

<b>Case Number:</b>	CM13-0058413		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	07/10/2002
<b>Decision Date:</b>	05/14/2014	<b>UR Denial Date:</b>	10/21/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/29/2013

### 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 Intervertebral Spine, 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:

This patient is a 36-year-old male with a date of injury of 07/10/2002. The listed diagnoses per [REDACTED] are: Status post laminectomy/discectomy at L4 to L5 in November 2003, Herniation at L4 to L5 found prior to surgery in 2003, Disk protrusion versus herniation at L5 to S1, Facet compromise affecting axial low back pain. Status post 2 controlled differential dorsal rami medial branch diagnostic blocks on 08/29/2007 with bilateral facet injections at L3 to L4, L4 to L5 and L5 to S1, Radiofrequency neurolysis L2 to L5 on 10/07/2008, Status post surgical intervention on 04/21/2010 for anterior L4 to L5 discectomy, L4 to L5 arthrodisis, Discogram at L4 to L5 on 05/02/2003, Status post L4 to L5 laminectomy on 11/10/2006, Status post anterior L4 to L5 discectomy on 04/21/2010, Bilateral S1 joint injection on 12/28/2012, Status ESI L4 to L5, December 2005. According to report dated 09/05/2013 by [REDACTED], the patient presents for a followup evaluation of low back pain. The patient is experiencing back pain and stiffness, with numbness and weakness in the bilateral legs. He also reports radiating pain down both legs. Severity of pain is 6/10. Patient is also complaining of neck pain. Patient is experiencing stiffness, tenderness, soreness, headaches, cramping, and numbness. Severity of pain is described as 8-9/10. Patient's medication includes Soma 350 mg, Prilosec 20 mg, Oxybutynin 5 mg, Norco 325 mg, Lyrica 75 mg, Lidoderm 5% patch, Flomax 0.4 mg, and Butrans 10 mcg/hour patch.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**BUTRANS:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain and Opioids for Chronic Pain Page(s): 60-61 and 88-89.

**Decision rationale:** This patient presents with continued complaints of low back pain that radiates into the bilateral legs. He also complains of neck pain. The treater is requesting refill of Butrans 10 mcg, 1 patch to the skin for 7 days. For chronic opiate use, MTUS Guidelines page 88 and 89 require functioning documentation using a numerical scale or validated instrument at least one every six months, documentation of the 4 A's (analgesia, ADLs, adverse side effects, adverse behavior) is required. Furthermore, under outcome measure, it also recommends documentation of chronic pain, average pain, least pain, the time it takes for medication to work, duration of pain relief with medication, etc. Medical records document the patient has been using Butran patches since 02/19/2013. Review of records from 03/18/2013 to 10/05/2013 provide no discussions regarding how these patches have been helpful in terms of decreased pain or functional improvement. The treater provides a numerical scale to assess patient's pain; however, he lacks to correlate the pain level with any medication intake. Given the lack of sufficient documentation demonstrating efficacy for chronic opiate use, the patient should slowly be weaned as outlined in MTUS Guidelines. Recommendation is for denial.

**SOMA:** 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): 63.

**Decision rationale:** This patient presents with continued complaints of low back pain that radiates into the bilateral legs. He also complains of neck pain. The treater is requesting refill of Soma 350 mg #60. The MTUS Guidelines page 63 regarding muscle relaxants states, "Recommended non-sedating muscle relaxants with caution as a second line option for short term treatment of acute exasperations in patients with chronic LBP. Muscle relaxants may be effective in reducing pain and muscle tension and increasing mobility; however, in most LBP cases, they showed no benefit beyond NSAIDs and pain with overall improvement. Efficacy appears to diminish over time, and prolonged use of some medication in this class may lead to dependence." Review of medical records indicates this patient has been prescribed Soma since 04/16/2013. Muscle relaxants are recommended for short-term use only. Recommendation is for denial.

**NORCO:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain and Opioids for Chronic Pain, Page(s): 60-61 and 88-89.

**Decision rationale:** This patient presents with continued complaints of low back pain that radiates into the bilateral legs. He also complains of neck pain. The treater is requesting refill of Norco 325 mg #180. For chronic opiate use, MTUS Guidelines page 88 and 89 require functioning documentation using a numerical scale or validated instrument at least one every six months, documentation of the 4 A's (analgesia, ADLs, adverse side effects, adverse behavior) is required. Furthermore, under outcome measure, it also recommends documentation of chronic pain, average pain, least pain, the time it takes for medication to work, duration of pain relief with medication, etc. Medical records indicate the patient has been taking this medication since 10/23/2012. Review of reports dated 02/19/2013 to 09/05/2013 include no discussions regarding whether or not Norco has provided any pain relief or functional improvements. There are no discussions regarding significant change in ADL's, change in work status or return to work due to opiate use. Given the lack of sufficient documentation warranting long term opiate use, the patient should slowly be weaned off of Norco as outlined in MTUS Guidelines. Recommendation is for denial.

**LYRICA:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pregabalin Page(s): 60.

**Decision rationale:** This patient presents with continued complaints of low back pain that radiates into the bilateral legs. He also complains of neck pain. The treater is requesting refill of Lyrica #60. The MTUS guidelines has the following regarding Pregabalin (Lyrica®), "Pregabalin (Lyrica®, no generic available) has been documented to be effective in treatment of diabetic neuropathy and postherpetic neuralgia, has FDA approval for both indications, and is considered first-line treatment for both. In June 2007 the FDA announced the approval of pregabalin as the first approved treatment for fibromyalgia." Medical records show that this patient has been taking Lyrica since 02/19/2013. The treater is presumably prescribing Lyrica for patient's pain that radiates into both legs. It is unclear as there are no discussions regarding this medication. In this case, the treater is prescribing Lyrica on a long term basis without discussing its efficacy. MTUS pg 60 requires documentation of pain assessment and functional changes when medications are used for chronic pain. Recommendation is for denial.