

<b>Case Number:</b>	CM14-0179120		
<b>Date Assigned:</b>	11/03/2014	<b>Date of Injury:</b>	08/31/2013
<b>Decision Date:</b>	12/09/2014	<b>UR Denial Date:</b>	10/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/28/2014

### 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 Rehabilitation & Pain Management 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 39 year-old female with the date of injury of 08/31/2013. The patient presents with pain in her neck, right shoulder and lower back, radiating down her upper and lower extremities. The patient rates her neck and lower back pain as 5/10 on the pain scale and shoulder pain as 8/10. The range of neck and right shoulder are almost full, while the range of lumbar motion is limited. Her lumbar flexion is 50 degrees, extension is 40 degrees, and lateral bending is 50 degrees. There are spasms over lumoparaspinal musculature and cervical trapezius. MRI of the cervical and lumbar spine do not show any significant pathology. The patient is currently taking Hydrocodone, Naproxen, Cyclobenzaprine. The patient was temporarily totally disabled during September and October. According to M.D. [REDACTED] report on 07/28/2014, diagnostic impressions are; 1) Right shoulder tendinopathy with SLAP lesion 2) Lumbar spondylosis 3) Rule out lumbar radiculopathy 4) Cervical pain with right upper extremity symptoms. The utilization review determination being challenged is dated on 10/22/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 04/07/2014 to 09/22/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retro, Hydrocodone 10/325mg #60 DOS: 9/22/14: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 91, 78.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids Page(s): 76-78; 88-89.

**Decision rationale:** The patient presents with pain and weakness in her neck, right shoulder and lower back. The request is for Retro, Hydrocodone 10/325mg #60, DOS 09/22/2014. MTUS guidelines page 88 and 89 states, "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 (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. The treating physicia' report on 09/22/2014 indicates that "ADL's are maintained with medication including shopping for groceries, very light house hold duties, preparing food, grooming, bathing. Recalls times when ADL's were in jeopardy prior to current medication dosing with examples. Medication facilitates maintenance of recommended exercise level and healthy level, per patient. With this medication, the patient is able to tolerate more activity and improved range of motion. Patient indicates that Hydrocodone 10mg decreases pain level an average of 4/10. Reports greater tolerance to specific activities and maintenance of ADL's. ConsumesHydrocodone for 'breakthrough pain'. No side effects." However, the patient was temporarily totally disabled during September and October 2014. In this case, Analgesia, ADL's and side effects are addressed. But there is no discussion regarding aberrant behavior including drug screens, CURES and other behavioral documentations. No outcome measures are provided and the patient's condition was deemed totally disabled despite the use of medication. There does not appear to be significant functional improvement with chronic use of opiates. Therefore, based on guidelines and a review of the evidence, the request is not medically necessary.

**Retro, Naproxen 550mg #90 DOS: 9/22/14:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 66, 73.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications, NSAIDs (Non-Steroidal Anti-Inflammatory Drugs), Page(s): 22; 67-6.

**Decision rationale:** The patient presents with pain and weakness in her neck, right shoulder and lower back. The request is for Retro, Naproxen 550mg #90, DOS 09/22/2014. MTUS page 22 supports NSAIDs for chronic low back pain, at least for short-term relief. It is also supported for other chronic pain conditions. MTUS guidelines page 67 and 68 recommend NSAIDs (non-steroidal anti inflammatory drugs) as an option for short-term sympathetic relief. The treating physicia' report on 09/22/2014 indicates that "NSAID does result in 2-3 point average decrease in somatic pain and greater range of motion, most notably per patient in the early hours of the

day, especially for achy pain." In this case, the patient finds relief from pain by using requested NSAID included in his list of medications. The request is medically necessary and appropriate.

**Retro, Pantoprazole 20mg #90 DOS: 9/22/14: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk Page(s): 69.

**Decision rationale:** The patient presents with pain and weakness in her neck, right shoulder and lower back. The request is for Retro, Pantoprazole 20mg #90 DOS 09/22/2014. MTUS guidelines page 69 recommends prophylactic use of PPI's when appropriate GI assessments have been provided. The patient must be determined to be at risk for GI events, such as age > 65 years, history of peptic ulcer, GI bleeding or perforation, concurrent use of ASA, corticosteroids, and/or an anticoagulant, or high dose/multiple NSAID (e.g., NSAID + low-dose ASA). The treating physician's report on 09/22/2014 indicates that "recalls GI upset with no PPI, PPI at qd bid dosing, however, denies GI upset with PPI at current titrated dose tid. Patient has no history of ulcer, hemoptysis, hematochezia or cardiac history. The patient is on NSAID, Naproxen. The request is medically necessary and appropriate.

**Retro, Cyclobenzaprine 7.5mg #90 DOS: 9/22/14: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 41, 64.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain) Page(s): 63-66.

**Decision rationale:** The patient presents with pain and weakness in her neck, right shoulder and lower back. The request is for Retro, Cyclobenzaprine 75mg #90, DOS 09/22/2014. MTUS guidelines page 63-66 states: "Muscle relaxants (for pain): Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. The most commonly prescribed antispasmodic agents are carisoprodol, cyclobenzaprine, metaxalone, and methocarbamol, but despite their popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. Cyclobenzaprine (Flexeril, Amrix, Fexmid generic available): Recommended for a short course of therapy." The treating physician's report on 09/22/2014 indicates that "Cyclobenzaprine decrease spasm average of 5 hours, with resultant improved range of motion, tolerate to exercise, and decrease in overall pain level 2-3 points." The treating physician's reports do not contain any indication of exactly when the patient began taking Cyclobenzaprine. The treating physician does not indicate that this medication is to be used for a short term. MTUS guidelines allow no more than 2-3 weeks of muscle relaxants to address flare up's. Review of the reports show patient has used Cyclobenzaprine at least from. Therefore, the request is not medically necessary.

