

<b>Case Number:</b>	CM13-0038823		
<b>Date Assigned:</b>	01/15/2014	<b>Date of Injury:</b>	01/06/2007
<b>Decision Date:</b>	03/25/2014	<b>UR Denial Date:</b>	10/11/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/25/2013

### 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 Physical Medicine and Rehabilitation, 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. 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:

This 48-year-old male sustained an injury on 1/6/07 while employed by [REDACTED]. The requests under consideration include urine drug screen, Voltaren 75mg, 1 three times a day, #90, Opana ER 20mg, 1 two times a day for severe pain, #30, Opana IR (immediate-release), 1 every 6 hours for breakthrough pain, #30, Sintralyne PM, one (1) to two (2) at bedtime for insomnia, #60, and Skelaxin 800mg, 1 three times a day, #90. The report of 8/19/13 from [REDACTED] noted patient with complaints of low back pain radiating to both legs down to feet at 8/10 level. The patient noted his job is ending due to closure of business. The patient is seeking a second opinion of possible spine surgery proposed. CT (computed tomography) scan of lumbar spine on 2/16/13 showed 1-2 mm posterior disc bulges at multi-level (L2-3, L4-5) without evidence of canal stenosis or neural foraminal narrowing; spondylotic changes at L3-4 with 1-2 mm disc bulge and left neural foraminal narrowing with mild facet hypertrophy. Objective findings only list vital signs and weight/height. The diagnoses included Herniated lumbar disc, a/p L3-4 discectomy; chronic pain syndrome; chronic pain-related insomnia; neuropathic pain. Above requests were non-certified on 10/11/13 citing guidelines criteria and lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Urine drug screen:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 43.

**Decision rationale:** Per MTUS Guidelines, urine drug screening (UDS) is recommended as an option before a therapeutic trial of opioids and for on-going management to differentiate issues of abuse, addiction, misuse, or poor pain control; none of which apply to this patient who has been prescribed long-term opioid this 2007 injury. The patient has been P&S (Permanent and stationary) and is not working. The presented medical reports from [REDACTED] have unchanged chronic severe low back symptoms with unchanged clinical findings without documented motor or sensory neurological deficits. The treatment plan remains unchanged with continued medication refills without change in dosing or prescription for chronic pain. There is no report of aberrant behaviors, illicit drug use, and report of acute injury or change in clinical findings or risk factors to support frequent UDS. Documented abuse, misuse, poor pain control, history of unexpected positive results for a non-prescribed scheduled drug or illicit drug or history of negative results for prescribed medications may warrant UDS and place the patient in a higher risk level; however, none are provided. The patient has had at least three UDS with last on 8/19/13. The Urine Drug Screen is not medically necessary and appropriate.

**Voltaren 75 mg, 1 three times a day, #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 47.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22.

**Decision rationale:** According to MTUS guidelines, anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. Monitoring of Voltaren's functional benefit is advised as per MTUS guidelines, long-term use of NSAIDS (Nonsteroidal anti-inflammatory drugs) beyond a few weeks may actually retard muscle and connective tissue healing and increase the risk of hip fractures. The available reports submitted for review have not adequately addressed the indication to continue Voltaren for an injury of January 2007 nor have they demonstrated any functional efficacy derived from treatment already rendered. The Voltaren 75 mg, 1 three times a day, #90 is not medically necessary and appropriate.

**Opana ER 20mg, 1 two times a day for severe pain, #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

**Decision rationale:** The report of 8/19/13 from ██████ noted patient with complaints of low back pain radiating to both legs down to feet at 8/10 level. The patient noted his job is ending due to closure of business. The patient is seeking a second opinion of possible spine surgery proposed. CT (computed tomography) scan of lumbar spine on 2/16/13 showed 1-2 mm posterior disc bulges at multi-level (L2-3, L4-5) without evidence of canal stenosis or neural foraminal narrowing; spondylotic changes at L3-4 with 1-2 mm disc bulge and left neural foraminal narrowing with mild facet hypertrophy. Objective findings only list vital signs and weight/height without documented neurological deficits. The diagnoses included herniated lumbar disc, a/p L3-4 discectomy; chronic pain syndrome; chronic pain-related insomnia; neuropathic pain. Per the MTUS Guidelines cited, opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). The submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or returned to work status. There is no evidence presented of random drug testing or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. The MTUS states when to continue Opioids, "(a) If the patient has returned to work or (b) If the patient has improved functioning and pain." Regarding when to discontinue opioids, the Guidelines states, "If there is no overall improvement in function, unless there are extenuating circumstances." The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain. Opana ER 20mg, 1 two times a day for severe pain, #30 is not medically necessary and appropriate.

**Opana IR, 1 every 6 hours for breakthrough pain, #30: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

**Decision rationale:** The report of 8/19/13 from ██████ noted patient with complaints of low back pain radiating to both legs down to feet at 8/10 level. The patient noted his job is ending due to closure of business. The patient is seeking a second opinion of possible spine surgery proposed. CT (computed tomography) scan of lumbar spine on 2/16/13 showed 1-2 mm posterior disc bulges at multi-level (L2-3, L4-5) without evidence of canal stenosis or neural foraminal narrowing; spondylotic changes at L3-4 with 1-2 mm disc bulge and left neural foraminal narrowing with mild facet hypertrophy. Objective findings only list vital signs and weight/height without documented neurological deficits. The diagnoses included herniated lumbar disc, a/p L3-4 discectomy; chronic pain syndrome; chronic pain-related insomnia;

neuropathic pain. Per the MTUS Guidelines cited, opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). The submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or returned to work status. There is no evidence presented of random drug testing or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. The MTUS states when to continue Opioids, "(a) If the patient has returned to work or (b) If the patient has improved functioning and pain." Regarding when to discontinue opioids, the Guidelines states, "If there is no overall improvement in function, unless there are extenuating circumstances." The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain. Opana IR, 1 every 6 hours for breakthrough pain, #30 is not medically necessary and appropriate.

**Sintralyne PM, one (1) to two (2) at bedtime for insomnia, #60: Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Section Sleep Aids, pgs.218-219.

**Decision rationale:** Regarding sleep aids, Official Disability Guidelines (ODG) state that preliminary evidence demonstrates the value of Melatonin and Amitriptyline in treating sleep disorder post-TBI (Traumatic brain injury); however, there are documented diagnoses of such. The submitted reports have not demonstrated any evidence-based studies or medical report to indicate necessity of the above treatment. There is no report of sleep disorder. In order to provide a specific treatment method, the requesting physician must provide clear objective documentation for medical indication, functional improvement goals' expected or derived specifically relating to the patient's condition as a result of the treatment(s) provided. Documentation of functional improvement may be a clinically significant improvement in activities of daily living, a reduction in work restrictions and a reduction in the dependency on continued medical treatment. Absent the above described documentation, there is no indication that the specific treatment method is effective or medically necessary for this patient. The Sintralyne PM, one (1) to two (2) at bedtime for insomnia, #60 is not medically necessary and appropriate.

**Skelaxin 800mg, 1 three times a day, #90: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 61, 63-64.

**Decision rationale:** The MTUS guidelines do not recommend long-term use of this muscle relaxant for this chronic injury of 2007. Additionally, the efficacy in clinical trials has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. The submitted reports have not adequately demonstrated the indication or medical need for this treatment and there is no report of significant clinical findings, acute flare-up or new injury to support for its long-term use. There is no report of functional improvement resulting from its previous treatment to support further use. The Skelaxin 800mg, 1 three times a day, #90 is not medically necessary and appropriate.