

<b>Case Number:</b>	CM13-0071015		
<b>Date Assigned:</b>	01/31/2014	<b>Date of Injury:</b>	07/09/2002
<b>Decision Date:</b>	06/12/2014	<b>UR Denial Date:</b>	12/13/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/26/2013

### 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 Occupational 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 [REDACTED] employee who has filed a claim for lumbago and degeneration of lumbosacral intervertebral disc associated with an industrial injury of July 09, 2002. Thus far, the patient has been treated with NSAIDs, opioids, muscle relaxants, Ambien, Requip, and Gabapentin. A review of the progress notes reflects low back pain radiating to the bilateral lower extremities with tenderness of the lumbar region, limiting the ability to perform activities of daily living. There is improvement of pain with medications; Flexeril decreases spasms, Ambien allows 5-6 hours of sleep, and Celebrex decreases pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**60 METHADONE 10 MG, 1 EVERY 12 HOURS:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 79-81.

**Decision rationale:** As noted on page 79-81 of the Chronic Pain Medical Treatment Guidelines, there is no support for ongoing opioid treatment unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The

patient has been on this medication since at least May 2013. There is no documentation submitted regarding objective functional benefits derived from this medication. Urine drug screen results from 2013 were not consistent with prescribed medications. As such, the request is not medically necessary.

**120 NUCYNTA 75 MG, 1 EVERY 6 HOURS:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

**Decision rationale:** The California MTUS/ACOEM guidelines do not address this topic, so the Official Disability Guidelines (ODG) were used instead. The ODG states that Tapentadol is recommended as a second-line therapy for patients who develop intolerable adverse effects with first-line opioids. The patient has been on this medication since at least May 2013. In this case, there is no documentation regarding intolerance to first-line opioids. There is also no documentation submitted regarding objective functional benefits derived from this medication. Urine drug screen results from 2013 were not consistent with prescribed medications. As such, the request is not medically necessary.

**60 REQUIP 1 MG, 1 TWICE A DAY:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation [Drugs.com/pro/requip.html](http://Drugs.com/pro/requip.html).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation FDA regulations for Repinirole.

**Decision rationale:** The California MTUS/ACOEM guidelines do not address this topic, so the FDA guidelines were used instead. The FDA states that Ropinirole (Requip) is indicated for the treatment of moderate-to-severe primary restless legs syndrome (RLS) or of the signs and symptoms of idiopathic Parkinson's disease. The patient has been on this medication since 2007. There is no indication that this patient has restless leg syndrome or symptoms of Parkinson's to support the use of this medication. As such, the request is not medically necessary.

**90 FLEXERIL 10 MG, 1 EVERY 8 HOURS:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63.

**Decision rationale:** As stated in the California MTUS Chronic Pain Medical Treatment Guidelines, page 63, non-sedating muscle relaxants are recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. They also show no benefit beyond NSAIDs in pain and overall improvement. The patient has been on this medication since 2010. Progress notes indicate that this medication decreases spasms. However, the patient has also been on NSAID therapy while on this medication, and this medication is not recommended for long-term use. As such, the request is not medically necessary.

**30 AMBIEN 12.5 MG, 1 EVERY BEDTIME:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

**Decision rationale:** The California MTUS/ACOEM guidelines do not address this topic, so the Official Disability Guidelines (ODG) were used instead. The ODG states that Ambien is a prescription short acting non-benzodiazepine hypnotic, which is approved for the short-term treatment of insomnia. There is a note that Ambien has increased the patient's duration of sleep from three hours to 5-6 hours. However, the patient has been on this medication since 2007. There is also no documentation regarding improvement of sleep quality in this patient. As such, the request is not medically necessary.

**45 CELEBREX 200 MG, 1 EVERY 8 HOURS:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46.

**Decision rationale:** As stated on page 46 of the California MTUS Chronic Pain Medical Treatment Guidelines, NSAIDs are recommended at the lowest dose for the shortest period of time for patients with moderate to severe pain. There is no evidence of long-term effectiveness for pain or function with NSAID therapy. The patient has been on this medication since at least May 2013. There is a note that this medication decreases pain. However, there are no objective benefits documented, and this medication is not recommended for long-term use. As such, the request is not medically necessary.

**CONTINUED CARE WITH PRIMARY CARE PHYSICIAN AND PSYCHIATRIST:**  
Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

**Decision rationale:** The California MTUS/ACOEM does not address this topic specifically, so the Official Disability Guidelines (ODG) were used instead. The ODG states that outpatient visits to the offices of medical doctor(s) play a critical role in the proper diagnosis and return to function of an injured worker. They help to monitor the patient's progress, and make any necessary modifications to the treatment plan. The latest progress note submitted was dated November 21, 2013. There is no documentation regarding the authorized follow-up office visit to the primary care physician or psychiatrist that would direct further management of the patient. As such, the request is not medically necessary.