

Case Number:	CM15-0109908		
Date Assigned:	06/16/2015	Date of Injury:	05/30/2003
Decision Date:	08/31/2015	UR Denial Date:	05/12/2015
Priority:	Standard	Application Received:	06/08/2015

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
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 male, who sustained an industrial injury on 5/30/03. He reported initial complaints of low back pain. The injured worker was diagnosed as having degeneration of lumbar or lumbosacral intervertebral disc; spinal stenosis of lumbar region without neurogenic claudication; disorders of the sacrum. Treatment to date has included epidural steroid injections (9/12/07; 5/17/10; 8/1/11; 1/16/12); medications. Diagnostics included MRI lumbar spine (11/9/11). Currently, the PR-2 notes dated 4/14/15 indicated the injured worker complains low back and right leg pain. His pain is about the same and he notes the sacroiliac the joint injection, Norco, and Valium were denied and he is awaiting the appeal as well as denial for his lumbar spine surgery. The injured worker notes he is trying to manage his pain with stretching and medications. He uses his Norco sparingly for spasms and sleep and ibuprofen fairly regularly to reduce pain and inflammation. His pain is described as aching in the low back and right leg. He gets numbness in the right leg, which is unchanged. His pain is worse with prolonged sitting, standing, bending and lifting. It is made better with medications and injections. He rates his pain as 7-8/10 in intensity without medications and 5-6/10 with pain medications. On physical examination, his gait is noted as wide-based and mildly stiff/slowed. He has mild right leg weakness 4/5 and the left is normal with 5/5/. Sensation is intact but diminished in the right leg. Sciatic notches are pain free to palpation. Sacroiliac joints are both tender with the right greater than the left. Patrick's signs are positive bilaterally and Fortin's finger test is positive on the right. He has spasms and tenderness over the paraspinals. It is noted he is limited in range of motion due to increased pain with flexion and extension (he is able to

reach to mid-thighs). The treatment plan encouraged the injured worker to continue home exercise. The provider has requested authorization of Valium 5mg #60; Norco 5/325mg #60; Motrin 800mg #90 with 3 refills and Flexeril 7.5mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Valium 5 mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Based on the 05/03/15 progress report provided by treating physician, the patient presents with low back and right leg pain rated 5-6/10 with and 7-9/10 without medications. The request is for VALIUM 5 MG #60. Patient's diagnosis per Request for Authorization form dated 05/04/15 includes disorders of the sacrum, lumbar degenerative disc disease, lumbar stenosis, and chronic pain syndrome. The patient has a wide-based gait. Physical examination to the lumbar spine on 05/03/15 revealed decreased range of motion, especially on flexion 10 degrees. Positive Straight leg raise, Gaellen's and FABER's test on the right. Treatment to date has included imaging studies, epidural steroid injections, home exercise program and medications. Patient's medications include Valium, Norco, Motrin and Flexeril. The patient is temporarily totally disabled, per 05/03/15 report. Treatment reports were provided from 02/10/15 - 05/03/15. MTUS guidelines state on page 24 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. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks." Valium has been included in patient's medications, per progress reports dated 04/14/15 and 05/03/15. It is not known when this medication was initiated. Per 05/03/15 report, treater states, "The medications are helpful in decreasing pain and increasing function. [The patient] will continue on the current regimen... He is trying to manage his pain with stretching and medications... He uses Diazepam very occasionally for spasm and sleep. It is helpful and well tolerated." However, MTUS does not recommend long term use of this benzodiazepines. This patient has been on this medication at least since 04/14/15, which is one month from UR date of 05/12/15. Additional prescription of this benzodiazepine would exceed guideline recommendation which "limit use to 4 weeks," and the request for #60 does not indicate intended short-term use of this medication. This request is not in accordance with guidelines. Therefore, the request IS NOT medically necessary.

Norco 5/325 mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain CRITERIA FOR USE OF OPIOIDS Page(s): 60, 61, 76-78, 88, 89.

Decision rationale: Based on the 05/03/15 progress report provided by treating physician, the patient presents with low back and right leg pain rated 5-6/10 with and 7-9/10 without medications. The request is for NORCO 5/325 MG #60. Patient's diagnosis per Request for Authorization form dated 05/04/15 includes disorders of the sacrum, lumbar degenerative disc disease, lumbar stenosis, and chronic pain syndrome. The patient has a wide-based gait. Physical examination to the lumbar spine on 05/03/15 revealed decreased range of motion, especially on flexion 10 degrees. Positive Straight leg raise, Gaellen's and FABER's test on the right. Treatment to date has included imaging studies, epidural steroid injections, home exercise program and medications. Patient's medications include Valium, Norco, Motrin and Flexeril. The patient is temporarily totally disabled, per 05/03/15 report. Treatment reports were provided from 02/10/15 - 05/03/15. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS p 77 states, "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." Pages 80, 81 of MTUS also states "There are virtually no studies of opioids for treatment of chronic lumbar root pain with resultant radiculopathy," and for chronic back pain, it "Appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited." MTUS p 90 states, "Hydrocodone has a recommended maximum dose of 60mg/24 hrs." Norco (Hydrocodone) has been included in patient's medications, per progress reports dated 04/14/15 and 05/03/15. It is not known when this medication was initiated. Per 05/03/15 report, treater states, "The medications are helpful in decreasing pain and increasing function. [The patient] will continue on the current regimen. Opioids are necessary for chronic intractable pain. He has already signed an opiate agreement. Urine toxicology screening was done today. The last one done in January was consistent for the prescribed medicines and showed no illegal substances. His 04/15/15 CURES report shows we are the only prescriber of opiates. [The patient] is trying to manage his pain with stretching and medications. He is using Norco sparingly for severe pain... Hydrocodone is taken about once per day; it lasts about two hours, and it takes 20% of his pain away, sometimes more." In this case, treater has discussed Analgesia, Adverse effects, and aberrant behavior in addressing the 4A's. However, treater has not discussed how Norco significantly improves patient's activities of daily living with specific examples. MTUS states "function should include social, physical, psychological, daily and work activities," as opposed to providing general statements. MTUS requires appropriate discussion of the 4A's. Furthermore, MTUS does not clearly support chronic opiate use for this kind of condition, chronic low back pain and radiculopathy. Given the lack of documentation as required by guidelines, the request IS NOT medically necessary.

Motrin 800 mg #90 with 3 refills: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Page(s): 22.

Decision rationale: Based on the 05/03/15 progress report provided by treating physician, the patient presents with low back and right leg pain rated 5-6/10 with and 7-9/10 without medications. The request is for MOTRIN 800 MG #90 WITH 3 REFILLS. Patient's diagnosis per Request for Authorization form dated 05/04/15 includes disorders of the sacrum, lumbar degenerative disc disease, lumbar stenosis, and chronic pain syndrome. The patient has a wide-based gait. Physical examination to the lumbar spine on 05/03/15 revealed decreased range of motion, especially on flexion 10 degrees. Positive Straight leg raise, Gaellen's and FABER's test on the right. Treatment to date has included imaging studies, epidural steroid injections, home exercise program and medications. Patient's medications include Valium, Norco, Motrin and Flexeril. The patient is temporarily totally disabled, per 05/03/15 report. Treatment reports were provided from 02/10/15 - 05/03/15. MTUS Chronic Pain Medical Treatment Guidelines, pg 22 for Anti-inflammatory medications 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. A comprehensive review of clinical trials on the efficacy and safety of drugs for the treatment of low back pain concludes that available evidence supports the effectiveness of non-selective nonsteroidal anti-inflammatory drugs (NSAIDs) in chronic LBP and of antidepressants in chronic LBP." MTUS pg 60 under Medications for chronic pain also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. Ibuprofen (Motrin) has been included in patient's medications, per progress reports dated 04/14/15 and 05/03/15. It is not known when this medication was initiated. Per 05/03/15 report, treater states "The medications are helpful in decreasing pain and increasing function. [The patient] will continue on the current regimen. He is trying to manage his pain with stretching and medications. He also takes Motrin 800mg once per day and this helps keep his use of controlled substances to a minimum. He uses Ibuprofen fairly regularly to reduce pain and inflammation." Given patient's continued pain and documentation of functional improvement, the request for Motrin appears reasonable and in accordance with guidelines. Therefore, the request IS medically necessary.

Flexeril 7.5 mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Based on the 05/03/15 progress report provided by treating physician, the patient presents with low back and right leg pain rated 5-6/10 with and 7-9/10 without

medications. The request is for FLEXERIL 7.5 MG #60. Patient's diagnosis per Request for Authorization form dated 05/04/15 includes disorders of the sacrum, lumbar degenerative disc disease, lumbar stenosis, and chronic pain syndrome. The patient has a wide-based gait. Physical examination to the lumbar spine on 05/03/15 revealed decreased range of motion, especially on flexion 10 degrees. Positive Straight leg raise, Gaellen's and FABER's test on the right. Treatment to date has included imaging studies, epidural steroid injections, home exercise program and medications. Patient's medications include Valium, Norco, Motrin and Flexeril. The patient is temporarily totally disabled, per 05/03/15 report. Treatment reports were provided from 02/10/15 - 05/03/15. MTUS pg 63-66 states: "Muscle relaxants (for pain): Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbation in patients with chronic LBP. The most commonly prescribed antispasmodic agents are Carisoprodol, cyclobenzaprine, metaxalone, and methocarbamol, but despite their popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available): Recommended for a short course of therapy." MTUS, Chronic Pain Medication Guidelines, Muscle Relaxants, page 63-66: "Carisoprodol (Soma, Soprodal 350, Vanadom, generic available): Neither of these formulations is recommended for longer than a 2 to 3 week period." Abuse has been noted for sedative and relaxant effects. The request IS / IS NOT medically necessary. Flexeril (Cyclobenzaprine) has been included in patient's medications, per progress reports dated 04/14/15 and 05/03/15. It is not known when this medication was initiated. Per 05/03/15 report, treater states, "The medications are helpful in decreasing pain and increasing function. [The patient] will continue on the current regimen... He is trying to manage his pain with stretching and medications." MTUS recommends Cyclobenzaprine, only for a short period (no more than 2-3 weeks). This patient has been on this medication at least since 04/14/15, which is one month from UR date of 05/12/15. Furthermore, the request for #60 does not indicate intended short-term use of this medication. This request is not in accordance with guideline recommendations. Therefore, the request IS NOT medically necessary.