

<b>Case Number:</b>	CM14-0075711		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	03/09/2011
<b>Decision Date:</b>	08/14/2014	<b>UR Denial Date:</b>	04/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/23/2014

### 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 & Rehab, has a subspecialty in Interventional Spine 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:

The patient is a 45-year-old female with a date of injury of 03/09/2011. The listed diagnoses per [REDACTED] are: 1. Lumbar IVD syndrome. 2. GI issues. 3. Insomnia. 4. Constipation. According to progress report 04/23/2014, the patient presents with low back pain. The patient also has GI issues and complaints of constipation and insomnia. Report 04/02/2014 indicates the patient has thoracolumbar paravertebral muscle spasm bilaterally, decreased range of motion of the lumbar spine and a positive Bragard's on the left and positive Milgram's and Valsalva bilaterally. Deep tendon reflexes for the patella were +2 bilaterally. For the Achilles, there is +2 on the right and +1 on the left. Request for authorization from 04/23/2014 requests Fexmid 7.5 #120, Norco 10/325 mg #180, Valium 10 mg #60, Dulcolax 5 mg #60, and Motrin 800 mg #60. Utilization review denied the request on 04/29/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Fexmid 7.5mg #120:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines MTUS pg 64 Page(s): 63-64.

**Decision rationale:** This patient presents with low back pain and complaints of GI issues, insomnia, and constipation. The treater is requesting a refill of Fexmid 7.5 mg #120. The medical records indicate the patient has been taking Fexmid since at least 12/16/2013. MTUS pg 64 states Cyclobenzaprine is recommended for a short course of therapy. Limited, mixed-evidence does not allow for a recommendation for chronic use. The request is not medically necessary.

**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 on Long-term Opioid use Page(s): 88-89.

**Decision rationale:** This patient presents with low back pain and complaints of GI issues, insomnia, and constipation. The treater is requesting a refill of Norco 10-325mg #180. Page 78 of MTUS requires "Pain Assessment" that 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." Furthermore, "The 4 A's for ongoing monitoring" are required that include analgesia, ADL's, adverse side effects and aberrant drug-seeking behavior. Progress reports provided for review, indicate that this patient has been taking Norco since at least 12/16/2013. The utilization review from 04/29/2014 indicates the patient has been taking opioid medication since April of 2011. In this case, the treater does not provide outcome measures, pain assessment or any specific functional improvement as required by MTUS with taking long term opioids. Given the lack of sufficient documentation the patient should slowly be weaned off of Norco as outlined in MTUS Guidelines. The request is not medically necessary.

**Valium 10mg #60:** Upheld

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

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

**Decision rationale:** This patient presents with low back pain and complaints of GI issues, insomnia, and constipation. The treater is requesting a refill Valium 10gm #60. The MTUS Guidelines page 24 state, "Benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks." This patient has been prescribed Valium since 12/16/2013. MTUS Guidelines are clear on long-term use of benzodiazepines. It recommends maximum use of 4 weeks due to "unproven efficacy and risk of dependence." The requested Valium is not medically necessary.

**Dulcolax 5mg #60:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines MTUS Page(s): 77.

**Decision rationale:** This patient presents with low back pain and complaints of GI issues, insomnia, and constipation. The treater is requesting Dulcolax for patient constipation. Utilization review denied the request for Dulcolax stating that Dulcolax is a laxative used in conjunction with opiate therapy and the treater's request for opioid medication has been non-certified. The MTUS guidelines pg 76-78 discusses prophylactic medication for constipation when opiates are used. This patient has been taking opioids long term and has consistent complaints of constipation. The request is medically necessary.

**Motrin 800mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment Guidelines, Chronic Pain Medical Treatment Guidelines Medications for chronic pain (MTUS 60, 61)

**Decision rationale:** This patient presents with low back pain and complaints of GI issues, insomnia, and constipation. The treater is requesting a refill of Motrin 800mg #60. For anti-inflammatory medications, the MTUS Guidelines page 22 states "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." This patient has been taking Ibuprofen since 12/16/2013. Although NSAIDs are indicated for chronic pain and in particular chronic low back pain, the treater does not provide a discussion regarding the efficacy of Motrin in any of the reports from 12/16/2013 to 04/13/2014. MTUS Guidelines page 60 requires documentation of pain assessment and function when medications are used for chronic pain. Given the lack of any documentation of pain and functional assessment as related to the use of Motrin, the request is not medically necessary.