

<b>Case Number:</b>	CM15-0207257		
<b>Date Assigned:</b>	10/26/2015	<b>Date of Injury:</b>	07/29/2011
<b>Decision Date:</b>	12/23/2015	<b>UR Denial Date:</b>	09/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	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: New York  
 Certification(s)/Specialty: Anesthesiology

### 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 56 year old, male who sustained a work related injury on 7-29-11. A review of the medical records shows he is being treated for neck, mid and lower back pain. In the progress notes dated 9-2-15 and 9-30-15, the injured worker reports pain in his neck. He rates this pain level a 4 out of 10 with medications and a 9 out of 10 without medications. He reports limited mobility and movement in his neck and a sharp pain on the right side of neck towards the base. He reports numbness in both arms. He reports mid back pain. He rates this pain a 5 out of 10 with medications and a 9 out of 10 without medications. He reports low back pain. He rates this pain a 5 out of 10 with medications and a 9 out of 10 without medications. He reports numbness in both legs. He reports his "quality of life has improved" since his last visit. He states his medications are "working well." On physical exam dated 9-30-15, he has tenderness to touch of cervical paravertebral muscles and spinous processes at C6 and C7. He has restricted cervical range of motion. He has tenderness at T6 spinous process and paravertebral muscles. He has restricted lumbar range of motion. He has tenderness, hypertonicity and tight muscle band on both sides of lumbar paravertebral muscles. Treatments have included physical therapy to neck, home exercises, a few biofeedback and group therapy sessions, and medications. Current medications include Nexium, Flexeril, Gabapentin, and Norco. He has been taking all four of these medications since at least April 2015. There have been no significant improvements in pain levels or with functional capabilities. He does not have any risk factors for gastrointestinal issues. He has heartburn secondary to medications. No notation of working status. The treatment plan includes requests for medication refills. The Request for Authorization dated 10-6-15 has requests for Norco, Gabapentin, Nexium and Flexeril. In the Utilization Review dated 9-22-15, the requested treatments of Norco 10-325mg. #75 x 2, Nexium 40mg. #30 and Flexeril 10mg. #60 are not medically necessary.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Norco 10/325 mg Qty 75: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids (Classification), Opioids, California Controlled Substance Utilization Review and Evaluation System (CURES) [DWC], Opioids, criteria for use.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Opioids.

**Decision rationale:** According to the CA MTUS and ODG, Norco 10/325mg (Hydrocodone/ Acetaminophen) is a short-acting opioid analgesic indicated for moderate to moderately severe pain, and is used to manage both acute and chronic pain. The treatment of chronic pain with any opioid analgesic requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. A pain assessment should include current pain, intensity of pain after taking the opiate, and the duration of pain relief. In this case, there is insufficient evidence that the opioids were prescribed according to the CA MTUS guidelines, which recommend prescribing according to function, with specific functional goals, return to work, random drug testing, an opioid contract, and documentation of a prior failure of non-opioid therapy. In this case, there is no documentation of an updated and signed pain contract between the physician and patient. In addition, it is unclear why two (2) requests were made for the same opioid analgesic. Medical necessity of the requested medication has not been established. Of note, discontinuation of an opioid analgesic should include a taper to avoid withdrawal symptoms. The requested medication is not medically necessary.

### **Flexeril 10 mg Qty 60: Upheld**

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

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

**Decision rationale:** According to the reviewed literature, Cyclobenzaprine (Flexeril) is closely related to the tricyclic antidepressants. It is not recommended for the long-term treatment of chronic pain. This medication has its greatest effect in the first four days of treatment. Guidelines state that this medication is not recommended to be used for longer than 2-3 weeks. According to CA MTUS Guidelines, muscle relaxants are not considered any more effective than non-steroidal anti-inflammatory medications alone. In this case, there are muscle spasms documented on physical exam. However, there is no clinical indication presented for the chronic or indefinite use of this medication. Based on the currently available information, the medical necessity for this muscle relaxant has not been established. The requested treatment is not medically necessary.

**Nexium 40 mg Qty 30: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) PPIs.

**Decision rationale:** According to CA MTUS (2009), proton pump inhibitors (PPIs), such as Nexium, are recommended for patients taking NSAIDs with documented GI distress symptoms or specific GI risk factors. Risk factors include, age >65, history of peptic ulcer disease, GI bleeding, concurrent use of aspirin, corticosteroids, and/or anticoagulants or high-dose/multiple NSAIDs. In this case, there is documentation of medication induced gastritis. It does not appear that this patient is currently taking a NSAID. Based on the available information provided for review, the medical necessity for Nexium has not been established. The requested medication is not medically necessary.

**Norco 10/325 mg Qty 75: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids (Classification), Opioids, California Controlled Substance Utilization Review and Evaluation System (CURES) [DWC], Opioids, criteria for use.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Opioids.

**Decision rationale:** According to the CA MTUS and ODG, Norco 10/325mg (Hydrocodone/ Acetaminophen) is a short-acting opioid analgesic indicated for moderate to moderately severe pain, and is used to manage both acute and chronic pain. The treatment of chronic pain with any opioid analgesic requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. A pain assessment should include current pain, intensity of pain after taking the opiate, and the duration of pain relief. In this case, there is insufficient evidence that the opioids were prescribed according to the CA MTUS guidelines, which recommend prescribing according to function, with specific functional goals, return to work, random drug testing, an opioid contract, and documentation of a prior failure of non-opioid therapy. In this case, there is no documentation of an updated and signed pain contract between the physician and patient. In addition, it is unclear why two (2) requests were made for the same opioid analgesic. Medical necessity of the requested medication has not been established. Of note, discontinuation of an opioid analgesic should include a taper to avoid withdrawal symptoms. The requested medication is not medically necessary.