

<b>Case Number:</b>	CM14-0110074		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	04/04/2007
<b>Decision Date:</b>	10/14/2014	<b>UR Denial Date:</b>	07/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/15/2014

### 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 Family Medicine and is licensed to practice in New York and New Jersey. 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 56 year-old woman that complained of neck and back pain due to injuries that occurred on 12/1/01 and 4/4/07 at her place of employment. On 12/1/01, she slipped on water and twisted her back as she tried to maintain her balance without falling. She was treated at occupational health. She continued her work even though she had persistent, intermittent, non-radiating left-sided back pain and was diagnosed with thoracic/lumbosacral strain. She was treated with medications and physical therapy. Nearly two months after the initial injury, she complained of persistent back pain radiating to left leg and foot and right buttock and knee pain. She was sent for acupuncture, and was documented to have upper back and neck pain as well. In 3/2012, she had a lumbar MRI showing central focal disc protrusion at L5-S1 and degeneration of the disk at L1-L2. A chair back brace was ordered at this time. In 5/2012, she complained of right groin and buttock pain after heavy lifting at work and had a negative right hip x-ray. Her back pain worsened after an extended work day. In 6/2012, she had a lumbosacral spine x-ray that showed severe degenerative disc disease at L5-S1. In 11/2012, the patient had persistent back and leg pain that improved with anti-inflammatories, Pilates, and acupuncture. In 5/2013, the patient underwent an epidural steroid injection with improvement in pain. In 8/2013, she received her second epidural steroid injection which only worsened her pain. The patient continued to work through this time with pain and disability restrictions. She continued with physical therapy, yoga, and Pilates while working full time and had follow-ups with orthopedics and pain management. She continued with some improvement but then on 4/4/07, she was pushed and wrenched forward as a heavy object fell on her neck. She complained of neck, thoracic, and worsening lumbar pain, as well as numbness in her hands. She was treated with Toradol injections, a trigger point injection of the left rhomboid and had her medications adjusted. An 5/07 cervical MRI showed foraminal narrowing and mild central

spinal stenosis. A lumbar MRI showed degenerative disc disease and disc protrusion. The patient continued with physical therapy and acupuncture which allowed her to reduce her medication use. She returned to work with modifications and was considered to have achieved maximum benefit. However, she could not work the same job with the restrictions given to her and struggled to find an adequate position. She continued with pain of her entire spine and occasional flare-ups of her extremities. Her chronic medications were not listed early in the chart, however, according to documentation, in 5/2011, she was taking Norco. In 9/2012, the neck and back pain worsened with radiation to the left arm and numbness and tingling of the left arm. As per the records, she was taking a lot of pain medication and had two doses of oral steroids. A 9/2012 cervical spine x-ray showed cervical degenerative disc disease and foraminal stenosis for which she was prescribed a medrol dosepack. The pain worsened, however. In 12/2012, an MRI of the cervical spine showed degenerative changes, neural foraminal narrowing, and mid canal stenosis at C4-C5 and C5-C6. With continued back pain radiating to right lower extremity and neck pain with numbness of her hands, the patient began developing headaches as well. The patient's medications were listed as Norco, MS Contin, Baclofen, Ambien, and Naproxen for headaches. On exam, she had decreased extension of the neck with normal range of motion of the back. She had a tender cervical, thoracic, and lumbar spine, normal strength, normal sensation and equal reflexes. The patient was diagnosed with cervical and lumbar spondylosis and chronic pain syndrome. The current request is for approval of MS Contin, Valium, Medrol pack, and Ambien.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**MS CONTIN 15 MG #120 X 0 REFILLS:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

**Decision rationale:** There is not enough documentation to state MS Contin is medically necessary. According to the chart, the use of MS Contin was approved around 9/2011. She had been taking Norco as well, for break through pain. There was no documented urine drug screens, drug contract, or long-term goals for treatment. The patient had continued pain and it was unclear what kind of relief MS Contin provided for the chronic neck and back pain with flare-ups. It is not clear by the provided chart if an adequate trial of non-opioid medications was attempted. It was unclear at which dose the patient was started and if the lowest possible dose was prescribed to improve pain and function. There was mention potential benefit from pain psychology but no further references to this were mentioned. Because there was no improvement in pain or functioning with the use of MS Contin, and long-term efficacy for chronic back pain is limited, and there is high abuse potential, MS Contin is considered not medically necessary at this time.

**MEDROL 9 (PAK) 4 MG 1 PACK X 0 REFILL,:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308.

**Decision rationale:** Oral steroids are not medically necessary according to the ACOEM guidelines for low back pain. It is listed as "not recommended" for the treatment of lower back pain. There are no MTUS guidelines in the treatment of cervical pain. The patient had already complained of gastritis-like symptoms. She was taking Naproxen for her headaches which, in addition to oral steroids, would increase the adverse gastrointestinal effects. The side effect profile of oral steroids prevents their general recommendation for use in treating cervical and lumbar pain. The request for Medrol 9 is not medically necessary.

**AMBIEN 10 MG # 30 X3 REFILLS:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation FDA Ambien Prescribing information

**Decision rationale:** Ambien is not considered medically necessary. It is only indicated for short-term use in treating insomnia and has only been shown to decrease sleep latency up to 35 days in controlled clinical trials. It is unclear how long the patient has been taking ambien but a 30 day supply with three refills is medically unnecessary. There no documented insomnia and response to treatment or documented discussion of sleep hygiene. The request for Ambien 10mg # 30 is not medically necessary.

**VALIUM 10 MG #30 X 0 REFILL,:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepine, Muscle relaxants Page(s): 24, 66.

**Decision rationale:** Valium is a type of benzodiazepine use as a muscle relaxant and anxiolytic. It is not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. It is unclear if the patient has been on this previously. The patient was taking Baclofen but there was no documentation as to whether this improved pain or function. There is little benefit for the use of this class of drugs over nonbenzodiazepines for the treatment of spasm. There were no documented trials of other muscle relaxants. Therefore, Valium is not considered medically necessary.