

Case Number:	CM15-0005316		
Date Assigned:	01/16/2015	Date of Injury:	03/26/2008
Decision Date:	03/26/2015	UR Denial Date:	12/27/2014
Priority:	Standard	Application Received:	01/09/2015

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: Pennsylvania

Certification(s)/Specialty: Internal Medicine

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 63-year-old male, with a reported date of injury of 03/26/2008. The diagnoses include lumbar radiculopathy with discopathy, lumbar facet syndrome, right femoral neck fracture, status post open reduction and internal fixation of right femoral neck, rotator cuff tear, status post rotator cuff repair, adhesive capsulitis, status post adhesive capsulitis release, anterior interbody fusion with decompression of left peroneal nerve, and multi-level decompression with fusion. Treatments and diagnostic testing have included a lumbar spinal cord stimulator, physical therapy, trigger point injections, epidural injections, oral pain medications, acupuncture, MRI of the lumbar spine on 12/22/2011 and 02/13/2010, a computerized tomography (CT) scan of the lumbar spine on 12/06/2011, an electromyography on 07/14/2011 and 12/22/2010, and two lumbar interbody fusions. Work status was noted as temporarily totally disabled in December 2014. The follow-up pain management consultation report dated 12/11/2014 indicates that the injured worker complained of persistent low back pain, with radiation down to both lower extremities. He stated that the pain was manageable on his current medical regimen. It was noted that the injured worker's current oral pain medications helps him to function on a daily basis, he was able to perform activities of daily living with less pain, and able to perform simple chores around the house. Without his current medical regimen, the injured worker does not function very well during the day. He finds his medications to be very beneficial. It was noted that the injured worker has significant problems with sleep. A urine drug test performed at the office visit of 12/11/14 was positive for opiates which was consistent with the prescribed medications. The examination of the posterior lumbar musculature showed

tenderness to palpation bilaterally, increased muscle rigidity, numerous trigger points which were palpable and tender throughout the lumbar paraspinal muscles, decreased range of motion; and increased pain with flexion. The treating physician requested refill of the injured worker's medications. The Neurontin was prescribed for neuropathic pain, the Flexeril for muscle spasms, Duragesic and Norco for pain, and Restoril for sleep issues. Records indicate the injured worker has been treated with opioids since at least 2012. Duragesic and norco were prescribed since October 2014 and had been previously used in 2012; MS contin and Roxicodone were prescribed in 2013 and earlier in 2014. Neurontin has been prescribed since at least 2013. Several urine drug screens were submitted and were collected during office visits. On 12/27/2014, Utilization Review (UR) denied the request for Duragesic 75mcg #15, Norco 10/325mg #90, Neurontin 600mg #120, Flexeril 10mg #60, and Restoril 30mg #30, noting that there is no documentation that the injured worker needs around-the-clock opioid therapy, cyclobenzaprine is not recommended to be used for longer than 2-3 weeks and the injured worker has been taking it since early 2012, and the use of Restoril had not been effective. The MTUS, ACOEM, and ODG were cited by Utilization Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Duragesic 75 mcg, fifteen count: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 74-96.

Decision rationale: There is no evidence that the treating physician is prescribing opioids according to the MTUS, which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, and opioid contract. There should be a prior failure of non-opioid therapy. None of these aspects of prescribing are in evidence. Per the MTUS, opioids are minimally indicated, if at all, for chronic non-specific pain, osteoarthritis, "mechanical and compressive etiologies", and chronic back pain. There is no evidence of significant pain relief or increased function from the opioids used to date. The prescribing physician does not specifically address function with respect to prescribing opioids, and does not address the other recommendations in the MTUS. Work status remains temporarily totally disabled, and specific activities of daily living were not discussed. Office visits have continued at the same frequency of approximately monthly. There is no evidence that the treating physician has utilized a treatment plan NOT using opioids, and that the patient "has failed a trial of non-opioid analgesics." Opioids have been prescribed since at least 2012, with prescription of duragesic and norco for the prior two months; these medications were previously used in 2012. Ongoing management should reflect four domains of monitoring, including analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors. The documentation does not reflect improvement in pain; change in activities of daily living, discussion of adverse side effects, and screening for aberrant drug-taking behaviors were not documented. The MTUS recommends urine drug screens for patients with poor pain control and to help manage patients

at risk of abuse. There is no record of a urine drug screen program performed according to quality criteria in the MTUS and other guidelines. Urine drug screens were collected at office visits, but the guidelines recommend random screening. As currently prescribed, duragesic does not meet the criteria for long term opioids as elaborated in the MTUS and is therefore not medically necessary.

Norco 10/325 mg, ninety count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 74-96.

Decision rationale: There is no evidence that the treating physician is prescribing opioids according to the MTUS, which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, and opioid contract. There should be a prior failure of non-opioid therapy. None of these aspects of prescribing are in evidence. Per the MTUS, opioids are minimally indicated, if at all, for chronic non-specific pain, osteoarthritis, mechanical and compressive etiologies, and chronic back pain. There is no evidence of significant pain relief or increased function from the opioids used to date. The prescribing physician does not specifically address function with respect to prescribing opioids, and does not address the other recommendations in the MTUS. Work status remains temporarily totally disabled, and specific activities of daily living were not discussed. Office visits have continued at the same frequency of approximately monthly. There is no evidence that the treating physician has utilized a treatment plan not using opioids, and that the patient has failed a trial of non-opioid analgesics. Opioids have been prescribed since at least 2012, with prescription of duragesic and norco for the prior two months; these medications were previously used in 2012. Ongoing management should reflect four domains of monitoring, including analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors. The documentation does not reflect improvement in pain; change in activities of daily living, discussion of adverse side effects, and screening for aberrant drug-taking behaviors were not documented. The MTUS recommends urine drug screens for patients with poor pain control and to help manage patients at risk of abuse. There is no record of a urine drug screen program performed according to quality criteria in the MTUS and other guidelines. Urine drug screens were collected at office visits, but the guidelines recommend random screening. As currently prescribed, norco does not meet the criteria for long term opioids as elaborated in the MTUS and is therefore not medically necessary.

Neurontin 600 mg, 120 count: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines anticonvulsants Page(s): 16-22.

Decision rationale: Per the MTUS, antiepilepsy drugs (AEDs) are recommended for neuropathic pain due to nerve damage. Gabapentin has been shown to be effective for treatment of diabetic neuropathy and postherpetic neuralgia and has been considered a first line treatment for neuropathic pain. The documentation indicates that Neurontin has been prescribed since at least 2013, without documentation of functional improvement as a result of its use. Due to the lack of functional improvement, the request for Neurontin is not medically necessary.

Flexeril 10 mg, sixty count: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants, and Cyclobenzaprine, Page(s): 41-42, 63-66.

Decision rationale: The MTUS for chronic pain does not recommend muscle relaxants for chronic pain. Non-sedating muscle relaxants are an option for short-term exacerbations of chronic low back pain. The muscle relaxant prescribed in this case is sedating. The injured worker has chronic pain with no evidence of prescribing for flare-ups. The quantity prescribed implies long term use, not for a short period of use for acute pain. The documentation submitted indicates that Flexeril has been prescribed for many months, and that other muscle relaxants have been prescribed for years. No reports show any specific and significant improvement in pain or function as a result of prescribing muscle relaxants. Per the MTUS chronic pain medical treatment guidelines, cyclobenzaprine (Flexeril, fexmid) is a skeletal muscle relaxant and a central nervous system depressant. It is recommended as an option for a short course of therapy, with greatest effect in the first four days of treatment. Guidelines state that treatment should be brief. The addition of cyclobenzaprine to other agents is not recommended. Limited, mixed evidence does not allow for a recommendation for chronic use. Due to the long term use of Flexeril which is not in accordance with the guidelines as well as the lack of functional improvement as a result of its use, the request for Flexeril is not medically necessary.

Restoril 30 mg, thirty count: 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), Chronic Pain Chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24. Decision based on Non-MTUS Citation Chronic Pain Chapter, Insomnia Treatment

Decision rationale: Restoril (temazepam) is a benzodiazepine used to treat insomnia symptoms. The MTUS notes that 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. Tolerance to hypnotic effects develops rapidly. No physician reports describe the specific

criteria for a sleep disorder. Treatment of a sleep disorder, including prescribing hypnotics, should not be initiated without a careful diagnosis. There is no evidence of that in this case. For the treatment of insomnia, pharmacologic agents should only be used after careful evaluation of potential causes of sleep disturbance. Specific components of insomnia should be addressed. There was no documentation of evaluation of sleep disturbance in the injured worker, and components insomnia were not addressed. The treating physician has not addressed major issues affecting sleep in this patient, including the use of other psychoactive agents like opioids, which significantly impair sleep architecture, and depression. The documentation shows that restoril has been prescribed in November and December of 2014, with prescription of sonata prior to November 2014. Due to length of use not in accordance with the guidelines, and lack of evaluation for a sleep disorder, the request for restoril is not medically necessary.