

<b>Case Number:</b>	CM14-0130902		
<b>Date Assigned:</b>	08/20/2014	<b>Date of Injury:</b>	11/15/2002
<b>Decision Date:</b>	09/24/2014	<b>UR Denial Date:</b>	08/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/15/2014

### 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 Anesthesiology, has a subspecialty in Pain Medicine, and is licensed to practice in Florida. 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 39-year-old who reported an injury on November 15, 2002 due to unspecified mechanism of injury. The injured worker had a history of neck pain radiating to the right shoulder blade. The injured worker had diagnoses of cervical sprain/strain, thoracic outlet syndrome, right upper extremity, right wrist sprain/strain with chronic tendonitis. The MRI of the cervical spine dated July 14, 2014 revealed mild degenerative disc disease at C4-5. Only minimal mass effect was demonstrated of the vertical aspect of the cord at C4-5 and C5-6. Past treatments included physical therapy, medication, and Toradol injections. The physical examination dated August 5, 2014 to the cervical spine revealed limited range of motion with right to left rotation 40 degrees, flexion and extension 10 degrees, cervical compression that caused neck pain that radiated to the right shoulder blade, palpation revealed muscle spasm to the right cervical paraspinal and cervical trapezius muscle. The motor strength, sensation, and deep tendon reflexes were grossly intact to the upper extremities. Positive Adson's maneuver and hyperabduction maneuver to the right upper extremity with complete diminution of the radial pulse. The medications included Percocet 10/325 mg, glucosamine solution drink 1500 mg, Thermacare heat patches, Dexilant 60 mg, baclofen 10 mg, Cymbalta 60 mg, Abilify 2 mg, and Zipsor 25 mg. The injured worker reported her pain a 5/10 with medication and a 10/10 without medication using the VAS. The treatment plan included medication and followup in a few months. The Request for Authorization dated August 20, 2014 was submitted with documentation. The rationale for the Percocet, baclofen, Zipsor, and glucosamine solution was not provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Percocet 10/325 mg, sixty count:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 46, Chronic Pain Treatment Guidelines Opioids Page(s): 78.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Percocet; Ongoing Management Page(s): 75, 86; 78.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines recommend oxycodone/acetaminophen (Percocet) for moderate to severe chronic pain and that there should be documentation of the 4 A's for Ongoing Monitoring including analgesia, activities of daily living, adverse side effects and aberrant drug taking behavior. It further recommend that dosing of opioids not exceed 120 mg oral morphine equivalents per day, and for patients taking more than one opioid, the morphine equivalent doses of the different opioids must be added together to determine the cumulative dose. The clinical notes indicated that the injured worker is taking 1 tablet 4 to 6 hours as needed for pain daily, which is 90 mg per day. The clinical notes did not indicate an increase in function or decrease in pain with the use of the Percocet and it is not intended for long term use. The clinical notes indicated that the physical therapy did provide improvement. The request did address the frequency. The request for Percocet 10/325 mg, sixty count, is not medically necessary or appropriate.

**Baclofen 10 mg 45 count:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain Page(s): 113.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines states Baclofen is not recommended. There is no peer-reviewed literature to support the use of topical baclofen. The guidelines do not indicate the use of baclofen. The request did not address the frequency. As such, the request for Baclofen 10 mg, 45 count, is not medically necessary or appropriate.

**Glucosamine solution drink 1500 mg, 8 oz per bottle, thirty bottles:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Glucosamine Page(s): 50.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Glucosamine (and Chondroitin Sulfate) Page(s): 50, 60.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines recommend as an option given its low risk, in patients with moderate arthritis pain, for the relief of pain with the use of

medications is generally temporary and measures of the lasting effect is not modality should include evaluating the effect of the pain relief in relationship to improve their function and decreased activity. Before prescription any medication for pain, the following should occur: determine the aim of use of medication, determine the potential benefits and adverse effects, determine the injured worker's preference. Only one medication should be given at a time and interventions that are active and passive should remain unchanged at the time of the medication change. The recent AHRQ of comparison effectiveness and safety of analgesics for osteoarthritis included that each of the analgesics were associated with a unique set of benefits and risks. No currently available analgesic was identified as offering a clear, overall advantage as compared to others. The request did not indicate a frequency. The request for Glucosamine solution drink 1500 mg, 8 oz per bottle, thirty bottles, is not medically necessary or appropriate.

**Zipsor 25 mg, ninety count:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 70. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment Index, 12th Edition(web), 2014, Pain, Diclofenac.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Laboratory Testing, NSAIDS Page(s): 70.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines indicate that the package inserts for NSAIDs recommend periodic lab monitoring of a CBC and chemistry profile (including liver and renal function tests). There has been a recommendation to measure liver transaminases within four to eight weeks after starting therapy, but the interval of repeating lab tests after this treatment duration has not been established. Documentation was not evident of CBC or chemistry profile that included a liver functional test within four to eight weeks of starting therapy. The request did not indicate frequency. The request for Zipsor 25 mg, ninety count, is not medically necessary or appropriate.