain. The MTUS guidelines state that topical analgesics are largely experimental with few randomized controlled trials to determine efficacy or safety. The use of NSAIDs topically may be appropriate for short-term use, over 4-12 weeks, with the effects diminishing over time. It is indicated for relief of osteoarthritis pain in the joints that lend themselves to topical treatment. It has not been evaluated for treatment of the spine, ship or shoulder. In this case, Voltaren gel is not guideline-supported. This is secondary to the prolonged duration of treatment well beyond 12 weeks. As such, Voltaren gel is not medically necessary.