

<b>Case Number:</b>	CM15-0003597		
<b>Date Assigned:</b>	01/14/2015	<b>Date of Injury:</b>	01/24/1991
<b>Decision Date:</b>	03/20/2015	<b>UR Denial Date:</b>	12/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/08/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California, Washington

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 56-year-old female who reported injury on 01/24/1991. The mechanism of injury was not provided. The documentation of 11/03/2014 revealed the injured worker had complaints of back pain. The severity of pain was 4/5 on a 1 to 10 scale, with 10 being the worst. The back pain was described as aching, burning, stabbing, throbbing, and shocking. The injured worker was experiencing associated stiffness, weakness in the bilateral legs and pain. The documentation indicated that the injured worker had been noting substantial benefit with the medications. The injured worker had no evidence of drug abuse diversion aberrant drug behavior, and no adverse drug reactions were reported. The injured worker had nociceptive, neuropathic, and inflammatory pain. The medications were reviewed and DDI was checked. The injured worker had no side effects, and the urine drug screens were within normal limits. The injured worker noted there was 90% pain relief with the use of medication. The injured worker's medications included alprazolam 0.5 mg tablets, Colace sodium 250 mg capsules, DSS sodium 250 mg capsules, gabapentin 600 mg tablets, ibuprofen 800 mg, Klorcon 20 mEq tablets, Norco 10/325 mg tablets, OxyContin 20 mg tablets, and Zanaflex 4 mg tablets, as well as zolpidem at bedtime. Physical examination revealed significant guarding against range of motion testing and pain to palpation along the anterior joint space and medial and lateral patellar ridges. There was pain along the paraspinal muscles of the lumbar spine. There was tenderness that extended to the sacral area from the neurolysis procedure. The injured worker was ambulating with a cane and was clearly uncomfortable. The injured worker had decreased dermatomes at L5 and S1. The injured worker had a positive fabere maneuver bilaterally,

positive Patrick's maneuver bilaterally, and pain to palpation over L3-S1 facet capsules bilaterally, pain with rotation and extension, indicative of facet capsular tears bilaterally, secondary myofascial pain with triggering, ropy fibrotic banding and spasm bilateral and a positive stork test bilaterally. The injured worker had tenderness to palpation of the right lumbar paraspinal muscles with radiation down to the buttock. The assessment included left total knee replacement status post 06/16/2006, lumbosacral spine pain, right arm and hand pain and weakness with carpal tunnel like symptoms, updated MRI of the lumbar spine, right total knee replacement on 11/02/2007, status post SI joint injections 02/22/2010, SI joint injection 08/2011, status post SI neurotomy bilaterally on 03/30/2011 without benefit, status post bone scan on 09/15/2010. The documentation indicated the injured worker had been continuing to note substantial benefit with the medications and had nociocptive, neuropathic, and inflammatory pain without evidence of drug abuse diversion aberrant behavior and no adverse drug reactions. The treatment plan included Colace sodium 250 mg capsules, gabapentin 600 mg, ibuprofen 800 mg, Norco 10/325 mg tablets, OxyContin 20 mg tablets, and Zanaflex 4 mg tablets. There was no Request for Authorization submitted for review.

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

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

**Norco 10/325mg #180:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain; ongoing management; opioid dosing Page(s): 60, 78, 86.

**Decision rationale:** The California Medical Treatment Utilization Schedule Guidelines recommend opiates for the treatment of chronic pain. There should be documentation of objective functional improvement, an objective decrease in pain, and documentation the injured worker is being monitored for aberrant drug behavior and side effects. Additionally, the cumulative dosing of all opiates should not exceed 120 mg of oral morphine equivalents per day. The clinical documentation submitted for review indicated the injured worker was being monitored for aberrant drug behavior and side effects and had a 90% reduction in pain. However, there was a lack of documentation of an objective functional improvement. The oral morphine equivalents would be 180 mg, which would exceed guideline recommendations of 120. The request as submitted failed to indicate the frequency for the requested medication. The duration of use could not be established; however, it was indicated the injured worker had utilized this classification of medications since at least 09/2014. Given the above, the request for Norco 10/325 #180 is not medically necessary.

**Oxycontin 20mg #120:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain; ongoing management; opioid dosing Page(s): 60, 78, 86.

**Decision rationale:** The California Medical Treatment Utilization Schedule Guidelines recommend opiates for the treatment of chronic pain. There should be documentation of objective functional improvement, an objective decrease in pain, and documentation the injured worker is being monitored for aberrant drug behavior and side effects. Additionally, the cumulative dosing of all opiates should not exceed 120 mg of oral morphine equivalents per day. The clinical documentation submitted for review indicated the injured worker was being monitored for aberrant drug behavior and side effects and had a 90% reduction in pain. However, there was a lack of documentation of an objective functional improvement. The oral morphine equivalents would be 180 mg, which would exceed guideline recommendations of 120. The request as submitted failed to indicate the frequency for the requested medication. The duration of use could not be established; however, it was indicated the injured worker had utilized this classification of medications since at least 09/2014. There was a lack of documentation indicating a necessity for 120 tablets as it was noted that the injured worker was utilizing 1 tablet every 6 hours. Given the above, the request for OxyContin 20 mg #120 is not medically necessary.

**Neurontin 600mg #180, 3 refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepileptic Drugs Page(s): 16.

**Decision rationale:** The California Medical Treatment Utilization Schedule Guidelines recommend antiepilepsy medications as first line medication for the treatment of neuropathic pain. There should be documentation of an objective decrease in pain of at least 30% to 50% and objective functional improvement. The clinical documentation submitted for review indicated the injured worker had 90% improvement with pain. However, there was a lack of documentation of objective functional improvement. There was a lack of documentation indicating a necessity for 3 refills without re-evaluation. The request as submitted failed to indicate the frequency for the requested medication. Given the above and the lack of documentation, the request for Neurontin 600 mg #180 three refills is not medically necessary.

**Zanaflex 4mg #60, refills (unspecified):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tizanidine (Zanaflex).

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

**Decision rationale:** The California Medical Treatment Utilization Schedule Guidelines recommend muscle relaxants as a second line option for the short term treatment of acute low back pain. Their use is recommended for less than 3 weeks. There should be documentation of objective functional improvement. The clinical documentation submitted for review indicated the injured worker had utilized the medication for an extended duration of time. There was a lack of documentation of objective functional benefit. Additionally, the request as submitted included refills, and refills would not be warranted. The request as submitted failed to indicate the frequency for the requested medication. Given the above and the lack of documentation of exceptional factors, the request for Zanaflex 4 mg #60 refills unspecified is not medically necessary.

**Colace 250mg #60, 3 refills:** Upheld

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

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

**Decision rationale:** The California Medical Treatment Utilization Schedule Guidelines recommend that when initiating opioid therapy, prophylactic treatment of constipation should be initiated. The clinical documentation submitted for review indicated the injured worker was utilizing the medication and had no side effects. As such, this medication will not be supported. Additionally, the efficacy was not provided. There was a lack of documentation indicating a necessity for 3 refills without re-evaluation. Given the above, the request for Colace 250 mg #60 is not medically necessary.

**Ibuprofen 800mg #90, 4 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67.

**Decision rationale:** The California Medical Treatment Utilization Schedule Guidelines indicate that NSAIDs are recommended for the short term symptomatic relief of pain. There should be documentation of objective functional improvement. The clinical documentation submitted for review indicated the injured worker had utilized the medication for an extended duration of time. There was documentation of objective pain relief. However, there was a lack of documentation of objective functional improvement. There was a lack of documentation indicating a necessity for 4 refills without re-evaluation. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for ibuprofen 800 mg #90 four refills is not medically necessary.