

<b>Case Number:</b>	CM13-0024535		
<b>Date Assigned:</b>	11/20/2013	<b>Date of Injury:</b>	05/05/2004
<b>Decision Date:</b>	01/22/2014	<b>UR Denial Date:</b>	08/16/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/13/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgery has a subspecialty in Fellowship Trained in Spine Surgery and is licensed to practice in California. 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 physician 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/services.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This claimant is a 49-year-old male with a reported date of injury of 05/05/2004. The mechanism of injury was carrying a person down a ladder sustaining back injury. A MRI in June of 2012, revealed a posterior lumbar interbody fusion at both L4-5 and L5-S1 with hardware present. He had a grade I anterolisthesis at L4. He was taken to surgery in June of 2012 for removal of retained pedicle screw fixation system. Decompression laminectomy was performed at that same time. Laboratory analysis on September 27, 2012 was negative for opiates. Laboratory analysis on November 21, 2012 was positive for hydrocodone but was found to be inconsistent. Laboratory analysis on May 29, 2013 was inconsistent for hydrocodone and hydromorphone as these drugs were detected but not apparently prescribed. On July 25, 2012 he was seen back in clinic and was given refills of his medications including Norco, Restone, Flexeril, and Wellbutrin. He was also provided with transdermal creams, unspecified. On exam, he had spasms, tightness, limited range of motion, and authorization for surgery was pending. On August 27, 2013 laboratory analysis revealed hydrocodone and hydromorphone detected, but these were found to be inconsistent with medications prescribed. He returned to clinic on August 22, 2013 and was provided refills of medication including Flexeril, Wellbutrin, Norco, and Viagra. The patient was encouraged to discontinue smoking. Diagnosis included status post posterolateral fusion L4 to the sacrum with pedicle screw fixation, interbody cages at L4-5 with a pseudarthrosis at L4-5 and L5-S1 with radiculopathy to the lower extremities, status post removal of retained pedicle screw fixation from L4 to the sacrum with expiration of fusion, repair of pseudarthrosis, pedicle screw fixation, and posterolateral fusion on June 22, 2012. The plan going forward was to prescribe medications in the form of Norco, Restone, Flexeril, Wellbutrin, and transdermal cream and request orthope

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco, quantity 1: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78,91.

**Decision rationale:** MTUS Chronic Pain Guidelines indicates that 4 A's should be monitored for patients on this type of medication. This would include analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors. The records indicate that the patient has been aberrant at least twice where hydrocodone was detected but was not prescribed. Records do not indicate any thorough discussion upon follow up as to why the patient was aberrant. According to the MTUS Chronic Pain Guidelines regarding Norco also known as hydrocodone, is recommended for short term use only, generally less than 10 days with 1 tablet every 4 to 6 hours being prescribed as needed for pain with maximum of 5 tablets per day. The records do not indicate a current physical exam to indicate the medical necessity of this drug. The records do not include a rationale for prescribing this medication with a quantity of 1. The patient's pain scale has not been objectively identified at this point in time to indicate that they are in need of this medication. It was indicated that the patient had been on this medication for a significant length of time where guidelines recommend this medication should be used for short-term use. Additionally, the strength of this medication has not been identified. The request for Norco, quantity 1 is not medically necessary and appropriate.

**Restone, quantity 1: Upheld**

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

**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, Melatonin.

**Decision rationale:** The requested medication Restone, includes melatonin. California MTUS/ACOEM and Chronic Pain Medical Treatment Guidelines do not specifically address this issue. The Official Disability Guidelines (ODG), Pain Chapter, indicates melatonin is recommended for insomnia treatment and there is "experimental and clinical data supporting an analgesic role of melatonin." Additionally, Official Disability Guidelines indicate repeated administration of melatonin improves sleep, and thereby may reduce anxiety, which leads to lower levels of pain. The submitted records do not include a current physical examination for this patient to indicate that they are in need of this medication. It is reported that the patient has poor sleep hygiene but there is no documentation of evaluation of why their sleep is poor, other than medications. The strength of this medication has not been documented by the records. The request for Restone, quantity 1 is not medically necessary and appropriate.

**Flexeril, quantity 1: Upheld**

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

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

**Decision rationale:** The California MTUS, Chronic Pain Guidelines indicate this medication is recommended as a second line option for short-term treatment of acute exacerbations in patients with chronic low back pain. However, California MTUS, Chronic Pain Guidelines indicate for most low back cases, this medication would show no benefit beyond what NSAIDs would provide in pain and overall improvement. There is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time and prolonged use of some medications in this class may lead to dependence. Specifically, for Flexeril, California MTUS, Chronic Pain Guidelines recommend this for short course of therapy. Evidence does not document a rationale for chronic use of this medication. The medical records reflect that the patient has been on this medication for a significant length of time, and as stated previously, the records do not show a current physical exam as to a rationale for why they would need this medication. The dose of this medication has not been provided for this review. The request for Flexeril, quantity 1, is not medically necessary and appropriate.

**Wellbutrin: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines antidepressants Page(s): 13-16.

**Decision rationale:** The MTUS Chronic Pain Guidelines indicate this medication is a second-generation non-tricyclic antidepressant that has been shown to be effective in relieving neuropathic pain of different etiologies in a small trial of 41 patients. MTUS Chronic Pain Guidelines states while this medication has shown some efficacy in neuropathic pain, there was no evidence of efficacy in patients with non-neuropathic chronic low back pain. The submitted medical records do not include a current physical exam to indicate that the patient needs this medication. The records do not show that the patient currently has anxiety and/or depression for which this medication would be considered reasonable. Additionally, the records do not reflect current neuropathic pain for which this medication would be supported. The dosing of this medication was not provided for this review. The request for Wellbutrin, quantity 1, is not medically necessary and appropriate.

**Transdermal Cream, quantity 1: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Transdermal Systems Page(s): 44,111-113.

**Decision rationale:** The MTUS chronic pain guidelines discuss transdermal creams in their discussion of topical analgesics, stating "Topical analgesics work locally underneath the skin where they are applied. These do not include transdermal analgesics that are systemic agents entering the body through a transdermal means. See Duragesic® (fentanyl transdermal system)." In discussing Duragesic, it is important to note that the record provided does not specifically identify the requested transdermal cream as Duragesic, MTUS chronic pain guidelines state "Not recommended as a first-line therapy. Duragesic is the trade name of a fentanyl transdermal therapeutic system, which releases fentanyl, a potent opioid, slowly through the skin. It is manufactured by ALZA Corporation and marketed by Janssen Pharmaceutica (both subsidiaries of Johnson & Johnson). The FDA-approved product labeling states that Duragesic is indicated in the management of chronic pain in patients who require continuous opioid analgesia for pain that cannot be managed by other means." However, as stated previously, the requested medication is not specifically identified as Duragesic. If this was the intended medication, the records submitted do not include a current physical exam, with VAS score, to demonstrate the need for this type of medication. The request for Transdermal Cream, quantity 1, is not medically necessary and appropriate.

**Orothopedic re-evaluation, quantity 1:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92.

**Decision rationale:** The MTUS/ACOEM Guidelines, Chapter 5, indicates a referral, such as a referral to an orthopedic surgeon may be considered reasonable. Goal of such an evaluation should be functional recovery and return to work. A current physical exam has not been documented to objectively indicate this patient is in need of referral or evaluation by an orthopedic surgeon. The records do not indicate that the patient is currently in any pain or has functional deficits for which an orthopedic evaluation would be considered reasonable. The request for a orthopedic re-evaluation is not medically necessary and appropriate.