

<b>Case Number:</b>	CM14-0194315		
<b>Date Assigned:</b>	12/02/2014	<b>Date of Injury:</b>	01/12/2006
<b>Decision Date:</b>	01/14/2015	<b>UR Denial Date:</b>	11/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/20/2014

### 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 Internal 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:

The injured worker sustained a work related injury on January 12, 2006. The exact mechanism of the work related injury was not included in the provided documentation. The Primary Treating Physician's report dated June 20, 2014, noted the injured worker presented with constant low back pain that radiated to the left thigh, left calf, left great toe, and right thigh. Physical Examination was noted to show tenderness with palpation to paravertebral muscles L3-S1 and tenderness to palpation over the bilateral thighs, with the diagnoses listed as post laminectomy syndrome lumbar, and lumbosacral neuritis. The Primary Treating Physician's report dated October 14, 2014, noted the additional diagnoses of chronic low back pain and chronic use of opiate drugs for therapeutic purposes. The injured worker was noted to be receiving opioids and non-opioids for the pain, with the injured worker reporting the current regimen effective. The Physician requested authorization for MS Contin 15mg #60, Lyrica 150mg #30, Norco 10-325mg #150, Zanaflex 4mg #180, and Clonazepam 1mg #60. On November 7, 2014, Utilization Review evaluated the requests for MS Contin 15mg #60, Lyrica 150mg #30, Norco 10-325mg #150, Zanaflex 4mg #180, and Clonazepam 1mg #60, citing MTUS Chronic Pain Medical Treatment Guidelines, and the Official Disability Guidelines (ODG) Pain Chapter. The UR Physician certified the Lyrica 150mg #30. The UR Physician noted the ongoing use of chronic opioids was not supported in the current clinical setting; therefore, the MS Contin 15mg #60 and the Norco 10-325mg #150 were not medically necessary for the injured worker. The UR Physician noted the documentation did not identify the presence of spasticity or significant functional/vocational benefit with the use of muscle relaxants; therefore, Zanaflex 4mg #180 was not medically necessary. The UR Physician noted the guidelines limiting use to four weeks of benzodiazepines due to the risk of psychological and physical dependence, and with the urine drug screen performed on March 27, 2014, inconsistent,

testing negative for the prescribed Clonazepam, the Clonazepam was noted to be not medically necessary for the injured worker. The decisions were subsequently appealed to Independent Medical Review.

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

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

#### **MS Contin 15mg #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for the use of opioids Page(s): 76-80. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, Opioids, dosing

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Opiates

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, MS Contin 15 mg #60 is not medically necessary. Chronic, ongoing opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany chronic opiate use. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function or quality of life. The lowest possible dose should be prescribed to improve pain and function. In this case, the injured worker's working diagnoses chronic low back pain; chronic opiate drugs, therapeutic purposes; lumbosacral neuritis, unspecified; and post laminectomy syndrome lumbar. The documentation indicates injured worker is taking Norco in addition to MS Contin. The earliest progress note in the record indicates Norco was refilled on May 22, 2014. MS Contin was started on September 17, 2014. There is no clinical indication or clinical rationale for the addition of MS Contin. Additionally, there is no documentation containing objective functional improvement with respect to ongoing Norco and MS Contin use. Consequently, absent the appropriate documentation, MS Contin 15 mg #60 is not medically necessary.

#### **Norco 10/325mg #150: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for the use of opioids Page(s): 76-80. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, Opioids, dosing

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Opiates

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Norco 10/325 mg #150 is not medically necessary. Chronic, ongoing opiate use requires an ongoing review and documentation of pain relief, functional status,

appropriate medication use and side effects. A detailed pain assessment should accompany chronic opiate use. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function or quality of life. The lowest possible dose should be prescribed to improve pain and function. In this case, the injured worker's working diagnoses chronic low back pain; chronic opiate drugs, therapeutic purposes; lumbosacral neuritis, unspecified; and post laminectomy syndrome lumbar. The documentation indicates the injured worker was taking Norco as far back as May 22, 2014. The documentation is unclear as to the exact start date of Norco. MS Contin was added to the drug regimen on September 17, 2014. There is no clinical rationale behind starting MS Contin. Additionally, there is no documentation of objective functional improvement with respect to Norco. Consequently, absent the appropriate clinical documentation Norco 10/325 mg #150 is not medically necessary.

**Zanaflex 4mg #180:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain, Muscle Relaxants

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and The Official Disability Guidelines, Zanaflex 4 mg #180 is not medically necessary. 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. Efficacy appears to diminish over time and prolonged use may lead to dependence. In this case, the injured worker's working diagnoses chronic low back pain; chronic opiate drugs, therapeutic purposes; lumbosacral neuritis, unspecified; and post laminectomy syndrome lumbar. The earliest progress note indicates Zanaflex was prescribed on January 1, 2014. There is no documentation to support the ongoing use of this muscle relaxant through the present. The guidelines recommend short-term (less than two weeks) treatment. There is no compelling clinical information/fax in the medical record to support the ongoing use of Zanaflex; consequently, Zanaflex 4 mg #180 is not medically necessary.

**Clonazepam 1mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Benzodiazepines

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Clonazepam 1 mg #60 is not medically necessary. Clonazepam is a benzodiazepine. Benzodiazepines are not recommended for long-term (longer than two weeks)

because long-term efficacy is unproven and there is a risk of psychological and physical dependence or frank addiction. Chronic benzodiazepines are the treatment of choice in very few conditions. In this case, the injured worker's working diagnoses chronic low back pain; chronic opiate drugs, therapeutic purposes; lumbosacral neuritis, unspecified; and post laminectomy syndrome lumbar. The earliest documentation in the medical record indicates clonazepam was refilled on May 22, 2014 progress note. There is no documentation in the medical record to support the ongoing use of clonazepam. The guidelines recommend treatment with benzodiazepines not to exceed two weeks. Documentation does not contain compelling clinical facts support the ongoing use of clonazepam; consequently, as Clonazepam 1 mg #60 is not medically necessary.