

<b>Case Number:</b>	CM14-0124226		
<b>Date Assigned:</b>	08/08/2014	<b>Date of Injury:</b>	06/13/1997
<b>Decision Date:</b>	10/14/2014	<b>UR Denial Date:</b>	07/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/06/2014

### 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. The expert reviewer is Board Certified in Emergency Medicine, and is licensed to practice in Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 reported an injury on 06/13/1997 caused by an unspecified mechanism. The treatment history included medications, x-rays, physical therapy, and surgery. The injured worker was evaluated on 07/17/2014 and it was documented that the injured worker was undergoing physical therapy and has had 12 to 14 sessions. She had felt that it had been significantly helpful. The injured worker stated that with Norco, she was able to keep her pain at 4/10 to 5/10. The injured worker denied any adverse reactions. There were no aberrant behaviors. Objective findings; noted no significant changes. Medications included Norco 10/325 mg, Klonopin 0.5 mg, Bio-freeze topical roll on gel, Lidoderm 5% patch. Diagnoses included history of neck pain with s/p ACDF, low back pain with apparent history of posterior spinal instrumentation infusion, cervical radiculopathy, and lumbar radiculopathy. In the documentation, the provider noted the injured worker's most recent cervical spine x-rays revealed retrolisthesis at C4-5 with a solid fusion at C5-6 and C6-7. The physician was requesting cervical flexion/extension views. The Request for Authorization was not submitted for this review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cervical flexion-extension views:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Neck & Upper Back Chapter

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

**Decision rationale:** The request for cervical flexion-extension views is not medically necessary. Per the American College of Occupational and Environmental Medicine Guidelines, for most patients presenting with true neck or upper back problems, special studies are not needed unless a 3 or 4 week period of conservative care and observation fails to improve symptoms. Most patients improve quickly, provided any red flag conditions are ruled out. The guidelines state the criteria for ordering imaging studies are; emergence of a red flag; physiologic evidence of tissue insult or neurologic dysfunction; failure to progress in strengthening program intended to avoid surgery; clarification of anatomy prior to an invasive procedure. There is no indication of tissue insult or neurologic dysfunction. Therefore, the request for cervical flexion-extension views is not medically necessary.

**Norco 10/325mg PRn #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 78.

**Decision rationale:** The requested is not medically necessary. The California Medical Treatment Utilization Schedule (MTUS) Schedule (MTUS) guidelines state that criteria for use for ongoing- management of opioids include ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. There was lack of documentation of long-term functional improvement for the injured worker. There was no urine drug screen to verify opioid compliance. The request submitted for review failed to include frequency, quantity and duration of medication. Given the above, the request for Norco 10/325mg, PRN #60 is not medically necessary.

**Klonopin 0.5mg QHS PRN #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines, Page(s): 24..

**Decision rationale:** The request for Klonopin 0.5mg QHS, PRN #30 is not medically necessary. California (MTUS) Chronic Pain Medical Guidelines does not recommend Benzodiazepines for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects

occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. The documents submitted for review lacked evidence of how long the injured worker has been using Benzodiazepines. Furthermore, the request lacked frequency and duration of the medication. Given the above, the request is not medically necessary.

**Biofreeze Gel #2: Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back-Lumbar & Thoracic. Bio freeze cryotherapy.

**Decision rationale:** The request for Bio freeze Gel #2 is not medically necessary. Per the Official Disability Guidelines, Bio freeze is recommended as an optional form of cryotherapy for acute pain. Bio freeze is a nonprescription topical cooling agent with the active ingredient of menthol that takes the place of ice packs. Whereas ice packs only work for a limited period time, Bio freeze can last much longer before reapplication. A recent study concluded that Bio freeze on acute low back pain resulted in significant pain reduction. The included medical documents lack evidence of a complete and accurate pain assessment and the efficacy of the medication. Also, the guidelines recommend Bio freeze in the acute phase of pain. The injured worker was injured in 1997, which would indicate a chronic issue, as opposed to acute. As such, the request for Bio freeze Gel #2 is not medically necessary.

**Norco 10/325 mg PRN #15: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, Page(s): 78..

**Decision rationale:** The requested is not medically necessary. The California Medical Treatment Utilization Schedule (MTUS) Schedule (MTUS) guidelines state that criteria for use for ongoing- management of opioids include ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. There was lack of documentation of long-term functional improvement for the injured worker. There was no urine drug screen to verify opioid compliance. The request submitted for review failed to include frequency, quantity and duration of medication. Given the above, the request for of Norco 10/325mg PRN # 15 is not medically necessary.