

<b>Case Number:</b>	CM14-0068054		
<b>Date Assigned:</b>	07/14/2014	<b>Date of Injury:</b>	10/19/2000
<b>Decision Date:</b>	08/11/2014	<b>UR Denial Date:</b>	04/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/13/2014

### 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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Florida. 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 patient is a 45-year old male who was injured on 10/19/2000. The diagnoses are shoulder pain, cervicgia, brachial neuritis, status post cervical fusion, low back pain and headache. The past surgical history is significant for cervical spine laminectomy and fusion. The patient is awaiting approval for revision surgery and hardware removal of the cervical spine. There is associated diagnosis of insomnia. The patient had completed PT and home exercise programs. An MRI dated 1/14/2014 showed C6-C7 fusion with multilevel cervical spine stenosis and spondylosis. On 4/15/2014, [REDACTED] documented subjective complaints of increased headache, neck pain and clavicular pain. The pain score was 10/10 without medications but 7/10 with medication on a scale of 0 to 10. The was objective findings of positive Spurling's test, positive trigger points tenderness, decreased deep tendon reflexes and positive straight leg raising test. The medications are trazodone and Restoril for insomnia, OxyContin, Norco and gabapentin for pain. The UDS and CA CURES data was reported as consistent. A Utilization Review determination was rendered on 4/29/2014 recommending non certifications for Restoril 30mg #15, OxyContin 40mg #105 and Norco 10/325mg #45.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Restoril 30mg #15:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-9792.26 Page(s): 24,78. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Insomnia treatment.

**Decision rationale:** The CA MTUS and the ODG guidelines addressed the use of sedatives and hypnotics in the treatment of insomnia associated with chronic pain. It is recommended that the use of sleep medications be limited to less than 4-6 weeks because of the development of tolerance, dependency, habituation and adverse interaction with opioid medications. The use of medications in the treatment of insomnia should be a second-line option after institution of proper sleep hygiene measures and optimum control of pain. The record indicates that the patient is also utilizing trazodone in addition to Restoril for insomnia. The use of high dose medications with decreased observed effects is indicative of tolerance and treatment failure. There is need to re-evaluate the opioids and sedative utilization. The Restoril 30mg #15 is not medically necessary.

**Oxycontin 40mg #105:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, for chronic use.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-9792.26 Page(s): 74-96, 124.

**Decision rationale:** The CA MTUS addressed the use of opioids in the treatment of chronic musculoskeletal and neuropathic pain. Opioids could be utilized for short term treatment of acute pain and during periods of exacerbations of chronic pain that is non responsive to standard non opioid medications. Long term administration of high dose opioids may lead to development of tolerance, addiction and opioid induced hyperalgesia state. The records indicate that the patient is utilizing OxyContin 40mg with Norco 10/325mg but still complaining of pain scores of 7-10/10. The use of high dose opioids and multiple sedatives is associated with increased risk of adverse effects and medication complication. The MTUS guidelines recommend the involvement of Multidisciplinary chronic pain team, Addiction Specialist or in-patient detoxification for safe weaning of high dose narcotics. Therefore, Oxycontin 40mg #105 is not medically necessary.

**Noro 10/325mg #45:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, for chronic use.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-9792.26 Page(s): 74-96, 124.

**Decision rationale:** The CA MTUS addressed the use of opioids in the treatment of chronic musculoskeletal and neuropathic pain. Opioids could be utilized for short term treatment of acute pain and during periods of exacerbations of chronic pain that is non responsive to standard non

opioid medications. Long term administration of high dose opioids may lead to development of tolerance, addiction and opioid induced hyperalgesia state. The records indicate that the patient is utilizing OxyContin 40mg with Norco 10/325mg but still complaining of pain scores of 7-10/10. The use of high dose opioids and multiple sedatives is associated with increased risk of adverse effects and medication complications. Utilizing of Norco 10/325 could be beneficial pending the planned cervical spine revision surgery and re-evaluation of all opioid medications and sedatives. The MTUS guidelines recommend the involvement of Multidisciplinary chronic pain team, Addiction Specialist or in-patient detoxification for opioid rotation or safe weaning from high dose narcotics. Therefore, Noro 10/325mg #45 is medically necessary.