

<b>Case Number:</b>	CM15-0120640		
<b>Date Assigned:</b>	07/08/2015	<b>Date of Injury:</b>	09/25/2004
<b>Decision Date:</b>	09/09/2015	<b>UR Denial Date:</b>	05/28/2015
<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 44 year old female, who sustained an industrial injury on 09/25/2004. She has reported subsequent neck, back, shoulder and wrist pain and was diagnosed with cervical spondylosis with myelopathy, post-laminectomy syndrome, complex regional pain syndrome, migraine, muscle spasm and carpal tunnel syndrome. Treatment to date has included medication, application of heat and ice and surgery. The injured worker was prescribed OPC, Vitamin B, Norco and Cymbalta since at least 07/24/2014 and was prescribed Advil, Flexeril and Maxalt since at least 09/18/2014. The injured worker was noted to be on disability but there was no further information regarding work status in the most recent progress notes submitted. Pain ratings have varied substantially according to the submitted documentation with pain being rated as anywhere between 3-10/10 with average pain rated as 3-5/10. In a progress note dated 04/28/2015, the injured worker complained of 7/10 right neck and shoulder pain. No abnormal objective examination findings were documented. The physician noted that Ibuprofen irritated the injured worker's stomach but that insurance would not cover Voltaren gel or icy hot patches. Frequencies and dosages were noted in the most recent progress note for Norco, Cymbalta, Flexeril and Maxalt but were not noted for OPC, Vitamin B, Advil and Voltaren gel. A request for authorization of Norco, Cymbalta, Flexeril, OPC, Vitamin B complex, Advil, Voltaren gel and Maxalt was submitted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco:** 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): 74-96.

**Decision rationale:** According to the CA MTUS, Norco (Hydrocodone/ Acetaminophen) is a short-acting opioid analgesic indicated for moderate to moderately severe pain, and is used to manage both acute and chronic pain. The treatment of chronic pain with any opioid analgesic requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. A pain assessment should include current pain, intensity of pain after taking the opiate, and the duration of pain relief. The documentation shows that this medication had been prescribed to the injured worker since at least 07/24/2014 and there was no documentation of any significant functional improvement or pain reduction with the use of opioid medication. There was no documentation as to the intensity of pain after taking Norco or the duration of pain relief. There was no documentation of a change in work status and there was no documentation of an improvement with performance of activities of daily living. Medical necessity of the requested item has not been established. Of note, discontinuation of an opioid analgesic should include a taper, to avoid withdrawal symptoms. Therefore, the request for authorization of Norco is not medically necessary.

**Cymbalta:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Duloxetine Page(s): 43-44.

**Decision rationale:** As per CA MTUS guidelines, Cymbalta is a first line option for the treatment of chronic neuropathic pain and the starting dose is 20-60 mg/day. The submitted documentation shows that this medication was prescribed to the injured worker as far back as 07/24/2014 for treatment of chronic regional pain syndrome. The most recent progress notes do not discuss the effectiveness of Cymbalta or show evidence of any significant objective functional improvement with use of the medication. Pain ratings varied substantially from 3-10/10 and there was no documentation of significant pain reduction. There was no documentation of a change in work status and there was no documentation of an improvement with performance of activities of daily living. Therefore, the request for authorization of Cymbalta is not medically necessary.

**Flexeril:** Upheld

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

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

**Decision rationale:** According to CA MTUS guidelines, Cyclobenzaprine (Flexeril) is not recommended for the long-term treatment of chronic pain. Guidelines state that this medication is not recommended to be used for longer than 2-3 weeks. According to CA MTUS Guidelines, muscle relaxants are not considered any more effective than non-steroidal anti-inflammatory medications alone. Documentation shows that this medication was prescribed to the injured worker since at least 09/18/2014. There is no documentation of functional improvement from any previous use of this medication as there is no documentation of a change in work status or an increase in the ability to perform activities of daily living. Pain ratings varied substantially between 3-10 and there's no evidence of significant pain reduction with medication use. Based on the currently available information, the medical necessity for this muscle relaxant medication has not been established. The request for Flexeril is not medically necessary.

**OPC:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Procedure Summary Online Version.

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

**Decision rationale:** MTUS is silent regarding the use of OPC (Pycnogenol) so alternative guidelines were referenced. As per ODG, this medication is "recommended as an option given its low risk, in patients with moderate pain, and there is no harm in having patients continue these preparations as long as they perceive benefit and cover the costs of these OTC treatments themselves; however, for all herbals and dietary supplements, there may be concerns for potential interactions with prescription and over-the-counter medications and lack of manufacturing quality controls. With the mounting evidence of its anti-inflammatory effects and its virtual absence of toxicity, Pycnogenol may play a larger role in the treatment of the pain from arthritic conditions in athletes as well as in degenerative disease of all kinds." The documentation submitted shows that OPC was prescribed to the injured worker since at least 07/24/2014 and there was no documentation of significant pain reduction or objective functional improvement. There was no documentation of a change in work status or an increase in activities of daily living and pain levels continued to be highly variable (between 3-10). In addition, there was no dosage or frequency for this medication specified in the most recent progress note or on the request for authorization. Medical necessity has not been established. The request for OPC is not medically necessary.

**Vitamin B complex:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Procedure Summary Online Version.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) chapter, B vitamins & vitamin B complex.

**Decision rationale:** MTUS is silent regarding the use of Vitamin B so alternative guidelines were referenced. As per ODG, Vitamin B is "not recommended for the treatment of chronic pain unless this is associated with documented vitamin deficiency. There are multiple B vitamins with specific symptoms due to deficiency: (1) vitamin B1 (thiamine) - beriberi; (2) vitamin B2 (riboflavin); (3) vitamin B3 (niacin or nicotinic acid) - pellegra; (4) vitamin B5 (pantothenic acid); (5) vitamin B6 (pyridoxine); (6) vitamin B7 (biotin); (7) vitamin B9 (folic acid) - megaloblastic anemia; (8) vitamin B12 (various cobalamins) - pernicious anemia, myelopathy, neuropathy, dementia, subacute combined degeneration of the spine, and decreased cognition. The documentation submitted shows that Vitamin B had been prescribed to the injured worker as far back as 07/24/2014 for treatment of nerve pain. There was no documentation of any concurrent vitamin deficiency. The progress note dated 07/24/2014 notes that the injured worker reported that Vitamin B provided her with increased energy but there were no comments regarding the effectiveness of this medication in the most recent progress notes. Work status remained unchanged and there was no documentation of a significant improvement with the completion of daily activities or quality of life. Pain levels remained variable at between 3-10/10 with no documentation of significant pain reduction. In addition, there was no dosage or frequency for this medication specified in the most recent progress note or on the request for authorization. Therefore, the request for Vitamin B is not medically necessary.

**Advil:** 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) chapter, NSAID's.

**Decision rationale:** Advil (Ibuprofen) is a non-steroidal anti-inflammatory drug (NSAID). Oral NSAIDs are recommended for the treatment of chronic pain and control of inflammation as a second-line therapy after acetaminophen. ODG states that NSAIDs are recommended for acute pain, acute low back pain (LBP), short-term pain relief in chronic LBP, and short-term improvement of function in chronic LBP. There is no evidence of long-term effectiveness for pain or function. There is inconsistent evidence for the use of NSAIDs to treat long-term neuropathic pain, but they may be useful to treat breakthrough pain in this condition. MTUS indicates that the physician should weight the indications for NSAID's against both gastrointestinal (GI) and cardiovascular risk factors. The documentation shows that the injured

worker was experiencing continued gastrointestinal distress including episodes of gastritis and gastroesophageal reflux disease (GERD) and that Advil was only being prescribed due to denial of topical NSAID medications by worker's compensation. The documentation shows that Advil had been prescribed to the injured worker since at least 09/18/2014 and there was no documentation of significant pain reduction or objective functional improvement. There was no documentation of a change in work status or an increase in activities of daily living and pain levels continued to be highly variable (between 3-10). In addition, there was no dosage or frequency for this medication specified in the most recent progress note or on the request for authorization. Medical necessity has not been established. The request for Advil is not medically necessary.

**Voltaren gel:** Upheld

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

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

**Decision rationale:** According to the California MTUS Guidelines (2009), Topical Analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Voltaren Gel (Diclofenac) is indicated for the relief of osteoarthritis in joints that lend themselves to topical treatment, such as the ankle, elbow, foot, hand, knee, and wrist. It has not been evaluated for treatment of the spine, hip, or shoulder. The submitted documentation indicates that the injured worker's main pain complaints involved the neck, back and shoulder, areas of the body for which treatment with Voltaren gel has not been evaluated. The treating physician's request did not include the concentration, quantity, site of application, or directions for use. Medical necessity for the requested topical gel has been not established. Voltaren gel is not medically necessary.

**Maxalt:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Head Procedure Summary Online Version.

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

**Decision rationale:** MTUS is silent regarding the use of Rizatriptan (Maxalt) so alternative guidelines were referenced. As per ODG, Rizatriptan (Maxalt) is recommended for migraine sufferers. The documentation indicates that the injured worker had been prescribed this medication since at least 09/18/2014 for treatment of migraines. The most recent progress notes do not document any subjective complaints of headache nor is there any discussion of any significant pain reduction or objective functional improvement with use of the medication. The injured worker's main complaints were in the neck, back and shoulder. Work

status remained unchanged and there was no documentation of a significant improvement with the completion of daily activities or quality of life. There is insufficient documentation to establish medical necessity. The request for Maxalt is not medically necessary.