

<b>Case Number:</b>	CM15-0095596		
<b>Date Assigned:</b>	05/22/2015	<b>Date of Injury:</b>	07/23/2008
<b>Decision Date:</b>	10/07/2015	<b>UR Denial Date:</b>	05/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/18/2015

### 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: Texas, Florida

Certification(s)/Specialty: Anesthesiology, 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 52 year old female, who sustained an industrial injury on 7/23/2008. The mechanism of injury was not noted. The injured worker was diagnosed as having chronic pain syndrome, herniated cervical disc with radiculitis, right elbow lateral epicondylitis, right shoulder tendinitis/impingement, bilateral wrist tendinitis/carpal tunnel syndrome, herniated lumbar disc with radiculopathy, right knee internal derangement, sleep disturbance, anxiety and depression. Treatment to date has included cervical epidural and facet injection, physical therapy, acupuncture and medications. The 2010 MRI of the cervical spine showed degenerative disc disease with mild neuroforamina stenosis. Currently, the injured worker complains of continued neck pain, radiating into her shoulders, right greater than left. She reported unchanged low back and leg pain, and bilateral shoulder pain was worsening. Her pain was rated 8-9/10 without medications and 2/10 with medications. Medications allowed her to work with modified restrictions. She reported an overall decreased stress level after being switched from working under a specified person. Her sleep pattern was not documented. Gastrointestinal complaints were not noted. She was awaiting authorization for ultrasound guided steroid injections to both shoulders and cervical epidural steroid injection. Exam of the cervical spine noted positive Spurling and foramina compression test. Tightness and spasm was noted at the trapezius and sternocleidomastoid and strap muscles bilaterally. Exam noted positive impingement test bilaterally and tenderness to the bilateral rotator cuffs. Exam of the lumbar spine noted spasm and tenderness about the lumbar paraspinals. The treatment plan included cervical spine epidural steroid injections at C5-6 and C4-5, ultrasound guided cortisone injection for the bilateral

shoulders, follow-up with psych for anxiety and depression, and medication refills for Percocet, Anaprox, Prilosec, Paxil, Fiorinal, Ambien, Flector patch and topical compound creams. The duration of use for the prescribed medications could not be determined. The UDS dated 4/29/2014 was inconsistent with positive test for Hydrocodone but negative test for Ambien.

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

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

**Percocet 10/325mg #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 for chronic pain, Opioids for osteoarthritis, Opioids, psychological intervention, Opioid hyperalgesia. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Opioids.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that opioids can be utilized for the treatment of exacerbation of musculoskeletal pain when standard NSAIDs, non-opioid co-analgesics and PT are not effective. The chronic use of opioids can be associated with the development of tolerance, dependency, sedation, addiction and adverse interaction with sedative agents. The guidelines recommend that chronic pain patients with psychosomatic symptoms be treated with anticonvulsant and antidepressant analgesic medications. The records did not show that the patient failed treatment with NSAIDs and co-analgesic medications. The UDS and compliance monitoring was inconsistent with guidelines recommendation. The criteria for the use of Percocet 10/325mg # 120 was not met.

**Prilosec 20mg #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): NSAIDs, specific drug list & adverse effects, NSAIDs, GI symptoms & cardiovascular risk. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter NSAIDs.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that proton pump inhibitors can be utilized for the prevention and treatment of NSAIDs induced gastrointestinal disease in high-risk patients. The records did not show the presence of risk factors such as advanced age or past history of gastrointestinal disease. The patient is utilizing multiple NSAIDs in both oral and topical formulations thereby increasing the risk of NSAID induced gastrointestinal disease. The utilization of proton pump inhibitors for prophylaxis would be unnecessary when one NSAID is discontinued. The criteria for the use of Prolisec 20mg #60 was not met and is therefore not medically necessary.

**Fiorinal (unspecified quantity): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Barbiturate-containing analgesic agents, Weaning of Medications. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Head, Headache.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that medications can be utilized for the prophylaxis and treatment of migraine headache when standard analgesics have failed. The records did not have details on the character or frequency of the headache. There is no documentation of failure of first line headache medications. The chronic use of migraine medications is associated with the development of tolerance, dependency, rebound headache and adverse interaction with other medications. The criteria for the use of Fiorinal - unspecified quantity was not met; therefore, the request is not medically necessary.

**Ambien 10mg #30: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Zolpidem (Ambien).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Medications for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Mental Illness and Stress.

**Decision rationale:** The CA MTUS and ODG guidelines recommend that sleep medications can be utilized for short-term periods for the treatment of sleep disturbance that did not resolve with non-medication measures. The chronic use of sleep medications can be associated with the development of tolerance, dependency, addiction, daytime somnolence and adverse interaction with other sedative agents. The records indicate that the use of Ambien had exceeded that guidelines recommended limit of 4 to 6 weeks. The guidelines recommend that chronic pain patients with psychosomatic disorders be treated with anticonvulsant and antidepressant medications. The criteria for the use of Ambien 10mg #30 was not met; therefore, the request is not medically necessary.

**Flector patches (unspecified quantity): 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): Medications for chronic pain, NSAIDs (non-steroidal anti-inflammatory drugs), NSAIDs, GI symptoms & cardiovascular risk, NSAIDs, hypertension and renal function,

NSAIDs, specific drug list & adverse effects. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, NSAIDs.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that NSAIDs can be utilized for the short-term treatment of exacerbation of musculoskeletal pain. The chronic use of NSAIDs is associated with increased risk of renal, cardiovascular and gastrointestinal complications. The risk of complications is increased with utilization of multiple NSAIDs. The records indicate that the patient is utilizing oral and topical NSAIDs concurrently. Topical NSAIDs is recommended for pain that is localized to small to medium single joint pain. The records indicate that the subjective complaints are generalized in the spine and multiple joints. The criteria for the use of Flector patch (unspecified quantity) was not met. Therefore, the request is not medically necessary.

**Cervical spine epidural injection:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Surgical Considerations, and Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs), Psychological treatment. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Neck and Upper Back.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that cervical epidural steroid injection can be utilized for the treatment of cervical radiculopathy when conservative treatments with medications, behavioral modification, exercise and PT have failed. The records did not show conclusive radiological findings consistent with cervical radiculopathy. The physical findings did not support a diagnosis of cervical radiculopathy with neurological deficit. The presence of significant psychosomatic disorders is associated with decreased efficacy of interventional pain procedures. The criteria for the cervical spine epidural steroid injection was not met; therefore, the request is not medically necessary.

**Ultrasound guided injection to the right and left shoulders:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Shoulder Complaints 2004, Section(s): Surgical Considerations. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Shoulder.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that interventional pain procedures can be utilized for the treatment of exacerbation of joints pain when conservative treatments with medications, behavioral modification, exercise and PT have failed. The records indicate subjective complaints of worsening shoulder pain despite optimum medications and physical treatments. There is documentation of significant radiological

findings of tendinitis and impingement syndrome. The guidelines recommend that minimally interventional procedures be utilized before proceeding to invasive surgical options. The criteria for ultrasound guided right and left shoulder injections was met. The request is medically necessary.

**Follow-Up with Psych for Anxiety and Depression: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Stress-Related Conditions 2004, Section(s): Treatment, and Chronic Pain Medical Treatment 2009, Section(s): Behavioral interventions, Opioids, psychological intervention, Psychological evaluations. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, Mental Illness and Stress.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that behavioral and psychological treatment be utilized for the treatment of significant psychosomatic disorders. The presence of psychiatric illness is associated with non-compliance with medications and physical treatments as well as increased risk of aberrant behavior and adverse drug interactions. The records indicate that the patient have significant mental health disorders. The current medications and treatment measures have failed to control the psychosomatic symptoms. The criteria for Follow-up with Psych for anxiety and depression was met. Therefore, the request is medically necessary.