

<b>Case Number:</b>	CM14-0021215		
<b>Date Assigned:</b>	05/07/2014	<b>Date of Injury:</b>	08/18/2000
<b>Decision Date:</b>	07/22/2014	<b>UR Denial Date:</b>	02/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/20/2014

### 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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 71-year-old male who has filed a claim for cervical sprain/strain and carpal tunnel syndrome associated with an industrial injury date of August 18, 2000. Review of progress notes indicates neck pain radiating to the upper extremities; mid back pain, more on the left; bilateral shoulder pain; headaches; bilateral hand numbness and tingling, anxiety, and difficulty sleeping. Findings include decreased cervical range of motion, mildly positive Spurling's test on the right, and tenderness over the thoracic spines. Treatment to date has included opioids, sedatives, home exercises, carpal tunnel releases, and cervical spinal surgery. Utilization review from February 03, 2014 modified certification for Norco 10/325mg for #60 and Nucynta 50mg for #20 as there was no documentation of objective improvement, and guideline does not support use of two short-acting opioid medications; Restoril for #10, Xanax, and Soma for #30 as these medications are not recommended for long-term use, and thus weaning was initiated.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CONTINUE INTERMEZZO 3.5:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Ambien (Zolpidem Tartrate).

**Decision rationale:** The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, ODG was used instead. According to ODG, zolpidem is approved for the short-term (usually two to six weeks) treatment of insomnia. 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. Patient has been on this medication since at least October 2013. There is no documentation regarding symptomatic improvement or objective functional benefits derived from this medication. Therefore, the request for MEDS X 1: CONTINUE INTERMEZZO 3.5 is not medically necessary.

**CONTINUE NUCYNTA 50MG 1-2 TAB TID X 60:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, Tapentadol (Nucynta).

**Decision rationale:** The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, ODG was used instead. California MTUS does not address this topic. ODG states that tapentadol is recommended as a second line therapy for patients who develop intolerable adverse effects with first-line opioids. Patient has been on this medication since at least October 2013. There is no documentation regarding symptomatic improvement or objective functional benefits derived from this medication, or of periodic urine drug screens to monitor medication use. Therefore, the request for MEDS X 5: CONTINUE NUCYNTA 50MG 1-2 TAB TID X 60 is not medically necessary.

**NORCO 10/325MG 1 TAB QID PRN X 120;:** 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): 78-82.

**Decision rationale:** As noted on page 78-82 of the CA MTUS Chronic Pain Medical Treatment Guidelines, there is no support for ongoing opioid treatment unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Patient has been on this medication since at least October 2013. There is no documentation regarding symptomatic improvement or objective functional benefits derived from this

medication, or of periodic urine drug screens to monitor medication use. Therefore, the request for Norco 10/325mg #120 was not medically necessary.

**SOMA 350MG 1TAB BID PRN;: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma) and Muscle Relaxants Page(s): 29,65.

**Decision rationale:** Pages 29 and 65 of CA MTUS Chronic Pain Medical Treatment Guidelines state that Soma is not recommended. It is not recommended for use longer than 2-3 weeks. Carisoprodol is metabolized to meprobamate an anxiolytic that is a schedule IV controlled substance. Patient has been on this medication since at least October 2013. There is no documentation regarding muscle spasms or acute exacerbation of pain. Also, this medication is not recommended for long-term use, and the requested quantity is not specified. Therefore, the request for Soma 350mg 1 tab BID PRN was not medically necessary.

**XANAX 0.5MG BID PRN;: Upheld**

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

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

**Decision rationale:** As noted on page 24 of the CA MTUS Chronic Pain Medical Treatment Guidelines, benzodiazepines are 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. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. Patient has been on this medication since at least October 2013. This medication is not recommended for long-term use. The requested quantity is not specified. Therefore, the request for Xanax 0.5mg BID PRN was not medically necessary.

**RESTORIL 1.5MG QHS: Upheld**

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

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

**Decision rationale:** As noted on page 24 of the CA MTUS Chronic Pain Medical Treatment Guidelines, benzodiazepines are 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. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. Patient has been on this medication since at least October 2013. This medication is not recommended for long-term use. The requested quantity is not specified. Therefore, the request for Restoril 1.5mg QHS was not medically necessary.