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| <b>Case Number:</b>   | CM14-0159167 |                              |            |
| <b>Date Assigned:</b> | 10/24/2014   | <b>Date of Injury:</b>       | 07/14/1992 |
| <b>Decision Date:</b> | 12/03/2014   | <b>UR Denial Date:</b>       | 09/18/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 09/29/2014 |

### 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 Interventional spine 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 47-year-old male with a date of injury of 07/14/1992. The listed diagnoses per [REDACTED] are: 1. Post laminectomy syndrome. 2. Lumbar disk disease. 3. Lumbar radiculitis. 4. Sacroiliitis. According to progress report 08/12/2014, the patient complains of increasing pain with complaints of tenderness over the S1 joints. The patient is status post arthroscopic discectomy from 1992 and 2001, lumbar fusion and segmental pedicle screw installation and implantation of BGS in 2006 and repeat laminectomy in 2008 and 2011. Examination revealed slow altered gait with flexed spine. The patient has difficulty with weak heel walk and walking on toes. There are well-healed surgical scars consistent with his prior surgeries. Tenderness was noted over the bilateral paraspinals with spasms noted. Range of motion was decreased on all planes. The patient states that medication gives him relief. The treater notes that the "rules and regulations around the prescription of opioids and compliance was discussed." The patient is temporarily totally disabled. The treater is requesting a refill of medications. Utilization review denied the request on 09/18/2014. Treatment reports from 04/05/2014 through 08/12/2014 were reviewed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #120:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain CRITERIA FOR USE OF OPIOIDS CRITERIA FOR USE OF OPIOIDS Page(s).

**Decision rationale:** This patient presents with chronic low back pain and status post multiple low back surgeries, with the most recent repeat laminectomy on 05/25/2011. The treater is requesting a refill of Norco 10/325 mg #120. The MTUS Guidelines pages 88 and 89 state, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4 A's (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work, and duration of pain relief. Review of the medical file indicates the patient has been prescribed this medication since at least 04/15/2014. Report 05/06/2014 states "the patient complains of increasing pain, not controlled by medication." In this case, the treater states that the patient is on opiate therapy for pain management, but report 5/6/14 indicates that the medications are not working. UDS are administered for compliance check, but the treater provides no specific functional changes, outcome measures, or validated instruments as required by MTUS for continued opioid use. Given the lack of sufficient documentation for opiate management, the patient should now slowly be weaned as outlined in MTUS. The request is not medically necessary.

**Lidoderm Patches #90 (unknown prescription):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, Lidoderm patches

**Decision rationale:** This patient presents with chronic low back pain and status post multiple low back surgeries, with the most recent repeat laminectomy 05/25/2011. The treater is requesting Lidoderm patches 5% #30. MTUS guidelines page 57 states, "topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica)." MTUS Page 112 also states, "Lidocaine Indication: Neuropathic pain Recommended for localized peripheral pain." When reading ODG guidelines, it specifies that Lidoderm patches are indicated as a trial if there is "evidence of localized pain that is consistent with a neuropathic etiology." ODG further requires documentation of the area for treatment, trial of a short-term use with outcome documenting pain and function. In this case, the patient does not present with "localized peripheral pain." In this case, the patient does not present with "localized peripheral pain." The requested Lidoderm patches are not medically necessary.

**Norflex #60 (unknown prescription): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-64.

**Decision rationale:** This patient presents with chronic low back pain and status post multiple low back surgeries, with the most recent repeat laminectomy on 05/25/2011. The treater is requesting a refill of Norflex #60. Norflex is a muscle relaxant similar to Flexeril. The MTUS Guidelines page 63 do not recommend long term use of muscle relaxants and recommend using it for 3 to 4 days for acute spasm and no more than 2 to 3 weeks. The medical records indicate the patient has been prescribed this medication since at least 04/15/2014. In this case, the treater has prescribed muscle relaxants for long term use which is not supported by MTUS. The request is not medically necessary.

**Prilosec #60 (unknown prescription): 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 NSAIDs, GI symptoms & cardiovascular risk Page(s): 69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic pain chapter, Proton pump inhibitors (PPIs)

**Decision rationale:** This patient presents with chronic low back pain and status post multiple low back surgeries, with the most recent repeat laminectomy on 05/25/2011. The treater is requesting a refill of Prilosec #60. The treater, in his 04/15/2014 report, noted that the patient is taking Prilosec to "address his gastric related side effects caused by his chronic, multiple pain medication use." The MTUS Guidelines page 68 and 69 states that Omeprazole is recommended with precaution for patients at risk for gastrointestinal events: (1) Age is greater than 65, (2) History of peptic ulcer disease and GI bleeding or perforation, (3) Concurrent use of ASA or corticosteroid and/or anticoagulant, (4) High dose/multiple NSAID. In this case, there is no indication that the patient is taking NSAID to consider the use of Prilosec. The patient has some gastric related side effects with taking pain medications and the treater has prescribed Prilosec. There is no discussion in MTUS or ODG regarding use of PPI's for opioid side effects. Opiates typically do not cause gastritis type of GI side effects that can be treated with PPI's. The treater does not document other gastric problems such as GERD to warrant the use of a PPI. The request is not medically necessary.

**Lyrica #90 (unknown prescription): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
CHRONIC PAIN MEDICAL TREATMENT GUIDELINES: Pregabalin (Lyrica))Medications for chronic pain .

**Decision rationale:** This patient presents with chronic low back pain and status post multiple low back surgeries, with the most recent repeat laminectomy on 05/25/2011. The treater is requesting a refill of Lyrica #90. The MTUS Guidelines has the following regarding pregabalin (Lyrica), "Pregabalin (Lyrica, no generic available) has been documented to be effective in treatment of diabetic neuropathy and postherpetic neuralgia, and has been FDA approved for both indications, and it is considered first-line treatment for both." In this case, other than the treater's statement that the patient is utilizing opiate therapy for his chronic pain, there is no discussion of efficacy of medications. In fact, report 05/06/2014 states, "The patient complains of increasing pain, not controlled by medications." Review of the medical file indicates the patient has been prescribed this medication since at least 04/15/2014. The MTUS Guidelines page 60 requires documentation of pain assessment and functional improvement when medications are used for chronic pain. Given the lack of discussion regarding efficacy, the request is not medically necessary.

**Buspirone #90 (unknown prescription): 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)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) chapter, Anxiety medications in chronic pain discusses Buspirone

**Decision rationale:** This patient presents with chronic low back pain and status post multiple low back surgeries, with the most recent repeat laminectomy on 05/25/2011. The treater is requesting a refill of buspirone #90. ODG Guidelines, Pain (Chronic) chapter, Anxiety medications in chronic pain discusses Buspirone and states, "(c) 5-HT1A Agonist: Buspirone (Buspar, generic available): also approved for short-term relief of anxiety symptoms. Efficacy is decreased in patients with recent prior benzodiazepine use. (Chessick, 2006) Dosing information: 5-15 mg three times daily. (Package insert)" Buspirone is an anti-anxiety medication. Review of progress reports from 04/15/2014 through 10/07/2014 provides no discusses regarding this medication. MTUS page 60 requires documentation of pain assessment and functional changes when medications are used for chronic pain. In this case, given the lack of discussion regarding efficacy, the request is not medically necessary.

**Lunesta #30 (unknown prescription): 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)

**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 & Stress chapter, Eszopicolone (Lunesta)

**Decision rationale:** This patient presents with chronic low back pain and status post multiple low back surgeries, with the most recent repeat laminectomy on 05/25/2011. The treater is requesting refill of Lunesta #30. Review of the medical file includes progress reports from 04/15/2014 through 08/12/2014, which provide no discussion of sleep issues. ACOEM, ODG guidelines state "Eszopicolone (Lunesta) has demonstrated reduced sleep latency and sleep maintenance. (Morin, 2007) The only benzodiazepine-receptor agonist FDA approved for use longer than 35 days. A randomized, double blind, controlled clinical trial with 830 primary insomnia patients reported significant improvement in the treatment group when compared to the control group for sleep latency, wake after sleep onset, and total sleep time over a 6-month period." ODG guidelines under the pain and mental illness/stress chapter state that the medication is not recommended for long term use. In this case, the reports do not document insomnia, how long this medication has been used and with what efficacy. The request is not medically necessary. In this case, the reports do not document insomnia, how long this medication has been used and with what efficacy. Recommendation is for denial.

**Xanax .5mg #45 (unknown prescription):** Upheld

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

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

**Decision rationale:** This patient presents with chronic low back pain and status post multiple low back surgeries, with the most recent repeat laminectomy on 05/25/2011. The treater is requesting a refill of Xanax 0.5 mg #45. He states in his 04/15/2014 report states that since "abuse or misuse is not evident, the prescription of Xanax is reasonably appropriate." The medical file provided for review indicates that the patient has been prescribed Xanax since at least 04/15/2014. For benzodiazepines, the MTUS Guidelines page 24 states, "benzodiazepines are not recommended for long term use because long term efficacy is unproven and there is a risk of dependency." This medication has been prescribed for long term use; therefore, the request is not medically necessary.