

<b>Case Number:</b>	CM14-0074160		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	09/12/2006
<b>Decision Date:</b>	09/23/2014	<b>UR Denial Date:</b>	05/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/21/2014

### 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 and is licensed to practice in Illinois. 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 28-year-old female with a reported date of injury on 09/12/2006. The mechanism of injury was not submitted within the medical records. Her diagnoses were noted to include failed back surgery syndrome, status post lumbar laminectomy at L5-S1, lumbar facet joint arthropathy, lumbar spine sprain/strain syndrome, and obesity. Her previous treatments were noted to include physical therapy, epidural injections, medications, and surgery. The progress note dated 06/23/2014 revealed complaints of ongoing pain and discomfort to the low back and lower extremities. The injured worker revealed the pain originated in her low back and traveled into her lower extremities. The injured worker stated her pain levels interfered with her general activities of daily living. The physical examination revealed pain with palpation 2+ bilaterally in the paraspinal muscles to the lumbar spine. There was pain, tenderness, and restricted range of motion with extension/rotation bilaterally. There were positive reflexes in the lower extremities bilaterally. The sciatic and femoral tension signs were positive. There was decreased sensation to light touch to the right lower extremity. The Request for Authorization form was not submitted within the medical records. The request was for Flexeril 5 mg #120, Ambien CR 12.5 mg #30, Prilosec 20 mg #60, Phenergan 25 mg #90, Ropinirole 1 mg #30, and facet joint injection L4-5 and L5-S1 levels bilaterally, Percocet 7.5/325 mg #120, and Ativan 1 mg #60. However, the provider's rationale was not submitted within the medical records.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flexeril 5mg #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 64.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

**Decision rationale:** The request for Flexeril 5 mg #120 is not medically necessary. The injured worker complains of low back pain that radiates to her lower extremities. The California Chronic Pain Medical Treatment Guidelines recommend non-sedating muscle relaxants with caution as a second line option for short term treatment of acute exacerbations in patients with chronic low back pain. Muscle relaxants may be effective in reducing pain and muscle tension and increasing mobility. However, in most low back pain cases, they show no benefit beyond NSAIDs in pain and overall improvement. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. The injured worker has been utilizing this medication since at least 11/2013. There is a lack of documentation regarding muscle spasms to warrant a muscle relaxant. Additionally, the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request is not medically necessary.

**Ambien CR 12.5 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 (ODG), Treatment Index, 12th Edition (web), 2014, Pain, Insomnia treatment/Ambien.

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

**Decision rationale:** The request for Ambien CR 12.5 mg #30 is not medically necessary. The injured worker complained of sleep problems. The Official Disability Guidelines state Zolpidem is a prescription short acting nonbenzodiazepine hypnotic, which is approved for the short term (usually 2 to 6 weeks) treatment of insomnia. Proper sleep hygiene is critical to the individual with chronic pain and often is hard to obtain. Most sleeping pills, so called minor tranquilizers and anti-anxiety agents are commonly prescribed in chronic pain. Pain specialists rarely ever recommend them for long term use. They may be habit forming, and they may impair function and memory more than opioid pain relievers. There is also concern that they may increase pain and depression. There is a lack of documentation regarding sleep efficacy with utilization of this medication. The guidelines recommend 2 to 6 weeks utilization of this medication, and the injured worker has been taking this medication since at least 12/2013. Additionally, the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request is not medically necessary.

**Prilosec 20 mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
Page(s): 68.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs  
Page(s): 68.

**Decision rationale:** The request for Prilosec 20 mg #60 is not medically necessary. The injured worker has been utilizing this medication since at least 12/2013. The California Chronic Pain Medical Treatment Guidelines state physicians should determine if the patient is at risk for gastrointestinal events such as age greater than 65 years, history of peptic ulcer, gastrointestinal bleeding or perforation, concurrent use of aspirin, corticosteroids, and/or anticoagulant, or high dose/multiple NSAIDs. There is a lack of documentation regarding the injured worker taking NSAIDs to utilize this medication. There is a lack of documentation regarding efficacy of this medication. Additionally, the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request is not medically necessary.

**Phenergan 25mg #90:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Physicians' Desk Reference (PDR), 67th Edition, 2013.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pain, Anti-emetics.

**Decision rationale:** The request for Phenergan 25 mg #90 is not medically necessary. The injured worker complained of low back pain. The Official Disability Guidelines do not recommend antiemetics for nausea and vomiting secondary to chronic opioid use. The guidelines recommend antiemetics for sedative and antiemetic and preoperative and postoperative situations. Multiple central nervous system effects are noted with use of Phenergan including somnolence, confusion, and sedation. Tardive dyskinesia is also associated with use. This is characterized by involuntary movements of the tongue, mouth, jaw, and/or face. Nausea and vomiting is common with these opioids. The side effects tend to diminish over days to weeks of continued exposure. If nausea and vomiting remains prolonged, other etiologies of these symptoms should be evaluated for. There is lack of documentation regarding nausea and vomiting to warrant Phenergan. The guidelines do not recommend antiemetics for chronic opioid use. Additionally, the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request is not medically necessary.

**Ropinirole 1 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 (ODG), Treatment Index, 12th Edition (web), 2014, Pain/Knee/Leg, Restless leg syndrome.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg, Restless leg syndrome.

**Decision rationale:** The request for Ropinirole 1 mg #30 is not medically necessary. The injured worker complained of low back pain that radiated into her bilateral lower extremities. The Official Disability Guidelines state Ropinirole is utilized for restless leg syndrome on an as needed basis. The guidelines state these drugs are not considered first line treatment and should be reserved for patients who have been unresponsive to other treatment. Adverse effects include sleepiness, nausea, dizziness, fatigue, insomnia, hallucinations, constipation, and peripheral edema. There is a lack of documentation regarding restless leg syndrome to warrant Ropinirole. Additionally, the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request is not medically necessary.

**Facet joint injection-L4-5 and L5-S1 levels bilaterally:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 12th Edition (web), 2014, Low Back, Facet Injections.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Facet Joint Diagnostic Blocks.

**Decision rationale:** The request for a facet joint injection to the L4-5 and L5-S1 levels bilaterally is not medically necessary. The injured worker complained of low back pain that radiated to her bilateral lower extremities. The Official Disability Guidelines recommend no more than 1 set of medial branch diagnostic blocks prior to facet neurotomy, if neurotomy is chosen as option for treatment. Diagnostic blocks may be performed with the anticipation that if successful, treatment may proceed to facet neurotomy at the diagnosed levels. The guidelines criteria for the use of diagnostic blocks for facet mediated pain is clinical presentation should be consistent with facet signs and symptoms such as tenderness to palpation in the paravertebral areas over the facet region and normal sensory examination, absence of radicular findings, and a normal straight leg raise exam. 1 set of diagnostic medial branch blocks is required with a response of greater than 70%. The facet medial diagnostic block injections are limited to patients with low back pain that is nonradicular and no more than 2 levels bilaterally. There must be documentation of failure of conservative treatment (including home exercises, physical therapy, and NSAIDs) prior to the procedure for at least 4 to 6 weeks. No more than 2 facet joint levels are injected at 1 session. The documentation provided indicated there was decreased sensation to the right lower extremity, and the injured worker complained of radiating pain. There is a lack of documentation regarding lumbar facet loading or facet-mediated pain symptoms, and the injured worker complained of radiating pain. Therefore, the request is not medically necessary.

**Percocet 7.5/325 mg #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines When to continue Opioids Page(s): 78-80.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-going Management Page(s): 78.

**Decision rationale:** The request for Percocet 7.5/325 mg #120 is non-certified. The injured worker has been utilizing this medication since at least 12/2013. According to the California Chronic Pain Medical Treatment Guidelines, the ongoing use of opioid medications may be supported with detailed documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines also state the 4 A's for ongoing monitoring--including analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors--should be addressed. There is lack of evidence of a decreased pain on a numerical scale for these medications. There is a lack of improved functional status in regards to activities of daily living with the use of medications. There is a lack of documentation regarding side effects and whether the injured worker has had consistent urine drug screens and when the last test was performed. Additionally, the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request is not medically necessary.

**Ativan 1 mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

**Decision rationale:** The request for Ativan 1 mg #60 is not medically necessary. The injured worker complained of low back pain that radiated to her bilateral lower extremities. The California Chronic Pain Medical Treatment Guidelines do not recommend the use of benzodiazepines as treatment for patients with chronic pain for longer than 3 weeks due to a high risk of psychological and physiological dependency. The clinical documentation for review does provide evidence that the injured worker has been on this medication for an extended period of time. Therefore, continued use would not be supported. As such, the request is not medically necessary.