

<b>Case Number:</b>	CM15-0120505		
<b>Date Assigned:</b>	07/01/2015	<b>Date of Injury:</b>	04/23/2013
<b>Decision Date:</b>	09/04/2015	<b>UR Denial Date:</b>	06/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/22/2015

### 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: New York

Certification(s)/Specialty: Emergency 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 61 year old female who sustained an industrial injury on 04/23/2013 resulting in pain to the bilateral wrist and low back. Treatment provided to date has included: right thumb surgery (2014); right hand surgery (2015); lumbar laminectomy (2010 & 2014); physical therapy, injections, medications, and conservative therapies/care. Diagnostic tests performed include: MRI of the lumbar spine (2013) showing a central disc extrusion resulting in contact of both S1 nerve roots and spinal stenosis and a ligamentum flavum hypertrophy; MRI of the right wrist (2014) showing sever partial thickness tear of the radial and ulnar collateral ligaments. Other noted dates of injury documented in the medical record include: cumulative trauma dates 03/30/2010, 03/27/2012 and 04/25/2013. There were noted comorbidities of hyperlipidemia. On 05/19/2015, physician progress report indicates that the injured worker was being seen for a post-operative evaluation. The injured worker had recently undergone a tendon interposition arthroplasty to the right thumb. The pain was reported to be improving. A progress report dated 04/23/2015, states that the injured worker reported severe pain in the right forearm and hand. Additional complaints included increased pain in the low back. No pain severity ratings were mentioned in either of these progress reports. Current medications include Percocet, Norco, Pepcid, doxycycline hyclate, Crestor, alprazolam, Flexeril, Estrace, and Pepcid which are prescribed by multiple/different physicians. The physical exam (05/19/2015) revealed mild tenderness to palpation in the right forearm, well healing surgical incision to the right hand with moderate tenderness at the surgical site. The objective findings noted on the exam dated 04/23/2015 revealed exquisite tenderness on the distal radius into the base of the thumb over the

previous surgical site, fair range of motion (ROM) with pain of the wrist, tenderness to the forearm, tenderness to palpation in the right paraspinous region from the mid-lumbar spine distally with no apparent spasms, and limited anterior flexion and extension normal rotation. The noted diagnoses from various reports included: osteoarthritis localized to the right hand, chronic right wrist pain, non-traumatic tendon rupture, tendonitis/enthesopathy, low back pain, post laminectomy syndrome, and lumbar canal stenosis. Plan of care includes referrals, medication refills and follow-up. The injured worker's work status, per the report dated 04/19/2015, does not specify the injured worker's disability status. The request for authorization includes medications consisting of: Meloxicam 15mg #60 for 30 days, Percocet 5/325mg #120 for 30 days for post-operative pain, Norco 10/325mg 1-2 tablets every 6 hours as needed for pain, Flexeril 10mg 1 tablet twice daily as needed, and Oxycodone 10/325mg. The concentration quantity, site of application, and directions for use for these medications were found in the progress notes.

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

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

#### **Meloxicam 15 mg: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Meloxicam; NSAIDs Page(s): 61; 67-68.

**Decision rationale:** Meloxicam is a non-steroidal anti-inflammatory drug (NSAID) used to treat symptoms of osteoarthritis (OA) and rheumatoid arthritis (RA). MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. The MTUS recommends NSAIDs as the first line of treatment to reduce pain so the activity and functional restoration can resume or improve, but is not recommended as a long-term treatment option as there is no evidence of long-term effectiveness for pain or function, and long-term use increases risks for cardiovascular, gastrointestinal and renal function problems. After review of the clinical documentation submitted, it was noted that the injured worker had a diagnosis of osteoarthritis; however, it was also noted that the injured worker had been prescribed Meloxicam since at least 10/29/2014 with no noted measurable improvement in function, improved quality of life or reduction in pain in relation to use of this medication. As such, Meloxicam is not medically necessary as requested.

#### **Percocet: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-81, 86.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

**Decision rationale:** Percocet (Oxycodone/acetaminophen) is an opioid pain reliever and is used to treat moderate to moderately severe pain. Opioid drugs are available in various dosage forms and strengths. They are considered the most powerful class of analgesics that may be used to manage chronic pain. MTUS discourages long term usage of opioids unless there is evidence of "ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." The MTUS also recommends that prescriptions be prescribed from a single practitioner and taken as directed, and all prescriptions from a single pharmacy. A review of the injured workers medical records that are available for my review reveal that the injured worker is currently on chronic opioid therapy with multiple drugs which include Norco and Oxycodone which have been prescribed by multiple/different physicians. She was prescribed Percocet for post-operative pain use by her orthopedic surgeon. Unfortunately given that this is a chronic pain patient who is already on opioids, there is no documentation that her current regimen is inadequate for controlling her pain. It is unclear if Percocet is being prescribed for additional post-operative pain. Without this information there is no way to determine if Percocet is medically necessary. The submitted documents do not discuss drug screen results. The request does not include dosing or frequency prescribing in not in accordance with Ca MTUS guidelines. The request for Percocet #120 is not medically necessary.

**Norco 10/325:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-81, 86.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

**Decision rationale:** Opioid drugs are available in various dosage forms and strengths. They are considered the most powerful class of analgesics that may be used to manage chronic pain. MTUS discourages long term usage of opioids unless there is evidence of "ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." The MTUS also recommends that prescriptions be prescribed from a single practitioner and taken as directed, and all prescriptions from a single pharmacy. The treating physician does not document: 1) the least reported pain over the period since last assessment; 2) average pain; 3) intensity of pain after taking the opioid; 4) how long it takes for pain relief; 5) how long pain relief lasts; 6) improvement in pain; or 7) improvement in function. In addition, there has been no overall measurable improvement in function or decrease in pain while taking this medication. Moreover, the quantity of Norco requested was not stated in the clinical notes or part of the request. Additionally, the clinical notes indicate that several of the opioid medications being prescribed are from different or multiple practitioners. As such, the request for Norco 10/325mg is not valid, and medical necessity is not established.

**Flexeril 10 mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-68.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants; Cyclobenzaprine Page(s): 63-66; 41-42.

**Decision rationale:** According to CA MTUS, Cyclobenzaprine is a centrally acting skeletal muscle relaxant. The MTUS recommends non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP (low back pain) as they can reduce pain from muscle tension and possibly increase mobility. However, in most cases involving LBP, they provide no more benefit beyond NSAIDs in pain and overall improvement. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Cyclobenzaprine is recommended for a short course of treatment and not recommended for long term use. The clinical notes show that the injured worker has been prescribed Cyclobenzaprine or several months with insufficient evidence of reduction in pain and improvement in function. Additionally, there were no noted muscle spasms in recent progress reports. Furthermore, the MTUS does not recommend or support the long-term use of muscle relaxants. Moreover, the quantity of Flexeril requested was not stated in the medical records or part of the request making this an invalid request. Therefore, Flexeril 10mg #120 is not medically necessary.

**Oxycodone 10/325 mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-81, 86.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

**Decision rationale:** Opioid drugs are available in various dosage forms and strengths. They are considered the most powerful class of analgesics that may be used to manage chronic pain. MTUS discourages long term usage of opioids unless there is evidence of "ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." The MTUS also recommends that prescriptions be prescribed from a single practitioner and taken as directed, and all prescriptions from a single pharmacy. The treating physician does not document: 1) the least reported pain over the period since last assessment; 2) average pain; 3) intensity of pain after taking the opioid; 4) how long it takes for pain relief; 5) how long pain relief lasts; 6) improvement in pain; or 7) improvement in function. In addition, there has been no overall measurable improvement in function or decrease in pain while taking this medication. Moreover, there was no clear evidence of when this medication was initially prescribed, who prescribed it, and which progress report was this refill indicated. Additionally, the clinical notes indicate that several of the opioid medications being prescribed are from different or multiple practitioners. As such, Oxycodone 10/325mg #120 is not medically necessary.