

<b>Case Number:</b>	CM14-0032932		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	08/22/2006
<b>Decision Date:</b>	07/21/2014	<b>UR Denial Date:</b>	02/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/14/2014

### 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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 51-year-old patient who sustained a work related injury on August 22, 2006. Subsequently, the patient developed chronic low back pain. The records indicate that the patient did have a lumbar fusion on April 1, 2009, but no operative report is available for review. On a progress report dated October 4, 2010 the patient was noted to be scheduled for surgical intervention on October 16, 2010. In a follow-up note dated December 23, 2013 the patient was reported to complain of persistent lumbar sacral pain especially over the right S1 joint radiating down the right lower extremity with numbness and tingling. Physical examination included: lumbar spine well healed incision; decreased range of motion to the lumbar spine; positive tenderness right S1 joint; positive Fabre test; and positive Patrick's test. The diagnoses included herniated disc lumbar spine; lumbosacral spine pain; and spinal stenosis. According to the follow-up report dated January 24, 2014 the patient reported right leg buckling intermittently. The patient's L/S braces no longer keeping its form. The treatment plan included: topical analgesics, lumbar spine orthosis, chiropractic therapy, physical therapy, acupuncture, ortho stimulation interferential unit, moist heat pads, and pain medications. The provider requested authorization to use Fexmid, Norco, and Paxil. Norco was prescribed for at least 3 years for back pain control and Fexmid was oescribes at least since 2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Fexmid 7.5 mg, quantity 120: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) and Muscle Relaxants (For Pain). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Pain Chapter, Muscle relaxants (for pain).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 41.

**Decision rationale:** According to MTUS Chronic Pain Medical Treatment Guidelines, a non-sedating muscle relaxant is recommended with caution as a second line option for short-term treatment of acute exacerbations in patients with chronic lumbosacral pain. Efficacy appears to diminish over time and prolonged use may cause dependence. In this case, the patient does not have clear evidence of acute exacerbation of chronic back pain and spasm and the prolonged use of Fexmid 7.5mg is not justified. Fexmid was prescribed at least since 2013 for pain management. Evidence-based guidelines do not recommend its use for more than 2-3 weeks. Therefore, the request for Fexmid 7.5 mg, quantity 120 is not medically necessary and appropriate.

**Norco 10/325 mg, QTY: 120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-48, Chronic Pain Treatment Guidelines NSAIDs (Non-Steroidal Anti-Inflammatory Drugs) and Opioids Page(s): 22, 67-68 and 80-82. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Pain Chapter.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines < Criteria for use of opioids Page(s): 76-79.

**Decision rationale:** According to MTUS guidelines, Norco (Hydrocodone/Acetaminophen) is a synthetic opioid indicated for the pain management but not recommended as a first-line oral analgesic. In addition and according to MTUS guidelines, "ongoing use of opioids should follow specific rules: (a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy. (b) The lowest possible dose should be prescribed to improve pain and function. (c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework." According to

the patient file, he continued to have severe pain despite the use of opioids. There is no objective documentation of pain and functional improvement to justify continuous use of high narcotics dose in this patient. There is no recent evidence of objective monitoring of compliance of the patient with his medications. Therefore, the request for Norco 10/325 mg #120 is not medically necessary and appropriate.

**Paxil 20 mg, quantity 60:** 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 SSRIs (selective serotonin reuptake inhibitors) Page(s): 107.

**Decision rationale:** According to MTUS guidelines, Paxil, a selective serotonin reuptake inhibitor is not recommended for chronic pain syndrome including chronic back pain: (SSRIs (selective serotonin reuptake inhibitors). Not recommended as a treatment for chronic pain, but SSRIs may have a role in treating secondary depression. Selective serotonin reuptake inhibitors (SSRIs), a class of antidepressants that inhibit serotonin reuptake without action on noradrenaline, are controversial based on controlled trials. It has been suggested that the main role of SSRIs may be in addressing psychological symptoms associated with chronic pain. More information is needed regarding the role of SSRIs and pain. SSRIs have not been shown to be effective for low back pain). In this case, there is no recent documentation that the patient is suffering from a depression secondary to his pain syndrome. There is no formal psychiatric evaluation supporting the continuous use of Paxil. Additionally, there is no continuous documentation for the efficacy of the drug. Furthermore, there is no objective documentation to justify continuous use of Paxil. Therefore, the request for Paxil 20mg #60 is not medically necessary and appropriate.