

<b>Case Number:</b>	CM14-0156078		
<b>Date Assigned:</b>	09/25/2014	<b>Date of Injury:</b>	04/05/2010
<b>Decision Date:</b>	10/27/2014	<b>UR Denial Date:</b>	08/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/22/2014

### 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 Anesthesiologist, has a subspecialty in Pain Medicine, and is licensed to practice in Florida. 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 66-year-old female with a reported date of injury on 04/05/2010. The mechanism of injury was not submitted within the medical records. Her diagnoses were noted to include status post bilateral knee total arthroplasty, severe lumbar stenosis, cauda equina syndrome, lumbar discogenic disease, chronic low back pain, and status post lumbar spine fusion to L4-S1. Her previous treatments were noted to include physical therapy, TENS unit, and medications. The progress note dated 06/25/2014 revealed complaints of chronic intractable low back pain and bilateral knee pain. The injured worker indicated she had been getting shooting pains and felt that it had increased due to her altered gait. The injured worker indicated she felt 1 leg was shorter than the other, and there was numbness in the legs. She continued to suffer from depression and muscle spasm. The physical examination of the lumbar spine revealed spasms, painful range of motion, and limited range of motion. Motor weakness was rated 4/5, and there was decreased sensation bilaterally at the L4-5 and L5-S1. There was pain bilaterally at L4-5 and L5-S1. There was negative straight leg raise bilaterally. The progress note dated 08/14/2014 revealed complaints of low back pain and soreness and bilateral knee pain. The physical examination revealed spasms, painful range of motion, as well as limited range of motion. Motor weakness strength was bilaterally 4/5 and there was decreased sensation bilaterally at L4-5 and L5-S1. There was pain bilaterally at L4-5 and L5-S1. There was a positive straight leg raise to the left leg and thigh pain with numbness. The Request for Authorization form was not submitted within the medical records. The retrospective request was for Flexeril 7.5mg x 90 for muscle spasm, Restoril 30mg x 30 for difficulty sleeping, Norco 10/325mg x 120 for pain, and Medrol dosepak, Decadron IM 2cc for inflammation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective Flexeril 7.5mg x 90: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

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

**Decision rationale:** The retrospective request for Flexeril 7.5mg x 90 is not medically necessary. The injured worker has been utilizing this medication since at least 12/2013. The California Chronic Pain Medical Treatment Guidelines recommend muscle relaxants as a second line option for the short term treatment of acute low back pain. Their use is recommended for less than 3 weeks. There should be documentation of objective functional improvement. The clinical documentation submitted for review does provide evidence that the injured worker has been on this medication for an extended duration of time. There is a lack of documentation of objective improvement. Therefore, the continued use of this medication would not be supported by the guidelines. Additionally, the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request is not medically necessary.

**Retrospective Restoril 30mg x 30: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Insomnia Treatment

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

**Decision rationale:** The retrospective request for Restoril 30mg x 30 is not medically necessary. The injured worker has been utilizing this medication since at least 12/2013. The California Chronic Pain Medical Treatment Guidelines do not recommend the use of benzodiazepines as treatment for patients with chronic pain for longer than 3 weeks due to a high risk of psychological and psychological dependency. The clinical documentation submitted for review does provide evidence that the injured worker has been on this medication for an extended duration of time. Therefore, continued use would not be supported by the guidelines. Additionally, the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request is not medically necessary.

**Retrospective Norco 10/325mg x 120: 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, On-going Management Page(s): 78.

**Decision rationale:** The retrospective request for Norco 10/325mg x 120 is not medically necessary. The injured worker has been utilizing this medication since at least 12/2013. 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, appropriate medication use, and side effects. The guidelines also state that the 4 A's for ongoing monitoring, including analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors, should be addressed. There was a lack of documentation regarding evidence of decreased pain on a numerical scale with the use of medications. There was a lack of documentation regarding improved functional status with activities of daily living with the use of medications. There is a lack of documentation regarding side effects, and without details regarding as to whether the injured worker has had a consistent urine drug screen and when the last test was performed, the ongoing use of opioids is not supported by the guidelines. Additionally, the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request is not medically necessary.

**Retrospective Medrol dosepak, Decadron IM 2cc: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Corticosteroids (oral/parenteral/IM for low back pain)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Low Back, Corticosteroids

**Decision rationale:** The retrospective request for Medrol dosepak, Decadron IM 2cc is not medically necessary. The injured worker complained of chronic intractable low back pain and bilateral knee pain described as shooting pain. The Official Disability Guidelines recommend corticosteroids in limited circumstances for acute radicular pain. Patients should be aware that research provides limited evidence of effect with this medication. The guidelines do not recommend corticosteroids for acute nonradicular pain (such as axial pain) or chronic pain. The guidelines' criteria for the use of corticosteroids is patients should have clear cut signs and symptoms of radiculopathy; risks of steroids should be discussed with the patient and documented in the record; the patient should be aware of the evidence that research provides limited evidence of effect with this medication and this should be documented in the record; current research indicates early treatment is most successful; treatment in the chronic phase of injury should generally be after a symptom free period with subsequent exacerbation or when there is evidence of a new injury. The guidelines state oral steroids are used by some clinicians for the treatment of patients with acute low back pain with radiculopathy. The therapeutic objective is to reduce inflammation in an attempt to promote healing and reduce pain. It is also hypothesized that the effect of corticosteroids on mood can enhance the effect of well being. Overall, it is suggested that the main effect of systemic steroids is to provide pain relief in the early acute period. The guidelines state there is extremely limited evidence to recommend oral corticosteroids for acute radicular pain. The injured worker is in the chronic phase of injury and

has been having back pain since 2010. Therefore, the use of corticosteroids is not appropriate. As such, the request is not medically necessary.