

<b>Case Number:</b>	CM14-0044861		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	07/31/1997
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	03/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/13/2014

### 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 48-year-old female who reported injury on 07/31/1997 due to pushing a trolley full of heavy jacks causing injury. The injured worker has diagnoses of failed back therapy syndrome and chronic low back pain with radiculopathy. The injured worker's past medical treatment includes therapy and medication therapy. There were no diagnostics submitted in the report, the injured worker complained of low back and bilateral leg pain. The injured worker rated her pain at a 4/10 with medications and 5/10 to 6/10 without medications. Physical examination dated 01/13/2014 revealed that the injured worker had tenderness to palpation in the L4-5 region with muscle spasms. The injured worker showed good range of motion of the lumbar spine. Lumbar myotomes exam in the sitting position revealed strength of 4/5 bilaterally. The report submitted lacked any evidence of range of motion. The injured worker's medications include Norco 10/325 one tablet 4 times a day, MS Contin 30 mg 1 tablet 2 times a day, Clinoril 150 mg 1 tablet 2 times a day and Metaxalone 800 mg 3 times a day. The injured worker reported no side effects with the medications. The treatment plan is to continue with the MS Contin 30 mg, Clinoril 150 mg, Metaxalone 800 mg and Norco 10/325. The rationale was not submitted for review. The Request for Authorization form was submitted on 02/11/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MSContin 30mg #60, one tablet by mouth twice a day: 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 Opioids (Morphine sulfate, MS Contin) Page(s): 78, 93.

**Decision rationale:** The request Ms Contin 30mg #60, one tablet by mouth twice a day is not medically necessary. The injured worker complained of low back and bilateral leg pain. The injured worker rated her pain at a 4/10 with medications and 5/10 to 6/10 without medications. The California Medical Treatment Utilization Schedule (MTUS) Guideline, states there is to be 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. There should also be the use of drug screening or inpatient treatment with issues of abuse, addiction, or poor pain control. The submitted report lacked any evidence as to how long the medication had worked for the injured worker and if it helped with any functional deficits. The submitted report revealed that the injured worker had been on MS Contin since at least 12/09/2013. The MTUS guidelines also state that there is to be the use of drug screening or inpatient treatment with issues of abuse, addiction or poor pain control. There were no drug screens submitted for review. Furthermore, there are virtually no studies of opioids for treatment for chronic low back pain with a result in neuropathy. Given that the request did not specify duration and the request is not within MTUS Guidelines, the request for MS Contin 30 mg #60, 1 tablet by mouth 2 times a day is not medically necessary.

**Clinoril 150mg #60 one tablet by mouth twice a day: 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 NSAIDs (non-steroidal anti-inflammatory drugs) Clinoril Page(s): 67.

**Decision rationale:** The request for Clinoril 150mg #60 one tablet by mouth twice a day is not medically necessary. The injured worker complained of low back and bilateral leg pain. The injured worker rated her pain at a 4/10 with medications and 5/10 to 6/10 without medications. The California MTUS guidelines indicate that Clinoril is a non-steroidal anti-inflammatory drug (NSAID) recommended at the lowest dose for the shortest period in patients with moderate to severe pain. There is no evidence of long-term effectiveness for pain or function. As the guidelines state Clinoril is recommended for the relief of moderate to severe pain, it also states that it is recommended at its lowest effective dose and in its shortest duration of time. Submitted reports dated back to 12/09/2013 show that the injured worker was taking Clinoril. Long term use of Clinoril has them at high risk for developing NSAID induced gastric or duodenal ulcers. Furthermore, duration was not submitted in the request. The efficacy was also not provided in

the submitted report to support continuation of the medication. The request for Clinoril 150 mg #60 one tablet by mouth 2 times a day is not medically necessary.

**Metaxalone 800mg #100, one tablet by mouth three times a day: 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 Muscle relaxants (for pain) Page(s): 63-65.

**Decision rationale:** The request for Metaxalone 800mg #100, one tablet by mouth three times a day is not medically necessary. The injured worker complained of low back and bilateral leg pain. The injured worker rated her pain at a 4/10 with medications and 5/10 to 6/10 without medications. The California Medical Treatment Utilization Schedule (MTUS) guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic lower back pain. However, in lower back pain cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Metaxalone is reported to be relatively non-sedating muscle relaxant. Side Effects: Dizziness and drowsiness, although less than that compared to other skeletal muscle relaxants. Other side effects include headache, nervousness, nausea, vomiting, and GI upset. A hypersensitivity reaction (rash) has been reported. Use with caution in patients with renal and/or hepatic failure. Dosing: 800 mg three to four times a day. The guidelines stipulate that Metaxalone is a second line option for short term treatment. First line treatments include some type of NSAID. The submitted report dated 12/09/2013 revealed that the injured worker had been taking Metaxalone since at least this time. There was also no documentation showing that the medication the injured worker had been taking was effective or ineffective up until this point. There were no urinalyses submitted for review showing that the injured worker was in compliance with the MTUS Guidelines. Furthermore, the efficacy of Metaxalone appears to be questionable. The request for Metaxalone 800 mg #100 one tablet 3 times a day is not medically necessary.

**Norco 10/325 #120, one tablet by mouth 4 times a day: 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 Norco; On-Going Management; Opioids for chronic pain Page(s): 75, 78, 80.

**Decision rationale:** The request for Norco 10/325 #120, one tablet by mouth 4 times a day is not medically necessary. The injured worker complained of low back and bilateral leg pain. The injured worker rated her pain at a 4/10 with medications and 5/10 to 6/10 without medications. The California Medical Treatment Utilization Schedule (MTUS) guidelines state that opioids appear to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear

(>16 weeks), but also appears limited. Failure to respond to a time limited course of opioids has led to the suggestion of reassessment and consideration of alternative therapy. There is no evidence to recommend one opioid over another. For ongoing management, there should be documentation of the 4 A's including analgesia, activities of daily living, adverse side effects and aberrant drug taking behavior. California MTUS guidelines also indicate that the use of drug screening is for patients with documented issue of abuse, addiction, or poor pain control. MTUS guidelines also state that an 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. The documentation submitted for review indicated that the Norco 10/325 was helping the injured worker. However, there was no quantified information regarding pain relief. There was also no assessment regarding average pain, intensity of pain or longevity of pain relief. The submitted reports also lacked evidence of urine drug screens. In addition, the progress note dated 12/09/2013 revealed that the injured worker had been taking Norco since at least this time. The request for Norco 10/325 is not supported by the California MTUS. The request did not stipulate duration on Norco. The request for Norco 10/325 #120, 1 tablet by mouth 4 times a day is not medically necessary.