

<b>Case Number:</b>	CM14-0172250		
<b>Date Assigned:</b>	10/23/2014	<b>Date of Injury:</b>	09/02/1998
<b>Decision Date:</b>	12/03/2014	<b>UR Denial Date:</b>	10/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/17/2014

### 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 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:

Patient is a 53 year-old female with date of injury 09/02/1998. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 09/24/2014, lists subjective complaints as pain in the left shoulder and low back. Objective findings: Examination of the left shoulder revealed tenderness to palpation to the anterior shoulder region and painful range of motion in all planes. Neer impingement sign, Hawkin's impingement sign, cross-chest test, AC joint compression test, Speed's test, and Yergason's test were all positive. Sensory and motor exams were unremarkable. Examination of the lumbar spine revealed tenderness to the lumbosacral juncture and sciatic notch on the right. Moderate paraspinal spasms were noted. Range of motion was painful and restricted in all planes. Motor and sensory examination were within normal limits. Diagnosis: 1. Post-laminectomy lumbar spine, status post pedicle screw fixation 2. Post laminectomy cervical spine, status post anterior cervical discectomy and fusion C5-6 3. Impingement syndrome, left, status post SAD and partial distal claviclectomy. The medical records supplied for review document that the patient had been taking Norco at least as far back as four months. Flexeril, Ultram, Terocin Patch, and Ambien were first prescribed on 09/24/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flexeril 7.5 MG #90 with 1 Refill: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Non-Sedating Muscle Relaxant.

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

**Decision rationale:** The MTUS Chronic Pain Treatment Guidelines do not recommend long-term use of muscle relaxants such as cyclobenzaprine. The patient has been taking cyclobenzaprine for at least 4 months, long past the 2-3 weeks recommended by the MTUS. Flexeril 7.5 MG # 90 with 1 Refill is not medically necessary.

**Ultram ER 150 MG # 30 with 1 Refill:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 113.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. Tramadol is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. There is no documentation of functional improvement supporting the continued long-term use of tramadol. Ultram ER 150 MG # 30 with 1 Refill is not medically necessary.

**Terocin Patch 30 Patches with 1 Refill:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-112.

**Decision rationale:** According to the MTUS, compounds containing lidocaine are not recommended for non-neuropathic pain. There is only one trial that tested 4% lidocaine for treatment of chronic muscle pain. The results showed there was no superiority over placebo. The patient's physical exam shows no evidence of radiculopathy or neuropathic pain. In addition, there is little to no research to support the use of many of these Compounded Topical Analgesics. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Terocin Patch 30 Patches with 1 Refill are not medically necessary.

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

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-94.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. Despite the long-term use of narcotics, the patient has reported very little functional improvement over the course of last several months. Norco 10/325 MG # 120 is not medically necessary.

**Ambien CR 12.5 MG # 30 with 1 Refill:** 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), Sleep Aid

**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), Zolpidem (Ambien)

**Decision rationale:** The Official Disability Guidelines do not recommend the use of sleeping pills for long-term use. While sleeping pills, so-called minor tranquilizers, and anti-anxiety agents 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 patient has been taking Ambien for longer than the 2-6 week period recommended by the ODG. Ambien CR 12.5 MG Qty: 30 with 1 Refill is not medically necessary.