

<b>Case Number:</b>	CM14-0083033		
<b>Date Assigned:</b>	07/21/2014	<b>Date of Injury:</b>	01/04/2005
<b>Decision Date:</b>	09/11/2014	<b>UR Denial Date:</b>	05/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/04/2014

### 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 Occupational Medicine 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 is a 50-year-old female patient with a 1/4/2004 date of injury. The mechanism of injury was a slip when preparing rooms for clients at work. The patient felt a popping sensation in her left knee and fell on her right side. On an exam dated 4/3/2014 the patient had full ROM of the hip, full flexion, full internal rotation, and full extension. She has full extension of the hip with no obvious hip pathology. On an exam dated 5/13/2014 the patient rated her pain as 5/10 on a VAS scale. She also reported spasms and radiation of low back pain to the right groin and right lower extremity. She is currently being treated for chronic neck, low back, right hip, and bilateral knee pain. The diagnostic impression is anxiety, psychalgia, depressive disorder, and old medial collateral ligament disruption, degeneration of cervical intervertebral disc, cervical post-laminectomy syndrome, disorder of bursa of shoulder region, enthesopathy of hip region, and chronic pain syndrome. Treatment to date includes diagnostics, surgery, home exercise, and medication management. A Utilization Review date of 5/31/2014 denied the requests for Oxycontin 20mg #120, Rozerem 8mg #30, Zanaflex 4mg #60, Miralax 17g oral powder packets with 5 refills, and Morphine 15mg #180. The rationale for denial of the Oxycontin 20mg #120 was that CA MTUS guidelines for chronic pain state that short-term use of opiates are recommended for moderate to severe pain. Opiates should be used for the shortest duration at the lowest possible dose. Long term opiate use may be appropriate if the patient is showing functional improvement with stabilization of pain. The guidelines do not support the use of more than 120 Morphine equivalents per day or the abrupt discontinuation of drugs in this class. The patient has been taking this medication since at least July 2012, despite long-term use there is a lack of documentation showing improvements in pain or function. The rationale for denial of Rozerem 8mg #30 was that the guidelines state that there is no evidence of improved total sleep time with Rozerem. Rozerem is shown to decrease sleep latency, which is not the patient's

complaint. The rationale for denial of Zanaflex 4mg #60 was that there is no objective documentation to show the presence of muscle spasms, and no evidence of acute increase in low back pain to warrant short-term muscle relaxant use. The rationale for denial of Miralax 17g powder was that the guidelines do not support the use of osmotic laxatives beyond 6 months. The patient has been using this since at least 8/2012. The rationale for denial of morphine 15mg #120 was that the reviewer did not have the information to determine if it was medically necessary.

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

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

#### **Oxycontin 20mg Qty 120: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 78-81.

**Decision rationale:** CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed, are prescribed at the lowest possible dose, and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The documentation reveals that the patient has been on Oxycontin since at least 7/2012. There is a lack of documentation showing any improvements in pain relief or in functionality for this patient. The patient's opiate regimen was more than 120 Morphine equivalent units per day, which is greater than the guidelines recommend. A request for Oxycontin 20mg #60 was found to be medically necessary on 3/25/2014, so the patient could start weaning from the opiate. However, there is no documentation of functional improvement or continued analgesia from the patient's current medication regimen. Also, there is no discussion of CURES monitoring, an opiate pain contract, or urine drug screens. Therefore, the request for Oxycontin 20mg #120 is not medically necessary.

#### **rozerem 8mg Qty 30: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disabilities guidelines.

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

**Decision rationale:** Rozerem is a selective melatonin agonist indicated for difficulty with sleep onset and is a non-scheduled agent. The current guidelines show that this type of medication has been shown to have no abuse potential and there is evidence to support the short-term and long-term use of Rozerem to decrease sleep latency. The guidelines also state that there is no

evidence of improved total sleep from Rozerem use. The guidelines also state that the side effects include CNS depression, somnolence, dizziness, fatigue, and bizarre behavior. However, the patient complained of not getting enough sleep, not from not being able to get to sleep. Furthermore, the side effects of the drug could only add to this patients' diagnosis of depression. Therefore, the request for Rozerem 8mg #30 is not medically necessary.

**Zanaflex 4mg Qty 60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66.

**Decision rationale:** CA MTUS Chronic Pain Medical Treatment Guidelines, state that 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, and no additional benefit has been shown when muscle relaxants are used in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. There is no evidence in the documentation of an acute exacerbation of lower back pain to suggest short-term muscle relaxant usage. There were reports of muscle spasms, but it appears that the patient has experienced muscle spasms on a chronic basis without improvement from prior muscle relaxant use. There is no current objective documentation to corroborate muscle spasms present. Therefore, the request for Zanaflex 4mg # 60 is not medically necessary.

**miralax 17g oral powder packets 5 refills:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disabilities guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: The National Library of Medicine (<http://www.ncbi.nlm.nih.gov/pubmedhealth/PMH0000241/>).

**Decision rationale:** The National Library of Medicine states that Polyethylene glycol 3350 is used to treat occasional constipation. Medical practice standards of care would make it reasonable to obtain specific prescriptions identifying ingredients, dosage, and frequencies, as well as continued presence of indications, absence of side effects, and reported response to previous treatment to support medication refills. The patients' constipation is due to chronic opiate use. The current documentation shows that the patient has been using this medication since at least 8/2012. Miramax is an osmotic laxative; it brings water into the colon which aids in defecation. Guidelines do not recommend the use for more than 6 months. Furthermore, there is a lack of documentation of clinical findings showing the necessity for continued laxative use. Therefore, the request for miralax 17g powder packets 5 refills is not medically necessary.

**morphine 15mg Qty 180: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 78-81.

**Decision rationale:** CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed, are prescribed at the lowest possible dose, and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The patient was on 120 Morphine equivalent use per day. CA MTUS guidelines do not support the use of greater than 120 Morphine equivalent units per day. It has not been documented the length of time the patient had been taking the Morphine, or any objective or subjective description of benefit derived from the use of the drug. Furthermore, there is no documentation of functional improvement or continued analgesia from the current medication regimen. There is no evidence of lack of aberrant behavior or adverse side effects. There is no discussion of CURES monitoring, a current opiate pain contract, or urine drug screens showing compliance. Therefore, the request for Morphine 15mg #180 is not medically necessary.