

<b>Case Number:</b>	CM15-0015968		
<b>Date Assigned:</b>	02/04/2015	<b>Date of Injury:</b>	01/06/2002
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	12/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/28/2015

### 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: New York  
 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 53 year old male, who sustained an industrial injury on 1/06/2002 when his truck rolled over causing multiple injuries. The diagnoses have included lumbosacral radiculopathy, intractable lumbar pain, status post lumbar fusion and status post right shoulder surgery. Treatment to date has included implantation of a permanent spinal cord stimulator (12/01/2010), physical therapy for the lumbar spine, cervical epidural steroid injections, medications, and surgical intervention. Currently, the IW complains chronic pain in the lumbar spine with radiation to the lower extremities and rated as 7/10 with medications on a verbal analog scale. Objective findings included tenderness and spasm over the paravertebral musculature of the lumbar spine with restricted range of motion with flexion and extension. He is visually uncomfortable and ambulates with an antalgic gait. On 12/31/2014, Utilization Review non-certified a request for Temazepam 30mg #30, and Zanaflex 4 mg #60 and modified a request for MS IR 30mg #120, Fentanyl 75 mcg #12 and Norco 10mg #40, noting that the medications requested are not recommended for long term use. The MTUS was cited. On 1/28/2015, the injured worker submitted an application for IMR for review of Temazepam 30mg #30, MS IR 30mg #120, Fentanyl 75 mcg #12, Zanaflex 4 mg #60, Norco 10mg #40.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Temazepam 30mg #30: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines, Muscle Relaxants (for pain) and Opioids Page(s): 24, 63-66 and 75-93.

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

**Decision rationale:** Per MTUS, Benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Their use should be limited to 4 weeks. Documentation reveals that the injured worker has been prescribed this medication for a longer duration of time with no significant improvement in function. The request for Temazepam 30mg #30 is not medically necessary.

**MS (Morphine Sulfate) IR (Immediate Release) 30mg, #120: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines, Muscle Relaxants (for pain) and Opioids Page(s): 24, 63-66 and 75-93.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74 - 82.

**Decision rationale:** MTUS recommends that ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects must be documented with the use of Opioids. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Guidelines recommend using key factors such as pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors, to monitor chronic pain patients on opioids. Assessment for the likelihood that the patient could be weaned from opioids is recommended if there is no overall improvement in pain or function, unless there are extenuating circumstances. MTUS recommends that opioid dosing not exceed 120 mg oral morphine equivalents per day, and for patients taking more than one opioid, the morphine equivalent doses of the different opioids must be added together to determine the cumulative dose. In general, the total daily dose of opioid should not exceed 120 mg oral morphine equivalents. Physician reports indicate that urine toxicology is consistent with prescribed medications, that the injured worker reports no side effects with medication regimen, that risks and side effects have been discussed and the injured worker is followed monthly. Documentation reveals that the injured worker has had no aberrant drug-related behaviors and presents with persistent chronic intractable post Lumbar fusion low back pain, treated with Morphine Sulfate and Fentanyl. With the recommendation to wean off Fentanyl patch and the persistence of symptoms, it is reasonable to continue treatment with Morphine at the recommended dose. The request for MS (Morphine Sulfate) IR (Immediate Release) 30mg, #120 is medically necessary.

**Fentanyl 75mcg #15: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines, Muscle Relaxants (for pain) and Opioids Page(s): 24, 63-66 and 75-93.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74 - 82.

**Decision rationale:** Fentanyl transdermal is indicated for management of persistent chronic pain, which is moderate to severe requiring continuous, around-the-clock opioid therapy. Patches are worn every 72 hours. MTUS recommends that opioid dosing not exceed 120 mg oral morphine equivalents per day, and for patients taking more than one opioid, the morphine equivalent doses of the different opioids must be added together to determine the cumulative dose. In general, the total daily dose of opioid should not exceed 120 mg oral morphine equivalents. Documentation reveals that the injured worker has chronic intractable low back pain, treated with Morphine Sulfate in addition to the Fentanyl, which is prescribed as one patch every 2 days. Physician reports fail to demonstrate adequate improvement in the injured worker's level of function or quality of life. In addition, the current dose of Fentanyl in combination of Morphine exceeds recommended dosing per MTUS guidelines. In the absence of significant response to treatment and lack of meeting MTUS guidelines, the request for Fentanyl 75mcg #15 is not medically necessary.

**Zanaflex 4mg, #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines, Muscle Relaxants (for pain) and Opioids Page(s): 24, 63-66 and 75-93.

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

**Decision rationale:** MTUS states muscle relaxants should be used with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. Furthermore, in most cases of low back pain, they show no benefit beyond NSAIDs in pain and overall improvement. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Tizanidine (Zanaflex) is FDA approved for management of spasticity and its use for low back pain is unlabeled. Although the injured worker complaints of low back pain with intermittent spasm and tightness in the lumbar spine, there is no evidence in the chart documentation of significant improvement in these symptoms with prolonged use of this medication. The request for Zanaflex 4mg, #60 is not medically necessary.

**Norco 10mg, #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines, Muscle Relaxants (for pain) and Opioids Page(s): 24, 63-66 and 75-93.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74 - 82.

**Decision rationale:** MTUS recommends that ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects must be documented with the use of Opioids. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Guidelines recommend using key factors such as pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors, to monitor chronic pain patients on opioids. Assessment for the likelihood that the patient could be weaned from opioids is recommended if there is no overall improvement in pain or function, unless there are extenuating circumstances and if there is continuing pain with the evidence of intolerable adverse effects. MTUS recommends that opioid dosing not exceed 120 mg oral morphine equivalents per day, and for patients taking more than one opioid, the morphine equivalent doses of the different opioids must be added together to determine the cumulative dose. In general, the total daily dose of opioid should not exceed 120 mg oral morphine equivalents. Documentation reveals that the injured worker has chronic intractable low back pain, currently treated with other Opioids that exceed the recommended daily Morphine equivalent doses. The request for Norco 10mg, #60 is not medically necessary.