

<b>Case Number:</b>	CM14-0026170		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	07/09/2012
<b>Decision Date:</b>	08/15/2014	<b>UR Denial Date:</b>	02/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/28/2014

### 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 Anesthesiology, has a subspecialty in Pain 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 53 year old female who sustained an injury on 07/09/12. No specific mechanism of injury was noted. The injured worker was followed for complaints of neck pain radiating to the upper extremities and low back pain radiating to the left lower extremity in S1 distribution. Prior treatment included chiropractic and acupuncture therapy which provided benefits in regards to the symptoms. The injured worker was being followed by a treating physician. Medication history included Flexeril, Xanax, Norco, and Neurontin. The injured worker was also being prescribed Prilosec. The clinical evaluation on 01/07/14 noted ongoing pain in the cervical spine with spasms and decreased range of motion. Facet tenderness to palpation was present. There was weakness in the biceps and triceps. There was hypersensitivity to the light touch. Positive Tinel and Phalen's signs were noted on exam. There was active triggering of the left thumb. The injured worker was recommended for left trigger thumb release and continuation of chiropractic and acupuncture treatment. The requested Flexeril 7.5mg #90 with three refills, Xanax 1mg #60 with three refills, Norco 10/325mg #60 with three refills, Neurontin 600mg #90 with three refills, Prilosec 20mg #90 with three refills, acupuncture two times a week for four weeks, chiropractic therapy two times a week for four weeks, and a follow up visit within six to eight weeks were denied by utilization review on 02/20/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**FLEXERIL 7.5MG #90 times three refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants for pain.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-67.

**Decision rationale:** The chronic use of muscle relaxers is not recommended by current evidence based guidelines. At most, muscle relaxers are recommended for short term use only. The efficacy of chronic muscle relaxer use is not established in the clinical literature. There is no indication from the clinical reports that there had been any recent exacerbation of chronic pain or any evidence of a recent acute injury. Flexeril 7.5mg quantity 90 with three refills is not medically necessary based on the clinical documentation provided for review and current evidence based guideline recommendations.

**XANAX 1MG #60 X THREE REFILLS:** Upheld

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

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

**Decision rationale:** The chronic use of benzodiazepines is not recommended by current evidence based guidelines as there is no evidence in the clinical literature to support the efficacy of their extended use. The current clinical literature recommends short term use of benzodiazepines only due to the high risks for dependency and abuse for this class of medication. The records provided for review does not specifically demonstrate any substantial functional improvement with the use of this medication that would support its ongoing use. Xanax 1mg quantity 60 with three refills is not medically necessary based on the clinical documentation provided for review and current evidence based guideline recommendations.

**NORCO 10/325 MG #60 THREE REFILLS:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opiates, Criteria for Use Page(s): 88-89.

**Decision rationale:** The injured worker was followed for ongoing radicular symptoms in the upper extremities. The most recent physical examination findings noted weakness in the upper extremities with associated sensory changes. Per guidelines short acting narcotics such as Norco can be utilized in the treatment of moderate to severe musculoskeletal pain however guidelines recommend that there be ongoing assessments establishing functional benefit and pain reduction obtained with the use of this type of medication. The records submitted for review did not clearly

identify any specific functional benefits obtained with the use of Norco that would support its ongoing use. There was also no other documentation regarding compliance measures such as toxicology screens that would be indicated per guideline recommendations. Given the lack of documentation regarding clear functional benefits or improvements in pain with the use of Norco, this medication is not medically necessary.

**NEURONTIN 600MG #90 THREE REFILLS:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepileptics Page(s): 16-22.

**Decision rationale:** The injured worker presented with objective evidence consistent with ongoing neuropathic pain in the upper extremities. There were positive Tinel and Phalen's signs on physical examination and weakness in the upper extremities consistent with cervical radiculopathy. Neurontin is a first line recommended medication in the treatment of neuropathic pain. Given the objective findings consistent with persistent radicular symptoms in the upper extremities and possible peripheral neuropathy, this medication is medically necessary.

**PRILOSEC 20MG #90 THREE 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.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, proton pump inhibitors.

**Decision rationale:** The clinical records provided for review did not discuss any side effects from oral medication usage including gastritis or acid reflux. There was no other documentation provided to support a diagnosis of gastroesophageal reflux disease. Given the lack of any clinical indication for the use of a proton pump inhibitor this medication request is not medically necessary.

**ACUPUNCTURE TWO TIMES A WEEK FOR FOUR WEEKS:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**Decision rationale:** The injured worker is reported to have had benefits obtained with prior use of acupuncture; however, no other acupuncture therapy reports were available for review identifying specific functional benefits obtained with this type of therapy. No updated goals

were set for the use of acupuncture therapy for the last clinical record available for review. Therefore, acupuncture for 8 sessions is not medically necessary.

**CHIROPRACTIC TWO TIMES A WEEK FOR FOUR WEEKS:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58-60.

**Decision rationale:** The injured worker is reported to have had benefits obtained with prior use of chiropractic therapy; however, no other chiropractic therapy reports were available for review identifying specific functional benefits obtained with this type of therapy. No updated goals were set for the use of chiropractic therapy for the last clinical record available for review. Therefore, the request for chiropractic therapy for 8 sessions is not medically necessary.

**FOLLOW UP IN 6-8 WEEKS:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Office Visits.

**Decision rationale:** In regards to a follow up office visit in 6-8 weeks, this reviewer would have recommended this request as medically necessary. The injured worker continued to be followed for ongoing chronic pain in the neck radiating to the upper extremities. There was an active surgical request for the injured worker regarding active triggering in the left thumb. Given that the injured worker reasonably required further medication management including Neurontin utilized three times daily a follow up within six to eight weeks the requested follow up visit would be medically appropriate at this time.