

<b>Case Number:</b>	CM14-0210866		
<b>Date Assigned:</b>	12/23/2014	<b>Date of Injury:</b>	08/14/2012
<b>Decision Date:</b>	02/19/2015	<b>UR Denial Date:</b>	12/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/16/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabn

### 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 43 year old female with an injury date of 08/14/14. The patient is status post right carpal tunnel release on 06/23/14 (prior to date of injury), as per the operative report. Based on 11/13/14 progress report, the patient complains of neck pain and stiffness, exacerbated with prolonged typing at work. She also has hypersensitivity around the surgical scar in the right hand. Physical examination reveals tenderness to palpation in the posterior cervical muscles and bilateral multiple tender points. Forward flexion is to within 1 fingerbreadth of chin to chest, extension at 10 degrees, and lateral rotation at 70 degrees. There is tenderness in lower paravertebral musculature of the lumbar spine as well. Forward flexion of the lumbar spine is 45 degrees, extension is 10 degrees, and lateral bending is 30 degrees. In progress report dated 10/02/14, the patient complains of neck pain and stiffness that radiates to her left arm. She also complains of intermittent low back pain. There is tenderness in bilateral trapezial and posterior cervical musculature. As per progress report dated 08/21/14, the patient has mildly positive impingement sign in the left shoulder along with slight reproducible pain in the supraspinatus tendon against resistance. There is also decreased sensation to pinprick over the volar aspect of the thumb and little finger. The patient's pain is rated at 8/10 in an physical therapy initial evaluation report dated 10/21/14. Medications, as per progress report dated 11/13/14, include Norco, Zanaflex, Ultracin lotion, and Motrin. Diagnoses, 11/13/14:- Multilevel herniated nucleus pulposes, cervical spine with cervical radiculitis- Status post right carpal tunnel release- Status post right shoulder arthroscopy and subacromial decompression- Status post left carpal tunnel release- Extreme morbid obesity- Status post sural nerve injury, right foot The treater is

requesting for (a) NORCO 10/325 mg 1 TAB QD # 30 WITH NO REFILLS (b) ZANAFLEX 2 mg 1 BID # 60 WITH 2 REFILLS (c) ULTRACIN LOTION AP BID 120 gms WITH 2 REFILLS (d) MOTRIN 800 mg 1 TAB BID # 60 (e) URINE DRUG TOXICOLOGY SCREEN. The utilization review determination being challenged is dated 12/04/14. Treatment reports were provided from 06/16/14 - 11/13/14.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Norco 10/325mg 1 tab qd #30 with no refills: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain; criteria for use of opioids Page(s): 60, 61; 88, 89; 76-78.

**Decision rationale:** This patient presents with neck pain and stiffness that radiates to her left arm accompanied by intermittent low back pain, as per progress report dated 10/02/14. The request is for Norco 10/325 mg 1 TAB QD # 30 with no refills. The patient is status post right carpal tunnel release on 06/23/14 (prior to date of injury). The patient's pain is rated at 8/10 in a physical therapy initial evaluation report dated 10/21/14. MTUS Guidelines pages 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. A review of the available progress reports indicates that the patient was provided with a prescription refill of Norco on 10/02/14. The request did not include any refills. Another request is being made in progress report dated 11/13/14. It is evident that the patient has been using the opioids for a while. The patient is working, as per progress report dated 11/13/14. Although no UDS reports are available for review, a request is being made in the same progress report. The treater, however, does not discuss an improvement in pain along with specific change in the pain scale due to Norco use. The side effects and aberrant behavior associated with opioid use are not documented as well. MTUS requires specific discussion about all four A's including analgesia, specific ADL's, adverse reactions, and aberrant behavior. This request is not medically necessary.

**Zanaflex 2mg 1 BID #60 with 2 refills: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tizanidine (Zanaflex), and Benzodiazepines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants Page(s): 63-66.

**Decision rationale:** This patient presents with neck pain and stiffness that radiates to her left arm accompanied by intermittent low back pain, as per progress report dated 10/02/14. The request is for Zanaflex 2 mg 1 bid # 60 with 2 refills. The patient is status post right carpal tunnel release on 06/23/14 (prior to date of injury). The patient's pain is rated at 8/10 in a physical therapy initial evaluation report dated 10/21/14. MTUS Guidelines pages 63 through 66 states "recommended non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbation in patients with chronic low back pain." They also state "This medication has been reported in case studies to be abused for euphoria and to have mood elevating effects." A review of the available progress reports indicates that the patient was provided with a prescription refill of Zanaflex on 07/10/14. The patient has received the medication consistently since then. Although the treater does not specifically document an improvement in pain or function due to the medication, progress report dated 11/13/14 states that "She occasionally takes Zanaflex for acute exacerbation of muscle stiffness in her neck." Most muscle relaxants are approved for short-term use; however, Zanaflex can be used for an extended period of time. Given the patient's severe symptoms and appropriate use of Zanaflex, this request is medically necessary.

**Ultracin Lotion AP BID 120gms with 2 refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111,113.

**Decision rationale:** This patient presents with neck pain and stiffness that radiates to her left arm accompanied by intermittent low back pain, as per progress report dated 10/02/14. The request is for Ultracin lotion ap bid 120 gms with 2 refills. The patient is status post right carpal tunnel release on 06/23/14 (prior to date of injury). The patient's pain is rated at 8/10 in a physical therapy initial evaluation report dated 10/21/14. Regarding Capsaicin, MTUS guidelines state that they are "Recommended only as an option in patients who have not responded or are intolerant to other treatments." Additionally, MTUS Guidelines also provide clear discussion regarding topical compounded creams on pg 111. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. A prescription for Ultracin lotion is first noted in progress report dated 07/10/14 and the patient has received the topical formulation consistently since then. In progress report dated 11/13/14, the treater states that "She utilizes topical Ultracin lotion throughout the day at work, indicating this helps her get through her workday." The treater, however, does not discuss why the ointment was chosen over other topical creams. MTUS guidelines recommend against the use of topical formulations with Capsaicin unless other treatments have failed to provide the desired benefits. Additionally, the Guidelines state clearly that "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Hence, this request is not medically necessary.

**Motrin 800mg 1 tab bid #60:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain; Anti-inflammatory medications Page(s): 60, 61; 22.

**Decision rationale:** This patient presents with neck pain and stiffness that radiates to her left arm accompanied by intermittent low back pain, as per progress report dated 10/02/14. The request is for Motrin 800 mg 1 TAB BID # 60. The patient is status post right carpal tunnel release on 06/23/14 (prior to date of injury). The patient's pain is rated at 8/10 in a physical therapy initial evaluation report dated 10/21/14. Regarding NSAID's, MTUS page 22 state "Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. A comprehensive review of clinical trials on the efficacy and safety of drugs for the treatment of low back pain concludes that available evidence supports the effectiveness of non-selective non-steroidal anti-inflammatory drugs (NSAIDs) in chronic LBP and of antidepressants in chronic LBP." MTUS p60 also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. The first prescription for Motrin is noted in progress report dated 11/13/14. The treater states that it is a refill prescription indicating that the patient may be taking this medication in the past as well. However, the treater does not discuss a change in pain scale or an improvement in function with the use of the Motrin. Nonetheless, given the patient's work status and chronic pain for which oral NSAIDs are indicated, the medication can be taken at the treater's discretion. This request is medically.

**Urine Drug Toxicology Screen:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Steps to avoid misuse/addiction. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) for Pain regarding Urine Drug Testing (UDT) in patient-centered clinical situations

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioid management Page(s): 77. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, Urine Drug Screen

**Decision rationale:** This patient presents with neck pain and stiffness that radiates to her left arm accompanied by intermittent low back pain, as per progress report dated 10/02/14. The request is for urine drug toxicology screen. The patient is status post right carpal tunnel release on 06/23/14 (prior to date of injury). The patient's pain is rated at 8/10 in a physical therapy initial evaluation report dated 10/21/14. MTUS p77, under opioid management: (j) "Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs." ODG has the following criteria regarding Urine Drug Screen: "Patients at "low risk" of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. There is no reason to perform confirmatory testing unless the test is inappropriate or there are unexpected results. If required, confirmatory testing should be for the questioned drugs only. Patients at "moderate risk" for addiction/aberrant behavior are recommended for point-of-

contact screening 2 to 3 times a year with confirmatory testing for inappropriate or unexplained results. Patients at "high risk" of adverse outcomes may require testing as often as once per month. This category generally includes individuals with active substance abuse disorders." In this case, the patient has been taking Norco (an opioid) although it is not clear when the medication was prescribed for the first time. No urine drug screen reports have been provided for review and the progress reports do not discuss any prior evaluations. The UR letter states that ". The claimant has undergone urine drug screen. However, there is no record of the results in the reports provided." ODG requires UDS within six months of initiation of therapy and on a yearly basis thereafter in "low risk" patients. Assuming that the patient has not undergone any screening in the recent past, this request is medically necessary.