

<b>Case Number:</b>	CM15-0143129		
<b>Date Assigned:</b>	08/04/2015	<b>Date of Injury:</b>	05/07/2014
<b>Decision Date:</b>	09/24/2015	<b>UR Denial Date:</b>	07/17/2015
<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

### 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 44 year old female, who sustained an industrial injury on May 7, 2014. She reported a coworker ran into her with a metal multilevel TV stand. The injured worker was diagnosed as having cervical-trapezial musculoligamentous sprain-strain, thoracic spine musculoligamentous sprain-strain, lumbar spine musculoligamentous sprain-strain with right lower extremity radiculitis, bilateral shoulder periscapular strain, bilateral medial and lateral epicondylitis, right cubital tunnel syndrome, bilateral forearm and wrist flexor and extensor tendinitis with carpal tunnel syndrome. Treatments and evaluations to date have included acupuncture, physical therapy, acupuncture, MRIs, and medication. Currently, the injured worker reports weakness of the bilateral wrists-forearms, dropping items, with difficulty with gripping and grasping. The Primary Treating Physician's report dated July 2, 2015, noted the injured worker reported pain with sitting and driving, rating her pain as 10 out of 10, remaining the same as the previous visit. Examination of the lumbar spine was noted to show a positive Kemp's test on the right, a positive Bechterews test, pain with flexion, extension, and left side bending and pain with right side bending with radicular symptoms to the right lower extremity. The treatment plan was noted to include a request for authorization for a lumbar-sacral orthosis (LSO) brace, begin Relafen, and medications including Norco and Sonata.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 7.5/325mg Qty: 60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80.

**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:** The patient presents on 07/02/15 with lumbar spine, and cervical spine pain rated 10/10. The patient's date of injury is 05/07/14. Patient has no documented surgical history directed at these complaints. The request is for Norco 7.5/325mg Qty 60. The RFA is dated 07/02/15. Physical examination dated 07/02/15 reveals positive Kemp's test on the right, positive Bechterew's test, reduced lumbar range of motion in all planes with pain elicitation upon movement with radicular symptoms noted in an unspecified location. The patient is currently prescribed Norco, Relafen, and Sonata. Patient is currently working with duty modifications. MTUS Guidelines Criteria For Use of Opioids pages 88 and 89 under Long-Term Users of Opioids: 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 under Criteria For Use of Opioids - Therapeutic Trial of Opioids, 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. In regard to the continuation of Norco for the management of this patient's chronic pain, the treater has not provided adequate documentation of efficacy to continue its use. Addressing medication efficacy, progress note dated 07/02/15 contains a check-box section for the 4A's documentation criteria which is left blank. MTUS guidelines require documentation of analgesia via a validated scale, activity-specific functional improvements, consistent urine drug screening, and a stated lack of aberrant behavior. In this case, no such documentation is provided. Without adequate 4A's documentation, continuation of this medication cannot be substantiated and the patient should be weaned. Owing to a lack of complete 4A's documentation, the request is not medically necessary.

**Sonata 10mg, Qty: 30:** 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), Insomnia Treatment.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress chapter, under Zaleplon (Sonata).

**Decision rationale:** The patient presents on 07/02/15 with lumbar spine, and cervical spine pain rated 10/10. The patient's date of injury is 05/07/14. Patient has no documented surgical history directed at these complaints. The request is for Sonata 10mg Qty: 30. The RFA is dated 07/02/15. Physical examination dated 07/02/15 reveals positive Kemp's test on the right, positive Bechterew's test, reduced lumbar range of motion in all planes with pain elicitation upon movement with radicular symptoms noted in an unspecified location. The patient is currently prescribed Norco, Relafen, and Sonata. Patient is currently working with duty modifications. ODG guidelines, Mental Illness and Stress chapter, section Zaleplon (Sonata) has the following: Reduces sleep latency. Because of its short half-life (one hour), may be re-administered upon

nocturnal waking provided it is administered at least 4 hours before wake time. This medication has a rapid onset of action. Short-term use (7-10 days) is indicated with a controlled trial showing effectiveness for up to 5 weeks. In regard to the request for Sonata for the management of this patient's chronic pain and associated insomnia, the requested duration of therapy exceeds guideline recommendations that this medication only be used short-term. This patient has been prescribed Sonata since at least 06/18/15, with the rationale: "Patient has failed behavioral techniques for improved sleep and has sleep difficulty." While this patient presents with significant chronic pain complaints, the requested 30 tablets in addition to prior use exceeds guideline recommendations. Therefore, this request is not medically necessary.

**Lumbar Spine (LSO) Brace:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic (Acute & Chronic), Lumbar Supports.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), under Lumbar Supports.

**Decision rationale:** The patient presents on 07/02/15 with lumbar spine, and cervical spine pain rated 10/10. The patient's date of injury is 05/07/14. Patient has no documented surgical history directed at these complaints. The request is for Lumbar Spine (LSO) Brace. The RFA is dated 07/02/15. Physical examination dated 07/02/15 reveals positive Kemp's test on the right, positive Bechterew's test, reduced lumbar range of motion in all planes with pain elicitation upon movement with radicular symptoms noted in an unspecified location. The patient is currently prescribed Norco, Relafen, and Sonata. Patient is currently working with duty modifications. The ACOEM Guidelines Chapter 12, page 301 on lumbar bracing states: Lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. ODG Guidelines, Low Back chapter under Lumbar Supports states, Not recommended for prevention; however, recommended as an option for compression fracture and specific treatment of spondylolisthesis, documented instability, and for treatment of nonspecific low back pain... very low quality evidence, but may be a conservative option. In regard to the request for a lumbar spine orthotic, the request is not supported by guidelines for nonspecific lumbar pain. Progress reports provided do not indicate that this patient has been issued any DME bracing for the lumbar spine to date. While ODG guidelines indicate that such bracing is a conservative option for nonspecific low back pain there is very low grade evidence for this treatment modality. This patient presents with chronic lower back pain without a history of surgical intervention, there is no indicate that this patient has any lumbar instability, spondylosis, fractures, or other acute injury which would warrant a lumbar brace. Therefore, the request is not medically necessary.