

<b>Case Number:</b>	CM13-0066538		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	02/01/1996
<b>Decision Date:</b>	04/09/2014	<b>UR Denial Date:</b>	11/26/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/16/2013

### 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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Georgia. 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:

The claimant is a 62 year old male presenting with low back pain radiating to the left leg following a work related injury on 2/1/1996. The claimant is status post L3-4, L4-5 and L5-S1 interior posterior fusion in 2000 with subsequent removal of hardware in 2004. The physical exam was significant for antalgic gait favoring the left lower extremity, nasal cannula providing oxygen, observed difficulty getting around the room and slightly hunched over and in pain, cervical spine tenderness to palpation along the posterior musculature, lumbar spine tenderness along the lumbar musculature and significant limitation of range of motion in flexion, extension, and rotation with paraspinous muscle tenderness and spasms bilaterally, positive straight leg raise bilaterally at 45 degrees and left hip tenderness along the greater trochanter region. The claimant was diagnosed with coccydynia, reactionary depression/anxiety, medication induced gastritis, hypertension and left hip myoligamentous injury. The claimant had a spinal cord stimulator in 2000 which reduced his pain by 30-40%. The medical records noted that the claimant had significant issues with opioid medication leading to detoxification in October 2003.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MS Contin 60 mg, #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids  
Page(s): 79.

**Decision rationale:** MS Contin 60mg is not medically necessary. Per MTUS Page 79 of MTUS guidelines states that weaning of opioids are recommended if (a) there are no overall improvement in function, unless there are extenuating circumstances (b) continuing pain with evidence of intolerable adverse effects (c) decrease in functioning (d) resolution of pain (e) if serious non-adherence is occurring (f) the patient requests discontinuing. The claimant's medical records did not document that there was an overall improvement in function or a return to work with previous opioid therapy. In fact, the medical records note that the claimant was permanent and stationary. The claimant has long-term use with this medication and there was a lack of improved function with this opioid; therefore the requested medication is not medically necessary. It is more appropriate to wean the claimant off opioids with a short course of short acting opiates.

**Restoril 15mg, #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines and weaning of medications.

**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:** Restoril 15mg #60 is not medically necessary. The ODG states that sleeping aids are not recommended for long term use, but recommended for short-term use. While sleeping pills, so called minor tranquilizers, and anti-anxiety agents are commonly prescribed in chronic pain, pain specialist rarely, if ever, recommend them for long-term use. They can be habit-forming and they may impair function and memory more than opioid pain relievers. There is also concern that they may increase pain and depression over long-term. Sleeping pills are indicated for treatment of insomnia with difficulty of sleep onset and/or sleep maintenance. Longer-term studies have found sleep aids to be effective for up to 24 weeks in adults. According to the medical records the claimant appeared to have used Restoril long term. It is more appropriate to set a weaning protocol at this point; therefore, the requested medication is not medically necessary.