

<b>Case Number:</b>	CM14-0135487		
<b>Date Assigned:</b>	09/18/2014	<b>Date of Injury:</b>	05/02/2007
<b>Decision Date:</b>	10/16/2014	<b>UR Denial Date:</b>	07/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/22/2014

### 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 Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. 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 patient is a 60-year-old male with date of injury of 05/02/2007. The listed diagnoses per [REDACTED] from 07/10/2014 are: 1. Cervical radiculopathy secondary to disk herniations and posterior osteophytes at C3-C4, C4-C5, C5-C6, and C6-C7.2. Seizure disorder. According to this report, the patient complains of excruciating severe neck pain that radiates into the right shoulder down to the right arm and hand that has been associated with profound weakness and numbness of the right hand. The patient has been using his left arm for most of the activities due to the significant weakness of the right hand. He also complains of pain in the neck that radiates into the left shoulder blade. The examination shows that the patient has strength of 3+/5 of the right finger flexors and intrinsic muscles of the right hand. There is sensory loss to light touch, pinprick, and 2-point discrimination in the right hand including all fingers. DTRs are symmetric. The patient's gait is normal. Severe muscle spasms were noted in the trapezius muscles bilaterally especially on the right side. Spurling's test was positive. There is also increased pain with internal and external rotation of the right shoulder joint. The utilization review denied the request on 07/29/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ativan 1mg #30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chronic pain guide

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

**Decision rationale:** This patient presents with severe neck pain that radiates into the right shoulder down to the right arm with associated weakness and numbness. The treater is requesting Ativan 1 mg, quantity #30. The MTUS Guidelines page 24 on benzodiazepines states that it is not recommended for long-term use because long-term efficacy is not proven and there is a risk of dependence. Most guidelines limit the use to 4 weeks. The records show that the patient has not tried Ativan. However, records show that the patient has been on benzodiazepines since 11/27/2013. In this case, MTUS Guidelines do not support the long-term use of benzodiazepines. Recommendation is for denial.

**Cialis 20mg tablet #30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Aetna Erectile Dysfunction Aetna considers the diagnosis and treatment of erectile dysfunction (impotence) medically necessary according to the criteria outlined below. Diagnosis Aetna considers the following diagnostic workup of erectile dysfunction medically necessary: Comprehensive history and physical examination (including medical and sexual history and psychosocial evaluation)

**Decision rationale:** This patient presents with severe neck pain that radiates into the right shoulder down to the right arm with associated weakness and numbness. The treater is requesting Cialis 20 mg tablet, quantity #30. The MTUS, ACOEM, and ODG Guidelines do not discuss Cialis specifically. Aetna Guidelines require comprehensive physical examination and lab work for a diagnosis of erectile dysfunction including medical, sexual, and psychosocial evaluation. The 07/10/2014 report notes that the patient's chronic pain syndrome has caused problems with his ability to have intimacy. In addition, the records show that the patient has been taking Viagra since 11/27/2013. In this case, none of the 146 pages of records show any psychosocial evaluation, current testosterone levels, comprehensive physical examination, and lab work required by Aetna. The patient does not have a diagnosis of erectile dysfunction. Recommendation is for denial.

**Clonazepam 1mg tablet #30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chronic pain guide

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

**Decision rationale:** This patient presents with severe neck pain that radiates into the right shoulder down to the right arm with associated weakness and numbness. The treater is requesting clonazepam 1 mg tablet, quantity #30. The MTUS Guidelines page 24 on benzodiazepines states that it is not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit the use to 4 weeks. The records show that the patient was prescribed clonazepam on 11/27/2013. The 07/10/2014 report notes that the treater has discontinued the use of clonazepam and quetiapine and replaced it with Xanax and Ativan. In this case, benzodiazepines are not recommended for long-term use. Furthermore, the treater has documented discontinuation of this medication. Recommendation is for denial.

**Diclofenac-Misoprost 50-200 #90:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation [www.drugts.com](http://www.drugts.com)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Arthrotec<sup>®</sup> (diclofenac/ misoprostol) See NSAIDs (non-steroidal anti-inflammatory drugs); NSAIDs, GI symptoms & cardiovascular risk; NSAIDs, hypertension and renal function; & NSAIDs, specific drug list & adverse effects for general guidelines, as well as specific Arthrotec<sup>®</sup> (diclofenac/ misoprostol) listing for more information and references. See also Diclofenac, where it is not recommended as first line due to increas

**Decision rationale:** This patient presents with severe neck pain that radiates into the right shoulder down to the right arm with associated weakness and numbness. The treater is requesting diclofenac/misoprostol 50-200, quantity #90. The MTUS and ACOEM Guidelines do not address this request, however, ODG Guidelines, on Arthrotec (diclofenac/misoprostol) combines diclofenac (an NSAID) with misoprostol, an agent that inhibits basal and nocturnal gastric acid secretions and has some mucosal protective properties. It is indicated for the treatment of the signs and symptoms of osteoarthritis in patients at high risk for developing NSAID-induced gastric or duodenal ulcers and their complications. The records show that the patient has not tried diclofenac/misoprostol in the past. The report making the request is missing to determine the rationale behind this request. None of the 146 pages of records discussed the patient's risk for developing NSAID-induced gastric ulcers including a diagnosis of osteoarthritis. Given that the patient does not meet the required criteria given by the ODG Guidelines, recommendation is for denial.

**Duloxetine HCL DR 30mg cap #90:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chronic pain guide

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cymbalta, Duloxetine Page(s): 16,17 43,44.

**Decision rationale:** This patient presents with severe neck pain that radiates into the right shoulder down to the right arm with associated weakness and numbness. The treater is requesting duloxetine HCL DR 30 mg capsule, quantity #90. The MTUS page 16 and 17 on selective serotonin and norepinephrine reuptake inhibitors (SNRIs) on duloxetine (Cymbalta) states that it is used off-label for neuropathic pain and radiculopathy. Duloxetine is recommended as a first-line option for diabetic neuropathy. MTUS page 60 on medications for chronic pain states that pain assessment and functional changes must also be noted when medications are used for chronic pain. The records show that the patient was prescribed duloxetine since 11/27/2013. The 07/10/2014 report notes that the treater is prescribing Cymbalta for depression as a result of chronic pain syndrome. None of the 146 pages of records document functional improvement including decreased level of pain and improved quality of life while using Duloxetine. Recommendation is for denial.

**Hydrocodone-Acetaminophen (Norco) 10mg #120:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines On-Going Management. Opioids, long-term assessment Page(s): 78, 88,89.

**Decision rationale:** This patient presents with severe neck pain that radiates into the right shoulder down to the right arm with associated weakness and numbness. The treater is requesting hydrocodone-acetaminophen (Norco). For chronic opiate use, the MTUS Guidelines page 88 and 89 states that pain should be assessed at each visit and functioning should be measured at 6-month intervals using a numerical scale or validated instrument. MTUS page 78 also requires documentation of the 4As including analgesia, ADLs, adverse side effects, and aberrant drug-seeking behavior as well as "pain assessment" or outcome measures that includes current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medications to work, and duration of pain relief. The records show that the patient was prescribed hydrocodone-acetaminophen on 11/27/2013. The treater does not provide pain scales; no specifics regarding ADL's, no significant improvement, no mention of quality of life changes and no discussions regarding "pain assessments" as required by MTUS. There are no discussions regarding adverse side effects and aberrant drug-seeking behaviors such as a urine drug screen. Recommendation is for denial

**Xanax .25mg #60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chronic pain guide

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

**Decision rationale:** This patient presents with severe neck pain that radiates into the right shoulder down to the right arm with associated weakness and numbness. The treater is requesting Xanax 0.25 mg, quantity #60. The MTUS Guidelines page 24 on benzodiazepines states that it is not recommended for long-term use because long-term efficacy is not proven and there is a risk of dependence. Most guidelines limit the use to 4 weeks. The records show that the patient has not tried Xanax. However, records show that the patient has been on benzodiazepines since 11/27/2013. In this case, MTUS Guidelines do not support the long-term use of benzodiazepines. Recommendation is for denial.