

<b>Case Number:</b>	CM13-0059182		
<b>Date Assigned:</b>	04/25/2014	<b>Date of Injury:</b>	10/02/2009
<b>Decision Date:</b>	05/29/2014	<b>UR Denial Date:</b>	11/05/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/02/2013

### 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 Management, 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 injured worker is a 62-year-old who reported an injury on October 2, 2009. The mechanism of injury was the injured worker walking on uneven ground and twisted her left foot, left knee, and lower back. The injured worker's medication history included Flexeril 10 mg, Ativan 1 mg, Norco 10/325 mg, tramadol 50 mg, Neurontin 300 mg, Wellbutrin XL 300 mg, temazepam 30 mg, and ASA as of May of 2013. The documentation of October 1, 2013 revealed the injured worker had complaints of pain in the low back and left knee. The pain was rated as 6/10. The present medications were noted to be Flexeril 5 mg to 10 mg by mouth twice a day for spasms, Norco 10/325 mg 2 tablets by mouth 3 times a day as needed for pain, tramadol ER 250 mg daily, Klonopin 1 mg by mouth twice a day, and Restoril 15 to 30 mg at bedtime for insomnia. The diagnosis included pain in joint. The treatment plan included continuing on the present medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**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 Medications For Chronic Pain Section; Ongoing Management Section; and Opioid Dosing Section Page.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines recommend opiates for the treatment of chronic pain. There should be documentation of objective functional improvement, objective decrease in pain, and evidence the patient is being monitored for aberrant drug behavior and side effects. The cumulative dosing should not exceed 120 mg of oral morphine equivalents per day. The clinical documentation submitted for review indicated the injured worker had been utilizing the medication for greater than five months. There was a lack of documentation of objective functional improvement and an objective decrease in pain. There was a lack of evidence the injured worker was being monitored for aberrant drug behavior and side effects. This medication when combined with tramadol would equal 310 daily oral morphine equivalents. The request as submitted failed to indicate the frequency and quantity for the requested medication. The request for Norco 10/325 mg is not medically necessary or appropriate.

**TRAMADOL ER 250MG:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications For Chronic Pain Section; Ongoing Management Section; Opioid Dosing Section Page(s): page 86.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines recommend opiates for the treatment of chronic pain. There should be documentation of objective functional improvement, objective decrease in pain, and evidence the patient is being monitored for aberrant drug behavior and side effects. The cumulative dosing should not exceed 120 mg of oral morphine equivalents per day. The clinical documentation submitted for review indicated the injured worker had been utilizing this classification of medication for five months. There was a lack of documentation of objective functional improvement, objective decrease in pain, documentation the injured worker was being monitored for aberrant drug behavior, and documentation the injured worker was being monitored for side effects. The cumulative dosing of oral morphine equivalents would equal 310, which exceeds the 120 recommended per day. The request as submitted failed to indicate the quantity and frequency. The request for Tramadol ER 250 mg is not medically necessary or appropriate.

**FLEXERIL:** 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:** The Chronic Pain Medical Treatment Guidelines recommend muscle relaxants as a second line option for the short term treatment of acute low back pain and their use is recommended for less than three weeks. There should be documentation of objective functional improvement. The clinical documentation submitted for review indicated the injured worker had been utilizing the medication for five months. There was a lack of documentation of objective functional improvement and exceptional factors to warrant non-adherence to guideline recommendations. The request as submitted failed to indicate the frequency, quantity, and strength. The request for Flexeril is not medically necessary or appropriate.

**KLONOPIN:** Upheld

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

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

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines do not recommend the use of benzodiazepines as a treatment for patients with chronic pain for longer than three weeks due to a high risk of psychological and physiological dependency. The clinical documentation submitted for review indicated the injured worker had been utilizing the medication for five months. There was a lack of documentation including exceptional factors to warrant non-adherence to Guideline recommendations. The request as submitted failed to indicate the strength, quantity, and frequency for the requested medication. The request for Klonopin is not medically necessary or appropriate.

**RESTORIL:** Upheld

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

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

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines do not recommend the use of benzodiazepines as a treatment for patients with chronic pain for longer than three weeks due to a high risk of psychological and physiological dependency. The clinical documentation submitted for review indicated the injured worker had been utilizing the medication for five months. There was a lack of documentation including exceptional factors to warrant non-adherence to Guideline recommendations. The request as submitted failed to indicate the strength, quantity, and frequency for the requested medication. The request for Restoril is not medically necessary or appropriate.