

<b>Case Number:</b>	CM14-0067325		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	02/14/2009
<b>Decision Date:</b>	09/22/2014	<b>UR Denial Date:</b>	05/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/12/2014

### 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 Board Certified in Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 35 year old female who had a work related injury on 02/14/09, there was a large person getting out of a wheelchair, and had their legs collapse, and the injured worker partially caught him. She had to hold him for a period of time before additional help arrived. She has had ongoing problems both with the neck and back and had multiple surgeries since that time. The injured worker has undergone an ACDF at C5-6 and disc replacement at C6-7 in December of 2010. Lumbar fusion at L3-4 in June of 2011. Posterior spinal fusion at C5-6 in May of 2012. Revision fusion at L3-4 in September of 2012 anterior and posterior. The most recent medical record submitted for review is dated 05/19/14. The injured worker states that her pain without medication is at a 10/10. Her pain with medication is rated 9/10. The injured worker is in for follow up for medication management. Severity level is moderate to severe. The problem is fluctuating. It occurs persistently. Location of pain was in the upper back, middle back, lower back, gluteal area, arms, legs, neck, and thighs. Pain is radiating to the left ankle, right ankle, left arm, right arm, left calf, right calf, left foot, right foot, and left thigh and right thigh. She describes the pain as an ache, deep, discomforting, localized numbness which is shooting, stabbing, and throbbing. Aggravated by ascending stairs, bending, changing positions, coughing, daily activities. Defecation, extension, flexion, jumping, lifting, rolling over in bed, sitting, sneezing, standing, twisting, and walking. Her symptoms are alleviated by exercise, heat, ice, lying down, injections, massage, pain medications, drugs, stretching, and rest. With medication, the injured worker is able to do simple chores around the house, minimal activities outside of the home 2 days a week. Without medication the injured worker reports that she stays in bed all day, feels hopeless and helpless about life. Current medications Diclofenac Sodium, Gabapentin, Tizanidine, compounded medication, Kadian, Dilaudid, Fish Oil, Multi-Vitamin, Insulin, Insulin Aspart, Abilify, Klonopin, Cymbalta, Levothyroxine, Implanon, and Diflucan.

Physical examination findings height 5 foot tall, weight 145 lbs., BMI is 24.13. Cervical spine evaluation, tenderness to palpation in the paracervical, right shoulder, left shoulder. Normal sensation in the bilateral upper extremities. Active painful range of motion with limiting factors of pain. Decreased range of motion of the cervical spine. Arms are full range of motion bilaterally. Lumbar spine evaluation, gait antalgic, compensated, unstable. Severe lumbar and thoracic spasm. Tender to palpation spinous processes. Paraspinous, lumbar, gluteal, PSIS, sacrum, and SI joint. Active painful range of motion of the lumbar spine with limiting factors of pain. Flexion is severely restricted, extension is severely restricted. Taut bands with twitch responses of the lumbar paraspinous muscles. Bilateral lower extremity strength is normal. Diagnoses degenerative disc disease of the lumbar spine. Post-laminectomy syndrome of the lumbar region. Myalgia and myositis, unspecified. COAT. Chronic pain due to trauma. Degenerative disc disease cervical spine. Spinal fusion. Cervical radiculopathy. The prior utilization on 05/05/14 the Kadian was modified as well as the lab work. The Dilaudid, Tizanidine, and Valium were not medically necessary.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Kadian 30mg QTY: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 Kadian (morphine sulfate) Page(s): 56.

**Decision rationale:** Current evidenced-based guidelines indicate patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. There is insufficient documentation regarding the functional benefits and functional improvement obtained with the continued use of narcotic medications. Documentation does not indicate a significant decrease in pain scores with the use of medications. Prior utilization review 05/05/14 was modified to initiate taper. Therefore medical necessity has not been established. However, these medications cannot be abruptly discontinued due to withdrawal symptoms, and medications should only be changed by the prescribing physician. Therefore, this request is not medically necessary.

**Dilaudid 8mg QTY:150:** 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 Page(s): 74-90.

**Decision rationale:** Current evidenced-based guidelines indicate patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to

warrant the continued use of narcotic medications. There is insufficient documentation regarding the functional benefits and functional improvement obtained with the continued use of narcotic medications. Documentation does not indicate a significant decrease in pain scores with the use of medications. Prior utilization review 05/05/14 was not medically necessary. Therefore medical necessity has not been established. However, these medications cannot be abruptly discontinued due to withdrawal symptoms, and medications should only be changed by the prescribing physician. Therefore, this request is not medically necessary.

**Tizanidine HCL 4mg QTY:90:** 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).

**Decision rationale:** As noted on page 63 of the Chronic Pain Medical Treatment Guidelines, muscle relaxants are recommended as a second-line option for short-term (less than two weeks) treatment of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Studies have shown that the efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Based on the clinical documentation, the injured worker has exceeded the 2-4 week window for acute management also indicating a lack of efficacy if being utilized for chronic flare-ups. Prior utilization review was not medically necessary. Therefore, this request is not medically necessary.

**valium 5mg QTY 15:** 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 Benzodiazepines Page(s): 24.

**Decision rationale:** As noted on page 24 of the Chronic Pain Medical Treatment Guidelines, benzodiazepines are not recommended for long-term use due to lack of proven efficacy with prolonged use and the risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. The injured worker has exceeded the 4 week treatment window. As such, the request for this medication cannot be recommended at this time. Therefore, this request is not medically necessary.

**Lab work for detection of Diazepam and Metabolite- Serum,EIA9, Amitriptyline, Clonazepam, Morphine free unconjugated, Gabapentin, Hydromorphone Serum, TSH,CBC, Chem19, GGT and complete urinalysis drug test: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43.

**Decision rationale:** As noted on page 43 of the Chronic Pain Medical Treatment Guidelines drug testing is recommended as an option. It is noted that using a urine drug screen to assess for the use or the presence of illegal drugs is an option. Urine drug screens are recommended as a tool to monitor compliance with prescribed substances, identify use of undisclosed substances, and uncover diversion of prescribed substances. The test should be used in conjunction with other clinical information when decisions are to be made to continue, adjust or discontinue treatment. Patients at "low risk" of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. Patients at "moderate risk" for addiction/aberrant behavior are recommended for point-of-contact screening 2 to 3 times a year with confirmatory testing for inappropriate or unexplained results. Patients at "high risk" of adverse outcomes may require testing as often as once per month. Clinical information submitted indicated previous UDS was performed in May of 2014. As such, the request for Lab work for detection of Diazepam and Metabolite- Serum,EIA9, Amitriptyline, Clonazepam, Morphine free unconjugated, Gabapentin, Hydromorphone Serum, TSH,CBC, Chem19, GGT and complete urinalysis drug test is not medically necessary.