

<b>Case Number:</b>	CM14-0042425		
<b>Date Assigned:</b>	06/30/2014	<b>Date of Injury:</b>	05/17/2005
<b>Decision Date:</b>	09/19/2014	<b>UR Denial Date:</b>	04/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/09/2014

### 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 & 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 47-year-old female who reported an injury on 05/17/2005. The mechanism of injury was not provided within the medical records. The clinical note dated 06/06/2014 indicated diagnoses of chronic pain, degenerative disc disease of the lumbar spine, left shoulder strain with impingement, and ruptured disc at L2-3, L4-5, and L5-S1. The injured worker reported she received a left lumbar epidural injection at L5-S1 dated 05/27/2014, with no benefit. The injured worker reported low back pain rated 8/10. The injured worker reported the pain radiated to both her legs, left greater than right, and she reported trouble sleeping. On physical examination of the thoracolumbar spine there was tenderness to the paraspinals bilaterally, and on exam of the lumbar spine range of motion was limited. The injured worker's straight leg raise was positive on the left side. The injured worker's detailed sensory exam of the lower extremity was normal except for the left leg and foot. The injured worker's motor strength was 4 for the tibialis anterior and peroneal. The injured worker's prior treatments included diagnostic imaging, epidural steroid injections, physical therapy, and medication management. The injured worker's medication regimen included Xanax, naproxen, and Lunesta. The provider submitted a request for medications. A request for authorization was not submitted for review to include the date the treatment was requested.

### IMR ISSUES, DECISIONS AND RATIONALES

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

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

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 91.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list, Opioids, criteria for use Page(s): 91, 78.

**Decision rationale:** The request for Norco 10/325 mg #120 is not medically necessary. The California MTUS guidelines state that Norco/ hydrocodone/acetaminophen are a short-acting opioid, which is an effective method in controlling chronic, intermittent or breakthrough pain. The guidelines recognize four domains that 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. It was not indicated if the injured worker was still utilizing this medication or if this was a new request. There is a lack of significant evidence of an objective assessment of the injured worker's pain level, functional status, and evaluation of risk for aberrant drug use, behaviors, and side effects. Additionally, it was not indicated if the injured worker has a signed pain contract. Furthermore, the request does not indicate a frequency for this medication. Therefore, the request is not medically necessary.

**Xanax 0.5 mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 23.

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

**Decision rationale:** The request for Xanax 0.5 mg #30 is not medically necessary. The Official Disability Guidelines do not recommend benzodiazepines for long-term use because long-term efficacy is unproven and there is a risk of psychological and physical dependence or frank addiction. Most guidelines limit use to 4 weeks. Benzodiazepines are a major cause of overdose, particularly as they act synergistically with other drugs such as opioids (mixed overdoses are often a cause of fatalities). There is a lack of documentation of efficacy and functional improvement with the use of this medication. Additionally, it was not indicated how long the injured worker had been utilizing this medication. Xanax is for short-term use. The injured worker has been prescribed this medication since at least 05/2014. This exceeds the guidelines' recommendations on short-term use. Moreover, the request does not indicate a frequency for this medication. Therefore, the request is not medically necessary.

**Naproxen 550 mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 47.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Page(s): 22.

**Decision rationale:** The request for Naproxen 550 mg #60 is not medically necessary. The CA MTUS guidelines recognize anti-inflammatories as the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. It is not indicated if the injured worker is still utilizing this medication. In addition, the request does not indicate a frequency for this medication. Therefore, the request is not medically necessary.

**Lunesta 3 mg #30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, formulary.

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

**Decision rationale:** The request for Lunesta 3 mg #30 is not medically necessary. The Official Disability Guidelines recognize Eszopicolone (Lunesta) has demonstrated reduced sleep latency and sleep maintenance. There was a lack of documentation of efficacy and functional improvement with the use of this medication. In addition, Lunesta is for short-term use. The injured worker has been utilizing Lunesta since at least 06/2014. This exceeds the guidelines' recommendations for short-term use. Moreover, the request does not indicate a frequency for this medication. Therefore, the request for Lunesta is not medically necessary.

**Burtrans patch 20 MEQ #4:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 27-28.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Buprenorphine Page(s): 27.

**Decision rationale:** The request for Butrans patch 20 MEQ #4 is not medically necessary. The California Chronic Pain Medical Treatment Guidelines state Butrans patch is recommended for treatment of opiate addiction. Also recommended as an option for chronic pain, especially after detoxification in patients who have a history of opiate addiction. The documentation provided did not indicate the injured worker displayed any aberrant behavior, drug-seeking behavior, or whether the injured worker was suspected of illegal drug use. In addition, the request did not indicate a frequency for the Butrans patch. Therefore, the request for Butrans patch is not medically necessary.

**Prilosec 20 mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68.

**Decision rationale:** The request for Prilosec 20 mg #60 is not medically necessary. The CA MTUS guidelines recommend the use of proton pump inhibitors if there is a history of gastrointestinal bleeding or perforations, a prescribed high dose of NSAIDs and a history of peptic ulcers. There is also a risk with long-term utilization of PPI (> 1 year) which has been shown to increase the risk of hip fracture. The documentation submitted did not indicate the injured worker had findings that would suggest she was at risk factors or gastrointestinal bleeding, perforations, or peptic ulcers. In addition, the injured worker's medical records submitted did not indicate she was on any NSAIDs. Moreover, the request did not indicate a frequency. Therefore, the request is not medically necessary.