

<b>Case Number:</b>	CM15-0025907		
<b>Date Assigned:</b>	02/18/2015	<b>Date of Injury:</b>	01/29/2007
<b>Decision Date:</b>	04/01/2015	<b>UR Denial Date:</b>	01/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/11/2015

### 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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

### 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 43 year old, male patient, who sustained an industrial injury on 01/29/2007. A primary treating office visit dated 01/14/2015 reported subjective complaint of lower back ache, neck pain and right shoulder pain. He stated that the current medication regimen is helping both pain and function. Patient reports not being able to work since 2007. He has tried physical therapy with no relief of symptom. The patient did undergo a spinal cord stimulator in 06/2013 with minimal relief. Objective findings showed both active and passive range of motion decreased. The patient received a trigger point injection during this visit. The following diagnoses are applied; cervical disc degeneration; cervical spondylosis without myelopathy; lumbosacral spondylosis without myelopathy and lumbar lumbosacral disc degeneration. A request was made for the following medications; Gabapentin 600, Naprosyn 500, Prilosec DR, Zanaflex, Promolaxin, Terocin patch, Methadone Hydrochloride 5, Diclofenac, Flexeril, Morphine Sulphat IR 15; and a spinal cord stimulator. On 01/27/2015 Utilization Review, non-certified the request, noting both the CA MTUS, chronic Pain, and ODG, Formulary Guide were cited. On 02/11/2015, the injured worker submitted an application for independent medical review of services requested.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Prilosec DR 20 mg capsule:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 72.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI symptoms and cardiovascular risk Page(s): 67-68.

**Decision rationale:** This 43 year old male has complained of right shoulder, neck and lower back pain since date of injury 1/29/07. He has been treated with spinal cord stimulator, physical therapy and medications. The current request is for Prilosec. No treating physician reports adequately describe the relevant signs and symptoms of possible GI disease. No reports describe the specific risk factors for GI disease in this patient. In the MTUS citation listed above, chronic use of PPI's can predispose patients to hip fractures and other unwanted side effects such as Clostridium difficile colitis. Based on the MTUS guidelines cited above and the lack of medical documentation, Prilosec is not indicated as medically necessary in this patient.

**Zanaflex 4 mg capsule:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 41-42.

**Decision rationale:** This 43 year old male has complained of right shoulder, neck and lower back pain since date of injury 1/29/07. He has been treated with spinal cord stimulator, physical therapy and medications to include Zanaflex since at least 08/2014. The current request is for Zanaflex. Per the MTUS guideline cited above, muscle relaxant agents (Zanaflex) are not recommended for chronic use and should not be used for greater than 2-3 week duration. Additionally, they should not be used with other agents. The use of muscle relaxant agents in this patient exceeds the recommended time period usage. On the basis of the MTUS guidelines and available medical documentation, Zanaflex is not indicated as medically necessary.

**Promolaxin 100 mg tablets:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation website Drugs.com.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation [www.drugs.com/colace](http://www.drugs.com/colace).

**Decision rationale:** This 43 year old male has complained of right shoulder, neck and lower back pain since date of injury 1/29/07. He has been treated with spinal cord stimulator, physical therapy and medications. The current request is for Colace. There is inadequate documentation in

the available medical records that constipation has been a significant problem for this patient necessitating the use of Colace. On the basis of this lack of documentation, Colace is not indicated as medically necessary.

**Terocin patch:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111 - 113.

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

**Decision rationale:** This 43 year old male has complained of right shoulder, neck and lower back pain since date of injury 1/29/07. He has been treated with spinal cord stimulator, physical therapy and medications. The current request is for Terocin patch. Per the MTUS guidelines cited above, the use of topical analgesics in the treatment of chronic pain is largely experimental, and when used, is primarily recommended for the treatment of neuropathic pain when trials of first line treatments such as anticonvulsants and antidepressants have failed. There is no such documentation in the available medical records. On the basis of the MTUS guidelines cited above, the Terocin patch is not indicated as medically necessary.

**Methadone HCL 5 mg tablet:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63 - 64.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-85, 88-89.

**Decision rationale:** This 43 year old male has complained of right shoulder, neck and lower back pain since date of injury 1/29/07. He has been treated with spinal cord stimulator, physical therapy and medications to include opioids since at least 08/2014. The current request is for is for Methadone. No treating physician reports adequately assess the patient with respect to function, specific benefit, return to work, signs of abuse or treatment alternatives other than opioids. There is no evidence that the treating physician is prescribing opioids according to the MTUS section cited above which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract and documentation of failure of prior non-opioid therapy. On the basis of this lack of documentation and failure to adhere to the MTUS guidelines, Methadone is not indicated as medically necessary.

**Norco 10/325 mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 79 - 81, 91.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-85, 88-89.

**Decision rationale:** This 43 year old male has complained of right shoulder, neck and lower back pain since date of injury 1/29/07. He has been treated with spinal cord stimulator, physical therapy and medications to include opioids since at least 08/2014. The current request is for Norco. No treating physician reports adequately assess the patient with respect to function, specific benefit, return to work, signs of abuse or treatment alternatives other than opioids. There is no evidence that the treating physician is prescribing opioids according to the MTUS section cited above which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract and documentation of failure of prior non-opioid therapy. On the basis of this lack of documentation and failure to adhere to the MTUS guidelines, Norco is not indicated as medically necessary.

**Diclofenac sodium 75 mg tablet:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 47.

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

**Decision rationale:** This 43 year old male has complained of right shoulder, neck and lower back pain since date of injury 1/29/07. He has been treated with spinal cord stimulator, physical therapy and medications to include NSAIDS since at least 08/2014. The current request is for Diclofenac. Per the MTUS guideline cited above, NSAIDS are recommended at the lowest dose for the shortest period in patients with moderate to severe joint pain. This patient has been treated with NSAIDS for at least 5 months duration. There is no documentation in the available medical records discussing the rationale for continued use or necessity of use of an NSAID in this patient. On the basis of this lack of documentation, Diclofenac is not indicated as medically necessary in this patient.

**Flexeril 10 mg tablet:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 87. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine.

**Decision rationale:** This 43 year old male has complained of right shoulder, neck and lower back pain since date of injury 1/29/07. He has been treated with spinal cord stimulator, physical therapy and medications to include Cyclobenzaprine since at least 08/2014. The current request is for Flexeril. Per MTUS guidelines, treatment with cyclobenzaprine should be reserved as a second line agent only and should be used for a short course (2 weeks) only; additionally, the

addition of cyclobenzaprine to other agents is not recommended. Per MTUS guidelines, cyclobenzaprine is not considered medically necessary for this patient.

**Morphine sulfate IR 15 mg tablet:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74 - 82.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-85, 88-89.

**Decision rationale:** This 43 year old male has complained of right shoulder, neck and lower back pain since date of injury 1/29/07. He has been treated with spinal cord stimulator, physical therapy and medications to include opioids since at least 08/2014. The current request is for is for Morphine. No treating physician reports adequately assess the patient with respect to function, specific benefit, return to work, signs of abuse or treatment alternatives other than opioids. There is no evidence that the treating physician is prescribing opioids according to the MTUS section cited above which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract and documentation of failure of prior non-opioid therapy. On the basis of this lack of documentation and failure to adhere to the MTUS guidelines, Morphine is not indicated as medically necessary.

**Spinal cord stimulator:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 113.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

**Decision rationale:** This 43 year old male has complained of right shoulder, neck and lower back pain since date of injury 1/29/07. He has been treated with spinal cord stimulator, physical therapy and medications. The current request is for spinal cord stimulator explantation. There is no provider documentation adequately explaining the provider rationale for removal of the spinal cord stimulator. On the basis of this lack of documentation, spinal cord explantation is not indicated as medically necessary.