

<b>Case Number:</b>	CM14-0033115		
<b>Date Assigned:</b>	06/23/2014	<b>Date of Injury:</b>	05/20/2010
<b>Decision Date:</b>	07/24/2014	<b>UR Denial Date:</b>	03/11/2014
<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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 is a 50-year-old female who reported an injury on 05/20/2010. The mechanism of injury was not provided for clinical review. The diagnoses include chronic low back and bilateral leg pain, chronic medication dependence, reactive depression to chronic pain impairment of physical activity. Previous treatments include surgery, medications, nerve conduction study, and EMG studies. The medication regimen includes OxyContin, Neurontin, Soma, Cymbalta, Norco, and Ambien. Within the clinical note dated 04/01/2014, the injured worker complained of chronic back and bilateral leg pain. She reported with prolonged laying or sitting her legs began to shake uncomfortably when trying to get up and move. The injured worker reports utilizing a walker. Upon physical examination the provider noted the injured worker had mild edema on both lower extremities. The provider noted that he did not observe any shakiness or trembling at the time. The provider indicated there was no tenderness over the hardware itself. The provider requested Zolpidem, Norco, OxyContin, Neurontin, and Soma; however, a rationale was not provided for clinical review. The Request for Authorization was submitted and dated on 02/13/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Zolpidem ER 12.5 mg Quantity 30 with 2 refills: 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), Pain Chapter.

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

**Decision rationale:** The request for the prescription of Zolpidem ER 12.5 mg quantity 30 with 2 refills is non-certified. The injured worker complained of back and bilateral leg pain. She reported after prolonged sitting or laying her legs will shake uncontrollably when she tries to get up and move. The Official Disability Guidelines note Zolpidem is a prescription short acting non-benzodiazepine hypnotic which was approved for short term use, usually 2 to 6 weeks for the treatment of insomnia. Guidelines note proper sleep hygiene is critical to the individual with chronic pain and often is hard to obtain. Various medications may provide short term benefit while sleeping pills, so called minor tranquilizers and antianxiety agents are commonly prescribed in chronic pain, pain specialists rarely if ever recommend them for long term use. The guidelines note that there is a concern that they may increase pain and depression over long term. There is a lack of documentation indicating the injured worker to be diagnosed or treated for insomnia. The documentation submitted failed to provide the efficacy of the medication as evidenced by significant functional improvement. The request submitted failed to provide the frequency of the medication. Additionally, the injured worker had been utilizing the medication since at least 12/2013 which exceeds the guidelines recommendations for 2 to 6 weeks. Therefore, the request for 1 prescription of Zolpidem ER 12.5 mg quantity 30 with 2 refills is not medically necessary.

**Norco 10/325 mg Quantity 120 with 3 refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, On-Going Management Page(s): 78.

**Decision rationale:** The request for 1 prescription of Norco 10/325 quantity 120 with 3 refills is non-certified. The injured worker complained of back and bilateral leg pain. She reported after prolonged sitting or laying her legs will shake uncontrollably when she tries to get up and move. The California MTUS Guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines note that a pain assessment should include current pain, the least reported pain over the period since last assessment, average pain, and intensity of the pain after taking the opiate and how long pain relief lasts. The guidelines recommend the use of the urine drug screen for inpatient treatment with issues of abuse, addiction, or poor pain control. The provider did not document an adequate and complete pain assessment within the documentation. There is a lack of documentation indicating the medication had been providing objective functional benefit and improvement. The request submitted failed to provide the frequency of the medication. Additionally, the use of

urine drug screen was not provided in the documentation submitted. Therefore, the request for 1 prescription of Norco 10/325 quantity 120 with 3 refills is not medically necessary.

**Oxycontin 20 mg Quantity One:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, On-Going Management Page(s): 78.

**Decision rationale:** The prescription of OxyContin 20 mg quantity 1 is non-certified. The injured worker complained of back and bilateral leg pain. She reported after prolonged sitting or laying her legs will shake uncontrollably when she tries to get up and move. The California MTUS Guidelines recommend ongoing review documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines note that a pain assessment should include current pain, the least reported pain over the period since last assessment, average pain, and intensity of the pain after taking the opiate and how long pain relief lasts. The guidelines recommend the use of the urine drug screen for inpatient treatment with issues of abuse, addiction, or poor pain control. The provider failed to document an adequate and complete pain assessment within the documentation. There is a lack of documentation indicating the medication had been providing objective functional benefit and improvement. Additionally, the use of urine drug screen was not provided in the documentation submitted. The request submitted failed to provide the frequency of the medication. The injured worker had been utilizing the medication since at least 12/2013. Therefore, the request for 1 prescription of OxyContin 20 mg quantity 1 is not medically necessary.

**Neurontin 300 mg Quantity One:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guideline, Antiepilepsy drugs (AEDs)s Page(s): 16, 18.

**Decision rationale:** The request for 1 prescription of Neurontin 300 mg quantity 1 is non-certified. The injured worker complained of back and bilateral leg pain. She reported after prolonged sitting or laying her legs will shake uncontrollably when she tries to get up and move. California MTUS Guidelines recommend gabapentin for neuropathic pain. The guidelines note that relief of pain with the use of medications is generally temporary and measures the lasting benefit from the modality should include evaluating the effect of the pain in relationship to improvements in function and increased activity. The guidelines note gabapentin has been shown effective for treatments of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first line treatment for neuropathic pain. There was a lack of documentation indicating the injured worker to have neuropathy with signs and symptoms of muscle weakness or illness. The clinical documentation submitted failed to provide the efficacy of the medication

as evidenced by significant functional improvement. The request submitted did not specify a frequency of the medication. The injured worker had been utilizing the medication since 12/2013. There was a lack of documentation warranting the medical necessity for the requested medication. Therefore, the request for 1 prescription of Neurontin 300 mg quantity 1 is not medically necessary.

**Soma 350 mg Quantity One:** 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:** The request for Soma 350 mg quantity 1 is non-certified. The injured worker complained of back and bilateral leg pain. She reported after prolonged sitting or laying her legs will shake uncontrollably when she tries to get up and move. California MTUS recommend non-sedating muscle relaxants with caution as a second line option for short term treatment of acute exacerbation in patients with chronic low back pain. The guidelines note the medication is not recommended to be used for longer than 2 to 3 weeks. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility; however, in most low back pain cases they show no benefits beyond NSAIDs in pain and overall improvement. Also, there is no additional benefit shown in combination with NSAIDs. The efficacy appears to diminish over time and prolonged use of a medication in this class may lead to dependence. There is a lack of objective findings indicating the injured worker had muscle spasms. The injured worker had been utilizing the medication for an extended period of time since at least 12/2013, which exceeds the guideline recommendations of short term use. The request submitted failed to provide the frequency of the medication. The documentation submitted failed to indicate the efficacy of the medication as evidenced by significant functional improvement. Therefore, the request for Soma 350 mg quantity 1 is not medically necessary.