

<b>Case Number:</b>	CM15-0123264		
<b>Date Assigned:</b>	07/07/2015	<b>Date of Injury:</b>	01/28/1999
<b>Decision Date:</b>	09/28/2015	<b>UR Denial Date:</b>	05/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/25/2015

### 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: California  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 39 year old male who sustained an industrial injury on 01-28-1999. The injured worker was diagnosed with cervical post laminectomy syndrome and migraine with prolonged aura. The injured worker is status post cervical laminectomy (no date or procedure documented). Treatment to date has included diagnostic testing, surgery, epidural steroid injection, cervical blocks, physical therapy and medications. According to the primary treating physician's progress report on May 18, 2015, the injured worker continues to experience neck pain and headaches rated at 5 out of 10 with medications and 10 out of 10 on the pain scale without medications. Headaches are located at the occipital and frontal region in a cyclic pattern and associated with nausea, vomiting and photophobia. The injured worker reported his neck pain is bilateral radiating to the right shoulder and right upper extremity. Examination of the cervical spine demonstrated tenderness to palpation of the paracervical, trapezius and rhomboid muscles bilaterally. Range of motion was documented as flexion at 30 degrees, extension at 10 degrees, and bilateral lateral rotation at 20 degrees each with pain elicited in all planes. Motor strength was decreased on the right abduction deltoid, flexion biceps, extension triceps and flexion finger to 3 out of 5. The injured worker continues to work full time. Current medications are listed as Norco, Buprenorphine and Effexor ER. Treatment plan consists of continuing the medication regimen as prescribed and the current request for Hydrocodone 10mg-325mg, Buprenorphine 8mg sublingual and Effexor ER.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hydrocodone 10mg Acetaminophen 325mg 1 tablet every 6 hours by mouth for 30 days, quantity 120:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain. CRITERIA FOR USE OF OPIOIDS Page(s): 60, 61, 76-78, 88, 89.

**Decision rationale:** The patient presents on 06/13/15 with neck pain and headaches. The patient's date of injury is 01/28/99. Patient is status post multiple cervical fusion surgeries, last in 2011. The request is for HYDROCODONE 10MG ACETAMINOPHEN 325MG 1 TABLET EVERY 6 HOURS BY MOUTH FOR 30 DAYS, QUANTITY 120. The RFA was not provided. Physical examination dated 06/13/15 reveals tenderness to palpation of the cervical paraspinal muscles, trapezius muscles, and rhomboids with trigger points noted. The provider also notes decreased upper extremity strength and diminished sensation in the right hand along the C5-7 dermatomal distributions, and along the C8 distribution on the left. The patient is currently prescribed Norco, Effexor, and Buprenorphine. Patient is currently working full duties. MTUS Guidelines Criteria for Use of Opioids (Long-Term Users of Opioids) section, 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 under Criteria for Use of Opioids-Therapeutic Trial of Opioids, 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. In regard to the continuation of Norco for the management of this patient's chronic pain, the request is appropriate. Addressing efficacy of narcotic medications, progress note dated 06/13/15 documents a reduction in pain from 10/10 to 6/10 with medications, a consistent urine drug screening dated 06/13/15, and stated lack of aberrant behavior. Addressing functional improvements, the provider also indicates that this patient is currently working full-time as a heavy-machinery operator and would not be able to continue were it not for the analgesia provided by medications. Given this patient's significant cervical surgical history, and the complete 4A's documentation as required by MTUS, continuation of this medication is appropriate. The request IS medically necessary.

**Effexor extended release 75mg two capsules once a day by mouth as directed for 30 days quantity 60 with one refill:** Overturned

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

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

**Decision rationale:** The patient presents on 06/13/15 with neck pain and headaches. The patient's date of injury is 01/28/99. Patient is status post multiple cervical fusion surgeries, last in 2011. The request is for EFFEXOR EXTENDED RELEASE 75MG TWO CAPSULES ONCE A DAY BY MOUTH AS DIRECTED FOR 30 DAYS QUANTITY 60. The RFA was not provided. Physical examination dated 06/13/15 reveals tenderness to palpation of the cervical paraspinal muscles, trapezius muscles, and rhomboids with trigger points noted. The provider also notes decreased upper extremity strength and diminished sensation in the right hand along the C5-7 dermatomal distributions, and along the C8 distribution on the left. The patient is currently prescribed Norco, Effexor, and Buprenorphine. Patient is currently working full duties. ODG Guidelines under the Pain chapter on Effexor states: Recommended as an option in first- line treatment of neuropathic pain. Venlafaxine, Effexor, is a member of the Selective serotonin and norepinephrine reuptake inhibitors, SNRIs, class of antidepressants. It has FDA approval for treatment of depression and anxiety disorders. It is off-label recommended for treatment of neuropathic pain, diabetic neuropathy, fibromyalgia, and headaches. MTUS Guidelines page 60 and 61 states that pain assessment and functional changes must also be noted when medications are used for chronic pain. In regard to the continuation of Effexor, the request is appropriate. Progress note dated 06/13/15 includes documentation that this patient's medications reduce pain from 10/10 to 6/10 (though does not specifically mention Effexor), and also indicates that this patient is currently working full-time without modifications. Given the documentation of analgesia attributed to medications and this patient's current high level of function, the continuation of this Effexor is substantiated. The request IS medically necessary.

**Buprenorphine Hydrochloride 8mg 1 tablet three times a day sublingual for 30 days, quantity 90:** Overtaken

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain, CRITERIA FOR USE OF OPIOIDS Page(s): 60, 61, 76-78, 88, 89. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, under Buprenorphine for chronic pain.

**Decision rationale:** The patient presents on 06/13/15 with neck pain and headaches. The patient's date of injury is 01/28/99. Patient is status post multiple cervical fusion surgeries, last in 2011. The request is for BUPRENORPHINE HYDROCHLORIDE 8MG 1 TABLET 3 TIMES A DAY SUBLINGUAL FOR 30 DAYS, QUANTITY 90. The RFA was not provided. Physical examination dated 06/13/15 reveals tenderness to palpation of the cervical paraspinal muscles, trapezius muscles, and rhomboids with trigger points noted. The provider also notes decreased upper extremity strength and diminished sensation in the right hand along the C5-7 dermatomal distributions, and along the C8 distribution on the left. The patient is currently prescribed Norco, Effexor, and Buprenorphine. Patient is currently working full duties. MTUS Guidelines Criteria for Use of Opioids (Long-Term Users of Opioids) section, 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 under Criteria for Use of Opioids-

Therapeutic Trial of Opioids, 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. Official Disability Guidelines, Pain Chapter, under Buprenorphine for chronic pain states: Recommended as an option for treatment of chronic pain in selected patients, not first-line for all patients. Suggested populations: 1. Patients with a hyperalgesic component to pain; 2. Patients with centrally mediated pain; 3. Patients with neuropathic pain; 4. Patients at high-risk of non-adherence with standard opioid maintenance; 5. For analgesia in patients who have previously been detoxified from other high-dose opioids. Use for pain with formulations other than Butrans is off-label. Due to complexity of induction and treatment the drug should be reserved for use by clinicians with experience. In regard to the continuation of Buprenorphine for the management of this patient's chronic pain, the request is appropriate. Addressing efficacy of narcotic medications, progress note dated 06/13/15 documents a reduction in pain from 10/10 to 6/10 with medications, consistent urine drug screening dated 06/13/15, and stated lack of aberrant behavior. Addressing functional improvements, the provider also indicates that this patient is currently working full-time as a heavy-machinery operator and would not be able to continue were it not for the analgesia provided by medications. Given this patient's significant cervical surgical history, and the complete 4A's documentation as required by MTUS, continuation of this medication is appropriate. The request IS medically necessary.