

<b>Case Number:</b>	CM15-0015639		
<b>Date Assigned:</b>	02/03/2015	<b>Date of Injury:</b>	03/13/2009
<b>Decision Date:</b>	05/19/2015	<b>UR Denial Date:</b>	12/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/27/2015

### 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, Arizona

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 52-year-old female who reported an injury on 03/13/2009. The mechanism of injury was the injured worker was caring for a client who was paralyzed from the waist down, and as she transferred the client to the toilet, she felt something go wrong in her back. The diagnoses includes status post left L4-S1 laminotomy, status post previous decompression L4-S1, and left leg radiculopathy. The treatment plan included diagnostics and medications. The most recent documentation was dated 11/25/2014. The injured worker had complaints of ongoing low back spasms and pain with bilateral hip pain and pain down the left leg. The injured worker indicated the pain level was more tolerable with the use of medications. The current medications included ibuprofen 800 mg 1 by mouth twice a day, Norco 10/325 mg 1 by mouth every 4 hours as needed pain, Soma 350 mg 1 every 8 hours for spasms, Cymbalta 60 mg 1 daily, gabapentin 300 mg 1 by mouth twice a day, and temazepam 15 mg 1 by mouth at bedtime. The treatment plan included a continuation of the medications with 3 refills with the exception of Norco 10/325 mg 1 tablet every 4 hours as needed for pain. There was an additional postdated script, refill was not written. The injured worker signed a treatment contract including opioids.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Colace 100mg #60 (With 3 Refills): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77.

**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 failed to provide the efficacy for the requested medication. There was a lack of documentation indicating the injured worker had signs or symptoms of constipation. The request as submitted failed to indicate the frequency for the requested medication. There was a lack of documentation indicating a necessity for 3 refills without re-evaluation. Given the above, the request for Colace 100mg #60 (with 3 refills) is not medically necessary.

**Ibuprofen 800mg #60 (With 3 Refills): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-73.

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

**Decision rationale:** The California MTUS guidelines indicate that NSAIDS are recommended for short term symptomatic relief of mild to moderate pain. There should be documentation of objective functional improvement and an objective decrease in pain. The clinical documentation submitted for review failed to provide documentation of objective pain relief and an objective improvement in function. The request as submitted failed to indicate the frequency for the requested medication. There was a lack of documentation indicating a necessity for 3 refills without re-evaluation. Given the above, the request for ibuprofen 800mg #60 (with 3 refills) is not medically necessary.

**Soma 350mg #60 (With 3 Refills): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 29.

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

**Decision rationale:** The California MTUS guidelines recommend muscle relaxants as a second line option for the short term treatment of acute low back pain, less than 3 weeks and there should be documentation of objective functional improvement. The clinical documentation submitted for review indicated the injured worker had continued spasms. As such, the efficacy

was not proven. The request as submitted failed to indicate the frequency for the requested medication. There was a lack of documentation of exceptional factors as this medication is utilized for short term use. There was a lack of documentation indicating a necessity for 3 refills. Given the above, the request for Soma 350mg #60 (with 3 refills) is not medically necessary.

**Cymbalta 60mg #30 (With 3 Refills): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43-44.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines antidepressants Page(s): 13.

**Decision rationale:** The California MTUS guidelines recommend antidepressants as a first line medication for treatment of neuropathic pain and they are recommended especially if pain is accompanied by insomnia, anxiety, or depression. There should be documentation of an objective decrease in pain and objective functional improvement to include an assessment in the changes in the use of other analgesic medications, sleep quality and duration and psychological assessments. The clinical documentation submitted for review failed to meet the above criteria. There was a lack of documentation of exceptional factors to warrant nonadherence to guideline recommendations. The request as submitted failed to indicate the frequency for the requested medication. There was a lack of documentation indicating a necessity for 3 refills without re-evaluation. Given the above, the request for Cymbalta 60mg #30 (with 3 refills) is not medically necessary.

**Gabapentin 300mg #60 (With 3 Refills): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy Drugs Page(s): 16-22.

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

**Decision rationale:** The California MTUS guidelines recommend antiepilepsy medications as a first line medication for treatment of neuropathic pain. There should be documentation of an objective decrease in pain of at least 30 % - 50% and objective functional improvement. The clinical documentation submitted for review failed to provide documentation of 30% to 50% pain relief with objective functional improvement. As such, there was a lack of documented efficacy. The request as submitted failed to indicate the frequency for the requested medication. There was a lack of documentation indicating a necessity for 3 refills without re-evaluation. Given the above, the request for gabapentin 300mg #60 (with 3 refills) is not medically necessary.

**Temazepam 15mg #30 (With 3 Refills): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 23.

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

**Decision rationale:** The California MTUS Guidelines do not recommend the use of benzodiazepines for longer than 4 weeks due to the possibility of psychological or physiological dependence. The clinical documentation submitted for review failed to provide the documentation of the duration of use for the medication. There was a lack of documented efficacy. The request as submitted failed to indicate the frequency for the requested medication. There was a lack of documentation to support the necessity for 3 additional refills as this medication is not recommended for long term use. Given the above, the request for temazepam 15mg #30 (with 3 refills) is not medically necessary.