

<b>Case Number:</b>	CM13-0033690		
<b>Date Assigned:</b>	12/11/2013	<b>Date of Injury:</b>	01/01/2006
<b>Decision Date:</b>	06/06/2014	<b>UR Denial Date:</b>	09/10/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/10/2013

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine, 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 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations

### 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 patient is a 60 year old female who was injured on 1/1/06. The mechanism of injury was not provided for review. Prior treatment history has included a laminectomy in 1999 and permanent spinal cord stimulator in 2006. She has also had multiple epidural steroid injections. From 8/30/12 to 2/6/13, her medications included AcipHex 20mg, Duragesic 100mcg, Hytrin 1mg, Imitrex 100mg, Imitrex 20mg nasal spray, Senokot 187mg, Inderal-LA 80mg, Wellbutrin-XL 300mg, Actiq 1 600mg lollipop, Topamax 50mg, Cymbalta 60mg, Silenor 3mg, Norco 10/325mg, Colace 250mg, Ranitidine 150mg, and Zanaflex 4mg. As of 2/6/13, she stopped taking the Wellbutrin, but the rest of her medications remained the same. As of 7/24/13, she stopped taking the Ranitidine, and the rest of her medications were continued. A progress note dated 8/23/13 documented the patient to be with complaints of back pain radiating from the low back down the left leg. Her pain level has remained unchanged since the last visit. There were no new problems or side effects. Her quality of sleep is poor, and her activity level has remained the same. Her current medications are included AcipHex 20mg, Duragesic 100mcg, Hytrin 1mg, Imitrex 100mg, Imitrex 20mg nasal spray, Senokot 187mg, Inderal-LA 80mg, Actiq 1 600mg lollipop, Topamax 50mg, Cymbalta 60mg, Silenor 3mg, Colace 250mg, and Zanaflex 4mg. Objective findings on exam reveal that she does not show signs of intoxication or being withdrawn. The patient has a slowed, wide-based gait, and does not use assistive devices. Examination of the lumbar spine reveals that her range of motion is restricted, with flexion limited to 30 degrees by pain, and extension limited to 10 degrees by pain. On palpation of the paravertebral muscles, spasm, tenderness, and tight muscle band is noted on both sides. Lumbar facet loading is positive on both the sides. Straight leg raise is negative. Cranial nerves are grossly normal. Motor testing is limited by pain. Motor strength of the EHL muscle is 5/5 on both sides. Ankle dorsiflexion is 5/5 on the right and 4/5 on the left. Knee extensor is 5/5 on both

sides. The patient moves all extremities well. Her diagnoses include lumbar degenerative disc disease, low back pain, post-lumbar laminectomy syndrome, depression, and anxiety.

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

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

#### **DURAGESIC 100MCG/HR PATCH #15: 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 Page(s): 44, 93.

**Decision rationale:** As per the California MTUS guidelines, Duragesic is not recommended as a first-line therapy, but is indicated for the management of persistent, moderate-to-severe chronic pain that requires continuous, around-the-clock opioid therapy. The guidelines further indicate that four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. In this case, this patient has chronic lower back pain radiating down to the left leg. The patient has been prescribed this medication chronically and there is no documentation of objective functional improvement, increased activity, or reduced pain level documented in a visual analog scale with the use of this medication. The records indicate that the patient's pain and activity level has remained unchanged and she has poor quality of sleep. As such, the request is not medically necessary.

#### **ACTIQ 1200 MCG 1 OZ #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.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

**Decision rationale:** The California MTUS guidelines do not discuss this medication; as such, the Official Disability Guidelines have been consulted. As per the ODG, Actiq is not recommended for musculoskeletal pain. Actiq, a fast-acting highly potent painkiller in the form of a lollipop, is indicated only for the management of breakthrough cancer pain in patients with malignancies who are already receiving and who are tolerant to opioid therapy for their underlying persistent cancer pain. Actiq is contraindicated in acute pain, is not for use in chronic pain, and has a Black Box warning for abuse potential. In this case, the medical records indicate that this patient has chronic lower back pain; guidelines do not indicate that this medication is appropriate for chronic pain. As such, the request is not medically necessary.

#### **NORCO 10-325 MG #180: 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 Page(s): 75-94.

**Decision rationale:** As per the California MTUS guidelines, Norco is a normal-release or immediate-release opioid indicated for moderate to moderately severe pain. The guidelines further indicate that four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids; pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. In this case, this patient has chronic lower back pain radiating down to left leg. The patient has been prescribed this medication chronically and there is no documentation of objective functional improvement, increased activity, or reduced pain level documented in a visual analog scale with the use of this medication. The records indicate that the patient's pain and activity level has remained unchanged and she has poor quality of sleep. As such, the request is not medically necessary.

**ZANAFLEX 4MG #60:** 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 Page(s): 66.

**Decision rationale:** As per the California MTUS guidelines, Zanaflex is a centrally acting alpha2-adrenergic agonist that is FDA approved for the management of spasticity. It also has an unlabeled use for low back pain. The guidelines recommend non-sedating muscle relaxants with caution as a second-line option for the short-term treatment of acute exacerbations of chronic low back pain. In this case, this patient has been prescribed this medication chronically and guidelines do not recommend long-term usage of muscle relaxants as a class. Additionally, there is no documentation of improved performance of activities of daily living, reduced pain level, and/or reduction in dependence on medical treatment with the use of this medication. As such, the request is not medically necessary.