

<b>Case Number:</b>	CM14-0215562		
<b>Date Assigned:</b>	01/05/2015	<b>Date of Injury:</b>	01/28/2010
<b>Decision Date:</b>	02/24/2015	<b>UR Denial Date:</b>	11/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/23/2014

### 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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative Medicine

### 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 57-year-old gentleman with a date of injury of 01/28/2010. The submitted and reviewed documentation did not identify the mechanism of injury. Treating physician notes dated 07/22/2014 and 10/22/2014 indicated the worker was experiencing headaches, neck pain that went into the arms, mid- and lower back pain that went into the legs, anxious and depressed mood, and problems sleeping. Documented examinations consistently described tenderness in the upper and lower back, decreased motion in the upper and lower back joints, and crepitus (a crackling sound) in the lower back with bending forward. The submitted and reviewed documentation concluded the worker was suffering from C4-C7 spinal stenosis with instability and with possible myeloradiculopathy, C4-C7 herniated nucleus pulposi with bilateral paracentral extension, right shoulder impingement syndrome with rotator cuff tendinitis/tendinosis and a possible tear, and multilevel lumbosacral degenerative disk disease with facet arthrosis and collapse. Treatment recommendations included medications, an anterior cervical discectomy with fusion, continued home exercise program, MRI of the lumbar area, urinary drug screen testing confirmation, and follow up care. A Utilization Review decision was rendered on 11/24/2014 recommending non-certification for thirty tablets of Voltaren-XR (sustained-release diclofenac) 100mg, ninety tablets of Flexeril (cyclobenzaprine) 10mg, sixty tablets of Tylenol #4 (acetaminophen with codeine) 300/60mg, MRI of the lumbar spine, and the final confirmation of urine drug test results. A treating physician note and a urinary drug testing report both dated 06/17/2014 were also reviewed. No other urinary drug testing reports were submitted for review.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Voltaren XR 100mg #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-73.

**Decision rationale:** Voltaren-XR (sustained-release diclofenac) is in the non-steroidal anti-inflammatory drug (NSAID) class of medications. The MTUS Guidelines support the use of NSAIDs in managing osteoarthritis-related moderate to severe pain. The Guidelines stress the importance of using the lowest dose necessary for the shortest amount of time. They further emphasize that clinicians should weigh the benefits of these medications against the potential negative effects, especially in the setting of gastrointestinal or cardiovascular risk factors. The submitted and reviewed documentation indicated the worker was experiencing headaches, neck pain that went into the arms, mid- and lower back pain that went into the legs, anxious and depressed mood, and problems sleeping. These records did not include an individualized risk assessment or an exploration of the potential negative effects from diclofenac. In the absence of such evidence, the current request for thirty tablets of Voltaren-XR (sustained-release diclofenac) 100mg is not medically necessary.

**Flexeril 10mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines - TWC Pain Procedure Summary (updated 10/30/14)

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

**Decision rationale:** Flexeril (cyclobenzaprine) is a medication in the antispasmodic muscle relaxant class. The MTUS Guidelines support the use of muscle relaxants with caution as a second-line option for short-term use in the treatment of a recent flare-up of long-standing lower back pain. Some literature suggests these medications may be effective in decreasing pain and muscle tension and in increasing mobility, although efficacy decreases over time. In most situations, however, using these medications does not add additional benefit over the use of non-steroidal anti-inflammatory drugs (NSAIDs), nor do they add additional benefit in combination with NSAIDs. Negative side effects, such as sedation, can interfere with the workers function, and prolonged use can lead to dependence. The submitted and reviewed records indicated the worker was experiencing headaches, neck pain that went into the arms, mid- and lower back pain that went into the legs, anxious and depressed mood, and problems sleeping. These records reported the worker was not having a new symptom flare and suggested long-term use. There

was no discussion detailing special circumstances that sufficiently supported the use of cyclobenzaprine in this setting. In the absence of such evidence, the current request for ninety tablets of Flexeril (cyclobenzaprine) 10mg is not medically necessary.

**Tylenol #4 300/60mg #60: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-95.

**Decision rationale:** Tylenol #3 (acetaminophen with codeine) is a medication in the opioid class. The MTUS Guidelines stress the lowest possible dose of opioid medications should be prescribed to improve pain and function, and monitoring of outcomes over time should affect treatment decisions. The Guidelines recommend that the total opioid daily dose should be lower than 120mg oral morphine equivalents. Documentation of pain assessments should include the current pain intensity, the lowest intensity of pain since the last assessment, the average pain intensity, pain intensity after taking the opioid medication, the amount of time it takes to achieve pain relief after taking the opioid medication, and the length of time the pain relief lasts. Acceptable results include improved function, decreased pain, and/or improved quality of life. The MTUS Guidelines recommend opioids be continued when the worker has returned to work and if the worker has improved function and pain control. When these criteria are not met, a slow individualized taper of medication is recommended to avoid withdrawal symptoms. The submitted and reviewed documentation indicated the worker was experiencing headaches, neck pain that went into the arms, mid- and lower back pain that went into the legs, anxious and depressed mood, and problems sleeping. These records included minimal pain assessments that did not include many of the elements encouraged by the Guidelines. There was no discussion reporting the benefit from this medication, how long the benefit lasted, an exploration of possible negative effects, or an individualized risk assessment. In the absence of such evidence, the current request for sixty tablets of Tylenol #4 (acetaminophen with codeine) 300/60mg is not medically necessary. This medication was prescribed for as needed use, and a urinary drug screen report dated 06/17/2014 showed no drug or breakdown products in the worker's urine. While the MTUS Guidelines recommend wean when this type of medication is no longer appropriate, an appropriate wean should be able to be completed with the medication already available to the worker.

**MRI scan of the lumbar spine: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines - TWC Low Back Procedure Summary (updated 8/22/14)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287-326.

**Decision rationale:** The ACOEM Guidelines recommend reserving advanced imaging of the lumbar spine with MRI for those with clear objective examination findings identifying specific nerve compromise when the symptoms and findings do not respond to treatment with conservative management for at least a month and when surgery remains a treatment option. These Guidelines also encourage that repeat advanced imaging should be limited to those with newly worsened or changed signs and symptoms. The submitted and reviewed documentation indicated the worker was experiencing headaches, neck pain that went into the arms, mid- and lower back pain that went into the legs, anxious and depressed mood, and problems sleeping. These records characterized the pain as significantly improved. Documented examinations and assessments did not consistently identify a specific nerve that was compromised, and there was no discussion describing special circumstances that sufficiently supported this request. In the absence of such evidence, the current request for MRI of the lumbar spine is not medically necessary.

**Final confirmation of urine drug test results:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines - TWC Pain Procedure Summary (updated 10/30/14)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use Opioids, Steps to Avoid Misuse/Addiction Page(s): 76-80; 94-95.

**Decision rationale:** The MTUS Guidelines encourage the use of urinary drug screen testing before starting a trial of opioid medication and as a part of the on-going management of those using controlled medications who have issues with abuse, addiction, or poor pain control. The Guidelines support the use of random urinary drug screens as one of several important steps to avoid misuse of these medications and/or addiction. Confirmatory testing is used as the second step in the screening process to reduce the limitations of false results that can occur with the initial screening test. The submitted and reviewed records indicated the worker was experiencing headaches, neck pain that went into the arms, mid- and lower back pain that went into the legs, anxious and depressed mood, and problems sleeping. Treatment recommendations included the use of two restricted medications, including an opioid. A urinary drug screen testing report dated 06/17/2014, the only one submitted for review, indicated that none of the tested chemicals were present in the worker's urine. This appears to be possibly inconsistent with the active treatment plan, but there was no documented discussion interpreting these results, and no individualized risk assessment was provided. Further, there was no indication of which results required confirmation or what those results were. In the absence of such evidence, the current request for the final confirmation of urine drug test results is not medically necessary.