

<b>Case Number:</b>	CM15-0142732		
<b>Date Assigned:</b>	08/03/2015	<b>Date of Injury:</b>	06/21/2001
<b>Decision Date:</b>	09/18/2015	<b>UR Denial Date:</b>	07/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/23/2015

### 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, 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 36 year old male, who sustained an industrial injury on 6-21-01 Initial complaint was of a low back injury. The injured worker was diagnosed as having lumbar post laminectomy syndrome; spasm of muscle; lumbar myofascial sprain-strains; insomnia related to chronic pain. Treatment to date has included status post lumbar L4-S1 fusion (6-2003); status post removal of lumbar hardware (10-2005); status post spinal cord stimulator implant (2012); status post removal of spinal cord stimulator implant (2013); physical therapy; lumbar epidural steroid injections; urine drug screening; medications. Currently, the PR-2 notes dated 6-30-15 indicated the injured worker complains of lower back pain and reports the pain level has decreased since the last visit (4 over 10). Pain without medications is rated at 7 over 10. His quality of sleep is fair. He reports taking his pain medications as prescribed and it is working well with no side-effects. He continues to work full time. On physical examination the provider notes the injured worker has a left-sided antalgic gait but used no assistive devices. The lumbar spine reveals a loss of normal lordosis with straightening of the lumbar spine, surgical scar and right lower surgical scar from a spinal cord stimulator. The injured worker is a status post lumbar L4-S1 fusion (6-2003); status post removal of lumbar hardware (10-2005); status post spinal cord stimulator implant (2012); status post removal of spinal cord stimulator implant (2013). Range of motion is restricted due to pain and noted tenderness on palpation of the paravertebral muscles and a tight band of tight muscles is noted on both sides. The spinous process is noted at L3, L4 and L5. He is able to heel-toe walk but with weakness on the left leg. Lumbar facet loading is negative on both sides. He was wearing a Velcro back support brace. He has decreased light touch sensation over the lateral foot on the left side. His straight leg raising

test is positive on the left side. He has low back pain with intermittent lower extremity pain. He has had surgical intervention for lumbar fusion and hardware removal, a spinal cord stimulator implant and removal. He has been treated with chiropractic and physical therapy as well as multiple lumbar epidural steroid injections that were reported as "quite helpful". The provider is requesting authorization of Norco 10-325mg #150; Restoril 15mg #20; Soma 350mg #30 and MS Contin 60mg #90. A progress report dated June 30, 2015 indicates pain rated at 7/10 without medication and 4/10 with medication. The patient is reportedly continuing to work. Notes indicate that urine drug screens are being performed and followed up upon. The medications are being prescribed by a pain management specialist.

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

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

#### **Norco 10/325 #150: Overturned**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 44, 47, 75-79, 120 of 127.

**Decision rationale:** Regarding the request for Norco, California Pain Medical Treatment Guidelines note that it is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is indication that the medication is improving the patient's function and pain with no intolerable side effects or aberrant use, and the patient is noted to undergo monitoring. Additionally, guidelines allow for doses in excess of 120 morphine equivalent doses provided the patient is seeing a pain management physician and documents analgesic efficacy and objective improvement, which is the case here. In light of the above, the currently requested Norco is medically necessary.

#### **Restoril 15mg #20: Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain, Sleep Medication, Insomnia treatment.

**Decision rationale:** Regarding the request for temazepam (Restoril), Chronic Pain Medical Treatment Guidelines state the 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 anxiolytic effects occurs within months and long-term

use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant." Within the documentation available for review, there is no description of the patient's sleep complaints, failure of behavioral treatment, response to medication, etc. As such, there is no clear indication for use of this medication. In light of the above issues, the currently requested temazepam (Restoril) is not medically necessary.

**Soma 350mg #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66 of 127.

**Decision rationale:** Regarding the request for carisoprodol (Soma), Chronic Pain Medical Treatment Guidelines support the use of non-sedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Guidelines go on to state that Soma specifically is not recommended for more than 2 to 3 weeks. Within the documentation available for review, it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation, as recommended by guidelines. In the absence of such documentation, the currently requested carisoprodol (Soma) is not medically necessary.

**MS Contin 60mg #90:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 44, 47, 75-79, 120 of 127.

**Decision rationale:** Regarding the request for MS Contin, California Pain Medical Treatment Guidelines note that it is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is indication that the medication is improving the patient's function and pain with no intolerable side effects or aberrant use, and the patient is noted to undergo monitoring. Additionally, guidelines allow for doses in excess of 120 morphine equivalent doses provided the patient is seeing a pain management physician and documents analgesic efficacy and objective improvement, which is the case here. In light of the above, the currently requested MS Contin is medically necessary.