

<b>Case Number:</b>	CM15-0177004		
<b>Date Assigned:</b>	09/17/2015	<b>Date of Injury:</b>	12/31/2001
<b>Decision Date:</b>	11/30/2015	<b>UR Denial Date:</b>	08/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/08/2015

### 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, Pain Management

### 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 56-year-old female, with a reported date of injury of 12-31-2001. The diagnoses include failed neck syndrome, cervical spondylosis, cervicogenic headaches, anxiety and depression, thoracic spondylosis, cervical sprain and strain, temporomandibular joint (TMJ) arthritis of the right side, ulnar neuropathy, right greater than left, and Dupuytran's contractures of the hand. Treatments and evaluation to date have included Norco (since at least 08-2014), MS Contin, Klonopin (since at least 04-2015), Robaxin (since at least 02-2015), Sumatriptan (since at least 07-2015), Topamax, Effexor, Flector patches (since at least 04-2015), a cervical collar, and a bone stimulator. The diagnostic studies to date have included an x-ray of the cervical spine on 12-10-2014 which showed status post anterior cervical discectomy and fusion procedure at C3-4 through C7-T1. The medical report dated 08-12-2015 indicates that the injured worker presented for a follow-up visit. The injured worker reported that she was experiencing episodes of difficulty swallowing, particularly when she took her vitamins. She also had increasing pain and tightness in the thoracic region. The injured worker also reported worsening of her TMJ symptoms in the jaw line. It was noted that the injured worker continued to complain of ulnar neuropathy pain; she had tightness and achiness in the palms of her hands. The injured worker's mood was documented as flat. The physical examination showed increased cervical paraspinal muscle bulk and tone; range of motion with cervical and lateral rotation to the right 20 degrees bilaterally worsened some of her pain symptoms of tightness; numbness in her hands after 10 seconds, more on the right than the left; some slight wasting on the left hypothenar eminence; an intact mental status; and normal muscle strength in the upper limbs with shoulder abduction,

elbow flexion and extension. The injured worker continued to be temporarily totally disabled. On 07-08-2015, the injured worker complained of leg pain, and rated the pain 6-7 out of 10 in intensity. She felt some numbness in the fifth and fourth digits of her feet, worse on the left than the right, and some weakness in the left leg. The request for authorization was dated 08-12-2015. The treating physician requested Norco 10-325mg #120, Robaxin 750mg #150, Klonopin #60, Sumatriptan, and Flector patches.

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

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

#### **Norco/Hydrocodone 10/325mg Qid #120: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids (Classification), Opioids, California Controlled Substance Utilization Review and Evaluation System (CURES) [DWC], Opioids, criteria for use, Opioids for chronic pain, Opioids for neuropathic pain, Opioids for osteoarthritis, Opioids, cancer pain vs. nonmalignant pain, Opioids, dealing with misuse & addiction, Opioids, differentiation: dependence & addiction, Opioids, dosing, Opioids, indicators for addiction, Opioids, long-term assessment.

**Decision rationale:** Regarding the request for Norco (hydrocodone/acetaminophen), California Pain Medical Treatment Guidelines state that this is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the medication is improving the patient's function or pain (in terms of specific examples of functional improvement and percent reduction in pain or reduced NRS), no documentation regarding side effects, and no discussion regarding aberrant use. As such, there is no clear indication for ongoing use of the medication. Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In light of the above issues, the currently requested Norco (hydrocodone/acetaminophen) is not medically necessary.

#### **Robaxin/Methocarbamol 750mg Q4-6h #150: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

**Decision rationale:** Regarding the request for methocarbamol (Robaxin), Chronic Pain Medical Treatment Guidelines support the use of non-sedating muscle relaxants to be used with caution

as a 2nd line option for the short-term treatment of acute exacerbations of pain. Within the documentation available for review, there is no identification of a specific analgesic benefit or objective functional improvement as a result of the methocarbamol. Additionally, it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation, as recommended by guidelines. In the absence of such documentation, the currently requested methocarbamol (Robaxin) is not medically necessary.

**Klonopin/Clonazepam Bid #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Benzodiazepines.

**Decision rationale:** Regarding the request for Klonopin (clonazepam), Chronic Pain Medical Treatment Guidelines state the benzodiazepines are "Not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks." Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant. Within the documentation available for review, there is no documentation identifying any objective functional improvement as a result of the use of the medication and no rationale provided for long-term use of the medication despite the CA MTUS recommendation against long-term use. Benzodiazepines should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In the absence of such documentation, the currently requested Klonopin (clonazepam) is not medically necessary.

**Sumatriptan as needed:** 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.

**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, Triptans and Other Medical Treatment Guidelines Other Medical Treatment Guideline or Medical Evidence: [http://ihs-classification.org/en/02\\_klassifikation/02\\_teil1/01.01.00\\_migraine.html](http://ihs-classification.org/en/02_klassifikation/02_teil1/01.01.00_migraine.html).

**Decision rationale:** Regarding the request for sumatriptan, California MTUS does not contain criteria regarding the use of triptan medications. ODG states the triptans are recommended for migraine sufferers. The International Headache Society contains criteria for the diagnosis of migraine headaches. Within the documentation available for review, there is no indication that the patient has met the criteria for the diagnosis of migraine headaches. Additionally, there is no documentation indicating how often headaches occur, and how the headaches have responded to the use of triptan medication. Finally, the current prescription does not include directions for use, or a quantity of medication being prescribed. Guidelines do not support the open-ended

application of any medication. In the absence of clarity regarding those issues, the currently requested sumatriptan is not medically necessary.

**Flector patches to affected area:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation ODG, Pain.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Flector® patch (diclofenac epolamine).

**Decision rationale:** Regarding the request for Flector Patch, Occupational Medicine Practice Guidelines do not address Flector specifically, but do contain criteria for topical NSAIDs. ODG states Flector patches are not recommended as a first-line treatment. The Guidelines additionally state Flector patch is FDA indicated for acute strains, sprains, and contusions. Within the medical information made available for review, the patient is noted to have chronic pain. There is no documentation of acute strains, sprains, and contusions. Additionally, there is no indication that the patient has failed oral NSAIDs or has contraindications to their use. Finally, the current prescription does not include directions for use, or a quantity of medication being prescribed. Guidelines do not support the open-ended application of any medication. In the absence of such documentation, the currently requested Flector Patch is not medically necessary.