

<b>Case Number:</b>	CM15-0044268		
<b>Date Assigned:</b>	03/16/2015	<b>Date of Injury:</b>	08/18/1997
<b>Decision Date:</b>	04/24/2015	<b>UR Denial Date:</b>	03/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/09/2015

### 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: Pennsylvania

Certification(s)/Specialty: Internal 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 63 year old male who has reported neck, shoulder and upper extremity symptoms after an injury on 08/18/1997. Diagnoses include shoulder pain, carpal tunnel syndrome and cervical spondylosis. Treatment to date has included medications, cervical medial branch blocks, and physical therapy. Reports from the primary treating physician during 2012-2014 reflect ongoing multifocal pain, pain reduction and improved function with unspecified medications, and ongoing prescribing of the same medications (those referred for Independent Medical Review). No reports address the specific results for each medication. The work status remains as 'not working.' Blood pressures were elevated and not addressed. Those medications referred now for Independent Medical Review have been prescribed chronically. There are no drug tests mentioned in any of the reports. Per the PR2 of 01/27/2015 there was pain in the left shoulder, neck, left hand and right hand. Pain without medications was 7/10 and 2/10 with medications. Medications reduce pain and improve function in and outside of the home, such as basic activities of daily living. The blood pressure was 165/87. The treatment plan included Celebrex 200 mg Qty 60 with 3 refills, Flector 1.3% patch Qty 30, Flexeril 5 mg Qty 90 with 3 refills, Neurontin 300 mg Qty 60 with 3 refills, and Norco 10/325 mg Qty 180. Work status was 'not working.' There was no discussion of the specific results of using any single medication. The current medications were those which were refilled. On 3/2/15 Utilization Review non-certified Flector, Flexeril, Celebrex; and partially certified Neurontin and Norco. The MTUS was cited. On 3/9/15 the treating physician wrote an appeal of the 3/2/15 Utilization Review decisions. The Flector and Flexeril were not appealed. The Neurontin, Celebrex, and Norco were appealed. The

appeal consisted largely of pasted guideline text rather than patient specific information. There was no discussion of the patient-specific indications and results of use for each of the 3 drugs appealed. Functional improvement was stated to be present, although the actual definition of 'functional improvement' in the MTUS was not presented and necessary criteria were not discussed. The opioid prescribing was stated to be in accordance with the MTUS.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Flector 1.3% patch Qty 30; apply to affected area every day: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain. Topical Medications Page(s): 60, 111-113.

**Decision rationale:** Per the MTUS, topical NSAIDs for short term pain relief may be indicated for pain in the extremities caused by osteoarthritis or tendonitis. There is no good evidence supporting topical NSAIDs for shoulder or axial pain. It appears that Flector was used for shoulder or axial pain in this case, and use has been long term. No reports address the specific benefit of this medication alone, as per the MTUS page 60 citation. This injured worker is already taking an oral NSAID, making a topical NSAID duplicative and unnecessary, as well as possibly toxic. Diclofenac has an elevated cardiovascular risk profile and this injured worker has elevated blood pressures. Adequate monitoring of toxicity has not occurred and the blood pressures were not addressed at all. Flector is not medically necessary due to the redundant NSAID prescribing, possible toxicity, the lack of indications per the MTUS, and the lack of any clear benefit.

**Flexeril 5 mg Qty 90 with 3 refills; take 1 tablet 3 times daily as needed: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-64.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants. Medication trials.

**Decision rationale:** The MTUS for Chronic Pain does not recommend muscle relaxants for chronic pain. Non-sedating muscle relaxants are an option for short term exacerbations of chronic low back pain. The muscle relaxant prescribed in this case is sedating. This injured worker has chronic pain with no evidence of prescribing for flare-ups. Prescribing has occurred consistently for over a year. The quantity prescribed implies long term use, not a short period of use for acute pain. No reports show any specific and significant improvements in pain or function as a result of prescribing muscle relaxants. The specific results of using muscle relaxants is not addressed in any reports, as is required per the MTUS page 60 for all chronic pain medications. Cyclobenzaprine, per the MTUS, is indicated for short term use only and is not

recommended in combination with other agents. This injured worker has been prescribed multiple medications along with cyclobenzaprine. Per the MTUS, this muscle relaxant is not indicated and is not medically necessary.

**Celebrex 200 mg Qty 60 with 3 refills; take 1 capsule 2 times daily: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain. NSAIDs for Back Pain - Acute exacerbations of chronic pain. Back Pain - Chronic low back pain. NSAIDs, specific drug list & adverse effects Page(s): 60, 68, 70.

**Decision rationale:** Per the MTUS for chronic pain, page 60, medications should be trialed one at a time, and there should be functional improvement with each medication. No reports show any specific benefit, functional or otherwise. Work status is not addressed adequately; specific work abilities have not been addressed. The reports to date describe pain relief and functional improvement from all medications together in a non-specific manner only. Systemic toxicity is possible with NSAIDs. The FDA and MTUS recommend monitoring of blood tests and blood pressure. There is no evidence that the prescribing physician is adequately monitoring for toxicity as recommended by the FDA and MTUS. Blood pressures have been elevated, and this has not been addressed at all. Celebrex has an elevated cardiovascular risk profile. The MTUS does not recommend chronic NSAIDs for low back pain. NSAIDs should be used for the short term only. Acetaminophen is the drug of choice for flare-ups, followed by a short course of NSAIDs. The MTUS does not specifically reference the use of NSAIDs for long term treatment of chronic pain in other specific body parts. NSAIDs are indicated for long term use only if there is specific benefit, symptomatic and functional, and an absence of serious side effects. The treating physician has not addressed these important factors. The treating physician is prescribing both oral and topical NSAIDs. This is duplicative, potentially toxic, and excessive, as topical NSAIDs are absorbed systemically. This NSAID is not medically necessary based on the MTUS recommendations against chronic use, lack of specific functional and symptomatic benefit, and prescription not in accordance with the MTUS and the FDA warnings.

**Neurontin 300 mg Qty 60 with 3 refills; take 1 time daily: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs) Page(s): 16.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy Drugs. Medication trials Page(s): 16-22, 60.

**Decision rationale:** Per the MTUS, gabapentin is recommended for neuropathic pain. There is no good evidence in this case for neuropathic pain. There are no physician reports which adequately address the specific symptomatic and functional benefit from the AEDs used to date. Note the criteria for a 'good' response per the MTUS. The treating physician has referred to non-specific benefit resulting from all medications but not for any single medication. Gabapentin is

not medically necessary based on the lack of any clear indication, and the lack of significant symptomatic and functional benefit from its use to date.

**Norco 10/325 mg Qty 180; take 1 every 4-6 hours as needed for pain:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioid management. Opioids, steps to avoid misuse/addiction. Indications, Chronic back pain. Mechanical and compressive etiologies. Medication trials Page(s): 77-81, 94, 80, 81, 60.

**Decision rationale:** There is insufficient evidence that the treating physician is prescribing opioids according to the MTUS, which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract, and there should be a prior failure of non-opioid therapy. The failure of prior opioid therapy is not clear in the records. There is no drug testing program in evidence. Any improvements in function are explained on the basis of all current medications, not for any specific medication absent the others. Page 60 of the MTUS, cited above, recommends that medications be trialed one at a time. In this case, medications were given as a group, making the determination of results, side effects, and benefits impossible to determine. Norco may have no functional benefit at all. The prescribing physician describes this patient as 'not working', which fails the 'return-to-work' criterion for opioids in the MTUS. Work status, a critical factor in opioid prescribing per the MTUS, is not adequately addressed. As currently prescribed, this opioid does not meet the criteria for long term opioids as elaborated in the MTUS and is therefore not medically necessary. This is not meant to imply that some form of analgesia is contraindicated; only that the opioids as prescribed have not been prescribed according to the MTUS and that the results of use do not meet the requirements of the MTUS.