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| <b>Case Number:</b>   | CM14-0053684 |                              |            |
| <b>Date Assigned:</b> | 07/11/2014   | <b>Date of Injury:</b>       | 10/31/2003 |
| <b>Decision Date:</b> | 09/11/2014   | <b>UR Denial Date:</b>       | 04/11/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 04/22/2014 |

### 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 and is licensed to practice in California. 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:

This patient sustained an injury on 10/31/2003 while employed by [REDACTED]. Request(s) under consideration include Norco 10/325mg #180, Skelaxin 800mg #30, and Naprosyn 500mg #60. Diagnoses include Knee Enthesopathy; lumbosacral radiculopathy; depression due to chronic pain. Report of 3/18/14 from the provider noted the patient treating for ongoing chronic low back pain radiating to the lower extremities rated at 2-5/10 on VAS; weakness; non-restful sleep; hip pain worsened, but report injection last month helped greatly. There is report efficacy with use of Oxycontin. Conservative care to include previous lumbar epidural steroid injections provided temporary relief; massage; medications; physical therapy; heat; and modified activities/rest; chiropractic manipulation experience no relief. No specific neurological or musculoskeletal exam documented; Assessment had LBP with right L4-5 radiculopathy; more pain to right buttocks and right leg. Treatment included refill Norco; neurontin; skelaxin; naproxen; TFB at right L4 and L5 helped by 85%. No work status identified. Request(s) for Norco 10/325mg #180, Skelaxin 800mg #30, and Naprosyn 500mg #60 were non-certified on 4/11/14 citing guidelines criteria and lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #180:** 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): 74-96.

**Decision rationale:** This patient sustained an injury on 10/31/2003 while employed by [REDACTED]. Request(s) under consideration include Norco 10/325mg #180, Skelaxin 800mg #30, and Naprosyn 500mg #60. Diagnoses include Knee Enthesopathy; lumbosacral radiculopathy; depression due to chronic pain. Report of 3/18/14 from the provider noted the patient treating for ongoing chronic low back pain radiating to the lower extremities rated at 2-5/10 on VAS; weakness; non-restful sleep; hip pain worsened, but report injection last month helped greatly. There is report efficacy with use of Oxycontin. Conservative care to include previous lumbar epidural steroid injections provided temporary relief; massage; medications; physical therapy; heat; and modified activities/rest; chiropractic manipulation experience no relief. No specific neurological or musculoskeletal exam documented; Assessment had LBP with right L4-5 radiculopathy; more pain to right buttocks and right leg. Treatment included refill Norco; neurontin; skelaxin; naproxen; TFB at right L4 and L5 helped by 85%. No work status identified. Request(s) for Norco 10/325mg #180, Skelaxin 800mg #30, and Naprosyn 500mg #60 were non-certified on 4/11/14. Per the MTUS Guidelines cited, opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or change in work status. There is no evidence presented of random drug testing or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain. The Norco 10/325mg #180 is not medically necessary and appropriate.

**Skelaxin 800mg #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 128.

**Decision rationale:** This patient sustained an injury on 10/31/2003 while employed by [REDACTED]. Request(s) under consideration include Norco 10/325mg #180, Skelaxin 800mg #30, and Naprosyn 500mg #60. Diagnoses include Knee Enthesopathy; lumbosacral radiculopathy; depression due to chronic pain. Report of 3/18/14 from the provider noted the

patient treating for ongoing chronic low back pain radiating to the lower extremities rated at 2-5/10 on VAS; weakness; non-restful sleep; hip pain worsened, but report injection last month helped greatly. There is report efficacy with use of Oxycontin. Conservative care to include previous lumbar epidural steroid injections provided temporary relief; massage; medications; physical therapy; heat; and modified activities/rest; chiropractic manipulation experience no relief. No specific neurological or musculoskeletal exam documented; Assessment had LBP with right L4-5 radiculopathy; more pain to right buttocks and dright leg. Treatment included refill Norco; neurontin; skelaxin; napoxen; TFB at right L4 and L5 helped by 85%. No work status identified. Request(s) for Norco 10/325mg #180, Skelaxin 800mg #30, and Naprosyn 500mg #60 were non-certified on 4/11/14. Guidelines do not recommend long-term use of this muscle relaxant for this chronic injury of 2003. Additionally, the efficacy in clinical trials has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. Submitted reports have not adequately demonstrated the indication or medical need for this treatment and there is no report of significant clinical findings, acute flare-up or new injury to support for its long-term use. There is no report of functional improvement resulting from its previous treatment to support further use as the patient remains not working. The Skelaxin 800mg #30 is not medically necessary and appropriate.

**Naprosyn 500mg #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 NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 22.

**Decision rationale:** This patient sustained an injury on 10/31/2003 while employed by [REDACTED]. Request(s) under consideration include Norco 10/325mg #180, Skelaxin 800mg #30, and Naprosyn 500mg #60. Diagnoses include Knee Enthesopathy; lumbosacral radiculopathy; depression due to chronic pain. Report of 3/18/14 from the provider noted the patient treating for ongoing chronic low back pain radiating to the lower extremities rated at 2-5/10 on VAS; weakness; non-restful sleep; hip pain worsened, but report injection last month helped greatly. There is report efficacy with use of Oxycontin. Conservative care to include previous lumbar epidural steroid injections provided temporary relief; massage; medications; physical therapy; heat; and modified activities/rest; chiropractic manipulation experience no relief. No specific neurological or musculoskeletal exam documented; Assessment had LBP with right L4-5 radiculopathy; more pain to right buttocks and dright leg. Treatment included refill Norco; neurontin; skelaxin; napoxen; TFB at right L4 and L5 helped by 85%. No work status identified. Request(s) for Norco 10/325mg #180, Skelaxin 800mg #30, and Naprosyn 500mg #60 were non-certified on 4/11/14. Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. Monitoring of the NSAID's functional benefit is advised as long term use of NSAIDS beyond a few weeks may actually retard muscle and connective tissue healing. Available reports submitted have not adequately addressed the indication to continue this NSAID for this chronic injury nor its functional efficacy derived from treatment already rendered. There

is no report of acute flare or new injuries. NSAIDs is a second line medication after use of acetaminophen. The Naprosyn 500mg #60 is not medically necessary and appropriate.