

<b>Case Number:</b>	CM15-0113694		
<b>Date Assigned:</b>	06/22/2015	<b>Date of Injury:</b>	06/13/2007
<b>Decision Date:</b>	09/22/2015	<b>UR Denial Date:</b>	05/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/12/2015

### 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:

This is a 61 year old male with a June 13, 2007 date of injury. A progress note dated April 13, 2015 documents subjective findings (neck pain radiating down the bilateral upper extremities; lower back pain radiating down the bilateral lower extremities; insomnia associated with ongoing pain; pain rated at a level of 5-7/10 on average with medications since the last visit; pain rated at a level of 5-7/10 on average without medications since the last visit; pain that has worsened since the last visit; spasms), objective findings (slow, antalgic gait; utilization of a cane for ambulation; hard neck brace; vertebral tenderness noted in the cervical spine C5-7; myofascial trigger points with twitch response in the right trapezius muscle; slightly to moderately limited range of motion of the cervical spine; pain significantly increased with flexion; decreased sensation in the bilateral upper extremities at the C6-7 dermatome; spasm noted in the lumbar paraspinous musculature; tenderness upon palpation in the bilateral lumbar paravertebral area L3-S1; decreased sensitivity to touch along the dermatome in the bilateral lower extremities; decreased strength of the extensor muscles along the L4-S1 dermatome in the bilateral lower extremities; positive straight leg raise bilaterally), and current diagnoses (cervical radiculitis; lumbar facet arthropathy; anxiety; chronic pain; bilateral ulnar nerve neuropathy). Treatments to date have included cervical epidural steroid injection on December 12, 2014 with excellent (greater than 80%) overall improvement lasting six weeks, cervical spine fusion, medications, and imaging studies. The treating physician documented a plan of care that included Percocet, Clorazepate, 25 (OH) Vitamin D level, Naproxen, and Cyclobenzaprine.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Percocet 10/325mg #300:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Percocet Page(s): 92, 97.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Weaning of Medications Page(s): 74-95, 124.

**Decision rationale:** Percocet (oxycodone with acetaminophen) is a combination medication in the opioid and pain reliever classes. 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 documentation indicated the worker was experiencing neck pain that went into the upper arms, problems sleeping, anxious moods, and lower back pain. The recorded pain assessments were minimal and contained few of the elements suggested by the Guidelines. There was no discussion describing how often the medication was needed and used by the worker or providing an individualized risk assessment. While these records suggested the worker had improved pain intensity with the use of this medication, they also described the back pain as worsening. Further, there was no discussion supporting the very large number of requested pills. In the absence of such evidence, the current request for 300 tablets of Percocet (oxycodone with acetaminophen) 10/325mg is not medically necessary. Because the potentially serious risks outweigh the benefits in this situation based on the submitted documentation, an individualized taper should be able to be completed with the medication the worker has available.

### **Clorazepate 7.5mg #120:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants, Weaning of Medications Page(s): 63-66; 124.

**Decision rationale:** Clorazepate is a medication in the 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 worker's function, and prolonged use can lead to dependence. The submitted and reviewed documentation indicated the worker was experiencing neck pain that went into the upper arms, problems sleeping, anxious moods, and lower back pain. These records indicated the worker had been taking this medication for a prolonged amount of time, listed the medication as one that had been tried in the past but had failed to result in significant benefit, reported the worker was also taking a second medication of the same class, and the discussion did not sufficiently describe special circumstances to support this request for long-term use. In the absence of such evidence, the current request for 120 tablets of clorazepate 7.5mg is not medically necessary. Because the potentially serious risks outweigh the benefits in this situation based on the submitted documentation, an individualized taper should be able to be completed with the medication the worker has available.

**25 (OH) Vitamin D level:** 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 Vitamin D fact sheet for health professionals. NIH, Office of Dietary Supplements, <http://ods.od.nih.gov/factsheets/VitaminD-HealthProfessional>, accessed 09/16/2015.

**Decision rationale:** The MTUS Guidelines are silent on the issue of testing for the various vitamin D levels. Vitamin D helps absorb calcium from the gut into the blood and maintains an important balance in the blood between the levels of calcium and phosphate. These roles are primarily important for healthy bone growth and normal bone remodeling. There are several different blood tests available to test for the vitamin D level, and the 25-hydroxy-vitamin D level is a good marker for the status of vitamin D in the body. The submitted and reviewed documentation indicated the worker was experiencing neck pain that went into the upper arms, problems sleeping, anxious moods, and lower back pain. The submitted and reviewed documentation did not indicate a reason this blood test was needed. Guidelines do not recommend routine monitoring of this level as a part of the worker's reported conditions or during therapy with the documented medications. In the absence of such evidence, the current request for testing the 25(OH)-vitamin D level is not medically necessary.

**Naproxen 550mg #240:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Naproxen, NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 66-68, 73.

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

**Decision rationale:** Naproxen sodium 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 records indicated the worker was experiencing neck pain that went into the upper arms, problems sleeping, anxious moods, and lower back pain. The documented pain assessments did not include many of the elements recommended by the Guidelines. There was no documentation describing how long the benefit lasted, the worker's gastrointestinal and heart risks, or results of laboratory monitoring tests. The Guidelines stress the importance of on-going monitoring of both the benefits and risks of this medication, and long-term use carries increasing risks. There was no discussion describing special circumstances that sufficiently supported this request. In the absence of such evidence, the current request for 240 tablets of naproxen 550mg is not medically necessary.

**Cyclobenzaprine 10mg #120:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants, Weaning of Medications Page(s): 63-66; 124.

**Decision rationale:** 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 worker's function, and prolonged use can lead to dependence. The submitted and reviewed documentation indicated the worker was experiencing neck pain that went into the upper arms, problems sleeping, anxious moods, and lower back pain. These records indicated the worker had been taking this medication for a prolonged amount of time, listed the medication as one that had been tried in the past but had failed to result in significant benefit, reported the worker was also taking a second medication of the same class, and the discussion did not sufficiently describe special circumstances to support this request for long-term use. In the absence of such evidence, the current request for 120 tablets of cyclobenzaprine 10mg is not medically necessary. Because the potentially serious risks outweigh the benefits in this situation based on the submitted documentation, an individualized taper should be able to be completed with the medication the worker has available.