

<b>Case Number:</b>	CM13-0042619		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	11/17/1997
<b>Decision Date:</b>	05/28/2014	<b>UR Denial Date:</b>	10/02/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/21/2013

### 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 Anesthesiology has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 reported an injured on 11/17/97 while lifting resulting in low back pain. Neither the specific injuries sustained nor the initial treatments rendered were discussed in the documentation provided. Current diagnoses include lumbosacral spondylosis and lumbar degenerative disc disease. The documentation indicates the patient has attempted NSAIDs, injections, massage therapy, stretching exercises, muscle relaxants, physical therapy and ice/heat therapy. The documentation indicates the patient has sought routine treatment for chronic low back pain with associated numbness and weakness to his bilateral lower extremities, right greater than left. The patient rated his pain at 2-6/10 and reported it fluctuated in intensity. The physical examination performed on 09/06/13 revealed decreased range of motion, tenderness to palpation of lumbar paraspinal muscles, right sided paravertebral spasms, normal strength 5/5 bilaterally of the lower extremities. Letter of appeal to non-certification dated 09/06/13 indicates it is felt there were no signs of abuse or misuse as recent CURES reports were consistent with prescribed medication. It is also noted that medications provide improved functional capabilities of the patient. There were no additional documents provided for review by clinical providers. Previous peer reviews indicate non-certification of medications; however, narcotics and Ritalin were partially certified for weaning purposes on 09/25/13. The treating provider has requested Nycynta 100mg, Ambien 10mg, Celebrex 200mg, Norco 10/325mg, Xanax 1mg, and Ritalin 5mg.

### IMR ISSUES, DECISIONS AND RATIONALES

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

### **THE REQUEST FOR NUCYNTA 100MG: 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): 77.

**Decision rationale:** As noted on page 77 of the Chronic Pain Medical Treatment Guidelines, patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. There is no clear documentation regarding the functional benefits or any substantial functional improvement obtained with the continued use of narcotic medications. There are no documented VAS pain scores for this patient with or without medications. In addition, no recent opioid risk assessments regarding possible dependence or diversion were available for review. Moreover, there were no recent urine drug screen reports made available for review. As the clinical documentation provided for review does not support an appropriate evaluation for the continued use of narcotics as well as establish the efficacy of narcotics, the request for Nucynta 100mg is not medical necessity and appropriate.

### **THE REQUEST FOR AMBIEN 10MG: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), ODG-TWC Pain Procedure Summary.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - online version, Pain (Chronic) Zolpidem (Ambien).

**Decision rationale:** As noted in the Pain (Chronic) of the Official Disability Guidelines (ODG) - online version, Ambien is approved for the short-term (usually two to six weeks) treatment of insomnia. Pain specialists rarely, if ever, recommend it for long-term use. Ambien can be habit-forming, and may impair function and memory more than opioid pain relievers. There is also concern that it may increase pain and depression over the long-term. The patient has been utilizing this medication on a long-term basis, exceeding the recommended 2-6 week window of use. Therefore, the request for Ambien 10mg cannot be recommended as medically necessary and appropriate.

### **THE REQUEST FOR CELEBREX 200MG: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, Page(s): 70.

**Decision rationale:** As noted on page 70 of the Chronic Pain Medical Treatment Guidelines, NSAIDs are recommended as a second-line treatment after acetaminophen for acute exacerbations of chronic pain. In general, there is conflicting evidence that NSAIDs are more effective than acetaminophen for acute lower back pain. Package inserts for NSAIDs recommend periodic lab monitoring of a CBC and chemistry profile (including liver and renal function tests). There is no documentation that these monitoring recommendations have been performed and the patient is being monitored on a routine basis. Additionally, it is generally recommended that the lowest effective dose be used for all NSAIDs for the shortest duration of time. Therefore, the request for Celebrex 200mg is not medically necessary and appropriate.

#### **THE REQUEST FOR NORCO 10/325MG: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 77.

**Decision rationale:** As noted on page 77 of the Chronic Pain Medical Treatment Guidelines, patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. There is no clear documentation regarding the functional benefits or any substantial functional improvement obtained with the continued use of narcotic medications. There are no documented VAS pain scores for this patient with or without medications. In addition, no recent opioid risk assessments regarding possible dependence or diversion were available for review. Moreover, there were no recent urine drug screen reports made available for review. As the clinical documentation provided for review does not support an appropriate evaluation for the continued use of narcotics as well as establish the efficacy of narcotics, the medical necessity of Norco 10/325 mg cannot be established at this time.

#### **THE REQUEST FOR XANAX 1MG: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

**Decision rationale:** As noted on page 24 of the Chronic Pain Medical Treatment Guidelines, benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant.

Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. The patient has exceeded the 4 week treatment window. Therefore, the request for Xanax 1mg is not medically necessary and appropriate.

**THE REQUEST FOR RITALIN 5MG: 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) - online version, Pain (Chronic), Modafinil (Provigil).

**Decision rationale:** As noted in the Chronic pain chapter of the Official Disability Guidelines (ODG) - online version, Modafinil (Provigil®) a type of stimulant is not recommended solely to counteract sedation effects of narcotics until after first considering reducing excessive narcotic prescribing. Ritalin is also utilized for similar properties. Additionally, it appears that previous peer review performed in September of 2013 approved a partial certification of Ritalin for weaning purposes. There is no additional documentation to indicate that the weaning process is not being tolerated and requires extension. Therefore, the request for Ritalin 5mg is not medically necessary and appropriate.