

<b>Case Number:</b>	CM13-0053453		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	04/19/1989
<b>Decision Date:</b>	05/02/2014	<b>UR Denial Date:</b>	10/16/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/05/2013

### 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 71 year old female who was injured on 04/19/1989 while she lifted approximately a 90-pound box from an overhead position. She pulled it down and it actually shifted to behind her head, pulling her backwards and causing her to fall. This caused an injury to her lower back which was already somewhat painful from the constant lifting required of her job. Prior treatment history has included a conservative course of treatment that failed. She underwent anterior-posterior fusion at L5-S1 in 1990 as well as anterior-posterior operation at L4-5 in 2009. She underwent pain management and had a right selective nerve block at L4-5 on 11/30/2011. Currently she is on Kadian, Neurontin, Soma, tizanidine, Colace, Ambien, Percocet and Amitriptyline. The patient also underwent bilateral L4 and L5 pedicle screw and rod removal fusion at L4-L5, revision laminectomy at L4 and L5 on the right with foraminotomy and decompression of L4 and L5 nerve roots and the right-sided cauda equine using microscope for micro-dissection on 05/09/2013. Diagnostic studies reviewed include MRI of the lumbar spine dated 05/08/2013 revealing solid fusions at L4-L5 and L5-S1. There was mild degeneration of the L3-L4 disc without evidence of focal herniation or stenosis. Mild degeneration and minimal annular bulging at L2-L3. Progress note dated 11/07/2013 documented that the patient states the pain level has decreased since the last visit. Patient rates her pain as 6 on a scale of 1 to 10. She does not report any change in location of pain. She notes ongoing low back and right radicular leg pain. Her pain is 60% back pain and 40% right leg pain. She notes associated ongoing numbness/tingling of the lateral leg to the dorsum of the foot and associated weakness of the right leg. The patient's current medications are: Colace 200 mg; Kadian ER 30 mg; Percocet 7.5/325 mg; Soma 350 mg; Neurontin 800 mg; and Rozerem 8 mg. Objective findings on exam included examination of the lumbar spine reveals a surgical scar(s) and incision healed without drainage. Range of motion is restricted with flexion limited to 80 degrees and extension limited

to 10 degrees. On palpation, paravertebral muscles, spasm and tenderness is noted on both sides. Lumbar facet loading is positive on both sides. Straight leg raise test is negative. Examination of the right hip reveals tenderness noted over the SI joint. Gaenslen's was positive. FABER test is positive. On neurological exam higher functions are grossly normal. Motor strength of EHL is 4/5 on right and 5/5 on left, ankle dorsiflexion is 4+/5 on right and 5/5 on left, ankle plantar flexor's 4/5 right and 5/5 on left, knee extensor's 5/5 bilaterally, knee flexors 5/5 bilaterally, hip flexors 4/5 on right and 5/5 on left. Sensory exam reveals light touch sensation is decreased over the L5 lower extremity dermatomes on the right side. Examination of deep tendon reflexes, knee jerk is 2/4 bilaterally; ankle jerk is 0/4 bilaterally. Diagnoses are: Disc disorder lumbar; Lumbar radiculopathy; Post lumbar laminectomy syndrome; Low back pain; and Insomnia.

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

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

#### **ROZEREM 8MG, #30, PRESCRIBED ON 10/7/2013: Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) PAIN, INSOMNIA TREATMENT

**Decision rationale:** According to the Official Disability guidelines, Ramelteon (Rozerem<sup>®</sup>) is a selective melat agonist (MT1 and MT2) indicated for difficulty with sleep onset; is nonscheduled (has been shown to have no abuse potential). It is recommended for short-term (7 - 10 days) use only. Review the medical records revealed chronic use of prescription sleep aids. However, Rozerem is only recommended for short-term use (7-10 days). In addition, the medical report does not appear to document subjective complaints with correlating clinical findings or observations as to establish a diagnosis of active insomnia. Use of Rozerem in the absence of insomnia is not recommended under the evidence-based guidelines. Therefore, the requested Rozerem is not medically necessary or appropriate.

#### **SOMA 350MG, #60, PRESCRIBED ON 10/7/2013: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma<sup>®</sup>) Page(s): 29 and 124.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol Soma<sup>®</sup> Page(s): 29.

**Decision rationale:** Reviews of the patient's medical records demonstrate that Soma has been utilized on a chronic basis. According to the guidelines referenced above, Soma is not recommended. The medical records do not establish a rationale that justifies providing a medication that is not supported by the evidence based guidelines. This medication is not

intended for long-term use and continued utilization is not supported by the relevant literature. Therefore, the requested Soma is not medically necessary or appropriate.

**PERCOCET 7.5/325MG, #70, PRESCRIBED ON 10/7/2013: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 80 and 124.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS, CRITERIA FOR USE, Page(s): 75-80.

**Decision rationale:** According to the guidelines, short-acting opioids: also known as normal-release or immediate-release opioids are seen as an effective method in controlling chronic pain. They are often used for intermittent or breakthrough pain. According to the progress report, the patient rates her pain as 6 on a scale of 1 to 10. However, the medical report does not clarify whether this pain scale rating is with or without medications. In addition, the patient complains of increased pain. It is not demonstrated that the patient has obtained adequate pain control with Percocet. The guidelines state opioids should be continued if the patient has improved functioning and pain. The medical records do not demonstrate improved pain and function. Therefore, the requested Percocet is not medically necessary at this time.

**KADIAN ER 30MG, #90, PRESCRIBED ON 10/7/2013: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 80 and 124.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS, SPECIFIC DRUG LIST Page(s): 93.

**Decision rationale:** According to the guidelines, long-acting opioids: also known as controlled-release, extended-release, sustained-release or long-acting opioids, are a highly potent form of opiate analgesic. The controlled, extended and sustained release preparations of morphine sulfate should be reserved for patients with chronic pain, who are in need of continuous treatment. Kadian® (extended release capsules) may be dosed once or twice daily. The medical records demonstrate that the patient's prescription for Kadian ER #90, is set for dosing three times per day, which exceeds the recommended daily dosage frequency documented in the guidelines. The patient reported having increased pain. The guidelines state that opioids should be discontinued if there is no overall improvement in function, unless there are extenuating circumstances. Furthermore, in the absence of clearly demonstrated effective pain relief and improved function, and need for around the clock pain control, the medical necessity of Kadian ER has not been established. Therefore, the requested Kadian ER is not medically necessary.