

<b>Case Number:</b>	CM14-0184217		
<b>Date Assigned:</b>	11/12/2014	<b>Date of Injury:</b>	10/02/2009
<b>Decision Date:</b>	12/15/2014	<b>UR Denial Date:</b>	10/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/04/2014

### 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 Internal 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 (IW) is a 33-year-old woman with a date of injury of October 2, 2009. The mechanism of injury was not documented in the medical record. The IW has been diagnosed with right foot and ankle pain, low back pain, insomnia, and anxiety. A report dated May 21, 2012 indicated that the IW had an abuse problem with Norco. She was taking up to 15 to 20 pills a day. She was then placed on Suboxone to wean her off opiates. Documentation indicated that the IW is only taking one Norco per day. Pursuant to a progress note dated October 15, 2014, the IW complains of right ankle pain, low back pain, and psych. The IW continues to take Norco. There is increased low back pain when performing her exercises with a personal trainer. She complains of anxiety and difficulty sleeping. On examination, there is pain towards the medial right ankle by the right heel. Straight leg raise test is negative. Lumbar range of motion is decreased. An MRI of the lumbar spine dated June 26, 2013 shows grade I retrolisthesis of L4 and L5. She continues to get relief from Norco about 40% allowing her to continue her exercise program. The IW was provided Trazadone at her last visit (9/2014), but states that it has not provided much difference. Current medications include: Norco 10/325mg, Adderall 15mg, Prilosec 20mg, Motrin 800mg, Lexapro 10mg, Zanaflex 4mg, and Restoril 30mg. The IW has been taking Zanaflex 4mg since at least March of 2014 according to documentation. The IW was taking Ambien 5mg from March of 2014 to September 2014. The Ambien was stopped in September of 2014, and it was replaced by Trazadone 50mg. The IW indicated that the Trazadone was not working according to the October 2014 note. Restoril 30mg was prescribed to replace the Trazadone. Treatment plan recommendations include request for lumbar x-rays to evaluate L4-L5 level stability, and continuation of medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #90; prescribed on 10/15/2014: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Section; Opiates

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Norco 10/325 mg #90 prescribed October 15, 2014 is not medically necessary. Chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication and side effects. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The lowest possible dose should be prescribed to improve pain and function. In this case, the documentation reflects Norco was prescribed July 24, 2014. At that point in time, the injured worker was taking 15 to 20 pills of Norco a day back in 2012. The injured worker is now reportedly taking one Norco per day. The evidence-based guidelines indicate long-term opiate use is not recommended. The patient should have been weaned off Norco at this point in time. On a report dated October 15, 2014, the injured worker continues to have complaints of right ankle pain, low back pain. Injured worker continues to take Norco. The request for Norco 10/325 mg #90 is consequently not medically necessary. The injured worker has not returned to work. Consequently, Norco 10/325#90 prescribed October 15, 2014 is not medically necessary.

**Norco 10/325mg DND #90, until 11/15/2014: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Opiates

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Norco 10/325 mg #90 prescribed November 15, 2014 is not medically necessary. Chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication and side effects. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The lowest possible dose should be prescribed to improve pain and function. In this case, the documentation reflects Norco was prescribed July 24, 2014. At that point in time, the documentation shows the injured worker was taking 15 to 20 pills of Norco a day back in 2012. The injured worker is reportedly taking one Norco per day. The evidence-based guidelines indicate long-term opiate use is not recommended. The patient should have been weaned off Norco at this point in time. On a report dated October 15, 2014, the injured worker continues to

have complaints of right ankle pain, low back pain. Injured worker continues to take Norco. The request for Norco 10/325 mg #90 is consequently, not medically necessary. The injured worker has not returned to work. Consequently, Norco 10/325#90 prescribed November 15, 2014 is not medically necessary.

**Zanaflex 4mg #60, dispensed on 10/15/2014: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 65-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Muscle Relaxants

**Decision rationale:** Pursuant to the Official Disability Guidelines, Zanaflex 4 mg #60 dispensed October 15, 2014 is not medically necessary. Zanaflex is a muscle relaxant recommended as a second line option for short-term use (less than two weeks) treatment of acute low back pain and short-term treatment of acute exacerbations in patients with chronic low back pain. In this case, the injured worker has been taking Zanaflex long term. There is no documentation to support its use long term. There is no objective functional improvement documented in the medical record associated with its long-term use. At a minimum, the Zanaflex has been used by the injured worker for seven months. This is depicted in a March 2014 progress note. Zanaflex is for short term use, ideally less than two weeks notwithstanding compelling clinical facts to the contrary. There is none. Consequently, Zanaflex 4 mg #60 dispense October 15, 2014 is not medically necessary.

**Restoril 30mg #30, dispensed on 10/15/2014: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Benzodiazepines

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Restoril 30 mg #30 dispensed October 15, 2014 is not medically necessary. Restoril is a benzodiazepine. Benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of psychological and physical dependence or frank addiction. Chronic benzodiazepine use is the treatment of choice in very few conditions. Restoril (Temazepam) is not recommended. In this case, the injured worker was taking Ambien from March 2014 to September 2014. The injured worker was switched to Trazodone. Trazodone did not help the injured worker with sleep. The injured worker was then changed to Restoril (Temazepam). Temazepam is not recommended. Additionally, the addition of Restoril to Norco puts the injured worker at high risk for sedation. Consequently, Restoril is

not medically necessary. Based on the clinical information in the medical record and peer-reviewed evidence-based guidelines, Restoril 30 mg #30 dispensed October 15, 2014 is not medically necessary.

**Adderall 15mg #60, prescribed on 10/15/2014: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation U.S. National Library of Medicine; [www.ncbi.nlm.nih.gov/pubmedhealth/PMH0000166/](http://www.ncbi.nlm.nih.gov/pubmedhealth/PMH0000166/) and FDA website [www.accessdata/fda.gov/drugsatfda\\_docs/label/2007/011522s040lbl.pdf](http://www.accessdata/fda.gov/drugsatfda_docs/label/2007/011522s040lbl.pdf)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://effectivehealthcare.ahrq.gov/index.cfm/search-for-guides-reviews-and-reports/?pageaction=displayproduct&productID=1148>

**Decision rationale:** Pursuant to the Official Disability Guidelines, Adderall 15 mg #60 prescribed on October 15, 2014 is not medically necessary. Adderall is FDA approved for the treatment of ADHD and narcolepsy. In this case, the injured worker has a history of opiate dependency. The use of amphetamines would not be indicated due to the high risk of misuse/abuse. Additionally, as of October 15, 2014 there was no diagnosis of ADHD or narcolepsy. Consequently, there is no medical indication for the use of Adderall 15 mg #60 prescribed on October 15, 2014. Based on the clinical information in the medical record and evidence-based guidelines, Adderall 15 mg #60 prescribed in October 15, 2014 is not medically necessary.

**Adderall 15mg DND #60 until 11/15/2014: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation U.S. National Library of Medicine; [www.ncbi.nlm.nih.gov/pubmedhealth/PMH0000166/](http://www.ncbi.nlm.nih.gov/pubmedhealth/PMH0000166/) and FDA website [www.accessdata/fda.gov/drugsatfda\\_docs/label/2007/011522s040lbl.pdf](http://www.accessdata/fda.gov/drugsatfda_docs/label/2007/011522s040lbl.pdf)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://effectivehealthcare.ahrq.gov/index.cfm/search-for-guides-reviews-and-reports/?pageaction=displayproduct&productID=1148>

**Decision rationale:** Pursuant to the Official Disability Guidelines, Adderall 15 mg #60 DND prescribed on November 15, 2014 is not medically necessary. Adderall is FDA approved for the treatment of ADHD and narcolepsy. In this case, the injured worker has a history of opiate dependency. The use of amphetamines would not be indicated due to the high risk of misuse/abuse. Additionally, as of November 15, 2014 there was no diagnosis of ADHD or narcolepsy. Consequently, there is no medical indication for the use of Adderall 15 mg #60 prescribed on November. Based on the clinical information in the medical record and evidence-based guidelines, Adderall 15 mg #60 DND prescribed in November 15, 2014 is not medically necessary.

