

<b>Case Number:</b>	CM14-0008575		
<b>Date Assigned:</b>	02/12/2014	<b>Date of Injury:</b>	06/16/1982
<b>Decision Date:</b>	07/03/2014	<b>UR Denial Date:</b>	01/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/21/2014

### 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 & 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 injured worker is an 80-year-old male with a reported date of injury on 06/16/1982. The mechanism of injury was noted to be a fall. His diagnoses were noted to include chronic low back pain due to degenerative lumbar spondylosis and a pain disorder with a psychological/general medical condition. His previous treatments included pain medications, home exercises, and 6 lumbar spine surgeries. The progress note dated 12/17/2013 reported the injured worker's pain was rated 7/10; the pain average was 7/10; the effective pain was 7/10. There was not a physical examination submitted within the medical records. The Request for Authorization form was not submitted within the medical records.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**OXYCONTIN 80 MG, #180:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines : CHRONIC PAIN MEDICAL TREATMENT GUIDELINES Page(s): 92.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management Page(s): 78.

**Decision rationale:** The injured worker has been taking this medication since 12/2012. According to the California Chronic Pain Medical Treatment Guidelines, the ongoing use of

opioid medications may be supported with detailed documentation of pain relief, functional status, preferred medication use, and side effects. The guidelines also state the four A's for ongoing monitoring; including analgesia, activities of daily living, side effects, and aberrant drug taking behaviors, should be addressed. There is a lack of evidence of decreased pain on a numerical scale, as well as improved functional status, and aberrant behavior by a drug screen. The provider noted there were no adverse effects. Therefore, due to the lack of documentation regarding decreased pain on a numerical scale, improved functional status, and aberrant behavior by utilizing a urine drug screen, the ongoing use of opioid medications is not supported by the guidelines. Additionally, the request failed to provide the frequency at which the medication is to be utilized. Therefore, the request for oxycontin 80mg, #180 is not medically necessary.

**LIDODERM PATCHES, #90: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 112.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesic; Lidocaine Page(s): 112.

**Decision rationale:** The injured worker has been using the Lidoderm patches since 12/2012. The California Chronic Pain Medical Treatment Guidelines recommend Lidoderm patches for neuropathic pain. The guidelines do not recommend Lidoderm patches for non-neuropathic pain. There was only 1 trial that tested 4% lidocaine for treatment of chronic muscle pain. There is a lack of documentation regarding the indication of the Lidoderm patches in regards to the neuropathic pain or non-neuropathic pain. There is a lack of documentation regarding the efficacy of this medication and in regards to improved functional status as well as the region the patch is applied. Additionally, the request failed to provide the frequency at which the medication is to be utilized. Therefore, the request for lidoderm patches, #90 is not medically necessary.

**DIAZEPAM 10 MG, #60: Upheld**

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

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

**Decision rationale:** The injured worker has been taking this medication since 08/2013. The California Chronic Pain Medical Treatment Guidelines do not recommend benzodiazepines for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks and their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. The guidelines also state tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. There is a lack of documentation regarding efficacy or a history of muscle spasms to warrant this medication. Additionally, the request failed to

provide the frequency at which the medication is to be utilized. Therefore, the request for diazepam 10mg, #60 is not medically necessary.

**SILENOR 6 MG, #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Specific Antidepressants Page(s): 15.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness and Stress, Sedative hypnotics.

**Decision rationale:** The injured worker has been taking this medication since 08/2013. The Official Disability Guidelines do not recommend sedative hypnotics for long term use, but recommend them for short term use. The guidelines recommend limiting the use of hypnotics to 3 weeks maximum in the first 2 months of injury only, and discourage use in the chronic phase. The guidelines also state that while sleeping pills are commonly prescribed in chronic pain, pain specialists 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 the long term. The injured worker has been taking this medication for over 6 months, and the guidelines do not recommend long term use for this medication. There is a lack of documentation regarding insomnia to warrant the need for this medication. Additionally, the request failed to provide the frequency at which the medication is to be utilized. Therefore, the request for Silenor 6mg, #60 is not medically necessary.

**MIRALAX LARGE BOTTLE:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Initiating Therapy Page(s): 77.

**Decision rationale:** The request for MiraLax large bottle is non-certified. The injured worker has been taking this medication since 08/2013. The California Chronic Pain Medical Treatment Guidelines prophylactic treatment of constipation should be initiated. However, the previous request for opioids was non-certified which this medication was prophylactically prescribed. Therefore, the request for Miralax is not appropriate at this time. Additionally, the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request for miralax large bottle is not medically necessary.