

<b>Case Number:</b>	CM15-0088509		
<b>Date Assigned:</b>	05/12/2015	<b>Date of Injury:</b>	10/22/1998
<b>Decision Date:</b>	07/02/2015	<b>UR Denial Date:</b>	04/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/07/2015

### 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, Pain Management, Occupational 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 female, who sustained an industrial injury on 10/22/1998. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. The injured worker was diagnosed as having chronic neck pain, upper extremity pain, history of cervical fusion at cervical six to seven in 2000, severe depression secondary to chronic pain and chronic pain syndrome, Nicotine dependence, Oswestry Disability Pain Index in 08/2008 showed a 28 and in 06/2009 showed a 33, and low back pain. Treatment and diagnostic studies to date has included laboratory studies, medication regimen, and above noted procedure. In a progress note dated 03/19/2015 the treating physician reports of complaints of chronic neck and upper back pain. Examination is revealing for significant tenderness to palpation to pressure on trigger point of the right lower trapezius area that radiates up the neck and head area. The treating physician also reported a restricted range of motion of the cervical spine. The injured worker's pain level was rated a 9 out of 10 without her medication regimen and a 4 out of 10 with her medication regimen. The injured worker's medication regimen included Duragesic Patch, Norco, Xanax, Phenergan, Effexor XR, Tegaderm, Prilosec, Colace, and Flexeril. The documentation provided did not indicate if the injured worker experienced any functional improvement with use of her current medication regimen. The treating physician requested the medications of Duragesic Patch 100mcg with quantity of 10 with 1 refill, Norco 10/325mg with a quantity of 90 with one refill, Zanaflex 4mg with a quantity of 60 with 1 refill, and Phenergan 25mg with a quantity of 60 with 3 refills, but the

documentation provided did not indicate the specific reasons for these requested medications.

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

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

#### **Phenergan 25 mg #60 3 refills: 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 (chronic).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Antiemetics (for opioid nausea).

**Decision rationale:** ODG recommends against the use of anti-emetics to treat nausea due to chronic opioid use. Phenergan is associated with confusion, sedation as well as more importantly tardive dyskinesia. The medical records do not include an explanation for its use in this situation. This request for Phenergan is not medically necessary.

#### **Zanaflex 4 mg #60 1 refill: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxant, antispasticity drugs.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Spasticity/Spasmodic Drugs page(s): 66.

**Decision rationale:** MTUS 2009 states that tizanidine (Zanaflex) is indicated for muscle spasticity which is different than muscle spasm. It also states that there are some studies that have shown reduction in pain for individuals diagnosed with fibromyalgia and low back pain. Zanaflex is therefore an option to treat chronic low back even though it is not indicated for it. However, in this case, there is no evidence of muscle spasticity nor is there any meaningful reduction in pain based upon the symptomatic complaints. Based upon the lack of efficacy, this request for Zanaflex is not medically necessary.

#### **Duragesic Patches 100mcg #10 with one refill: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids page(s): 79.

**Decision rationale:** MTUS 2009 states that the goals of treating chronic non-cancer pain differ from the goals of treating cancer pain. Opioids used to treat cancer pain can be palliative but opioids used to treat non-cancer pain should result in a reduction in pain as well as significant improvement in pain limited function. In this case, the patient continues to complain of significant pain in spite of the high dose of opioids and continues with significant pain limited function. Based upon the lack of success with the use of chronic opioid maintenance therapy, this request for Duragesic is not medically necessary.

**Norco 10/325mg #90 with one refill:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids page(s): 79.

**Decision rationale:** MTUS 2009 states that opioids should be discontinued if there is no functional improvement attributable to their use. The patient continues with significant pain and limited function. Therefore, chronic opioid maintenance therapy is not successful in this clinical situation. Therefore, this request for Norco is not medically necessary.