

<b>Case Number:</b>	CM15-0162540		
<b>Date Assigned:</b>	08/28/2015	<b>Date of Injury:</b>	10/29/1990
<b>Decision Date:</b>	10/08/2015	<b>UR Denial Date:</b>	08/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/19/2015

### 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 61-year-old female who sustained an industrial injury on 10-29-1990. The injured worker was diagnosed with lumbar radiculopathy, failed back syndrome, neurogenic bladder and bowel, neuropathic pain, gastrointestinal reflux, insomnia and depression. The injured worker is status post laminectomy and decompression in 1991, L3-S1 fusion in 1992, removal of hardware in 1993 and posterior interbody fusion in 1994. Treatment to date has included diagnostic testing, multiple spinal surgeries, urology, podiatry, psychiatric and podiatry evaluations and treatment, physical therapy, orthotics, wound care and medications. According to the primary treating physician's progress report on July 21, 2015, the injured worker continues to experience low back pain into the right leg associated with numbness and tingling. The injured worker rated her pain at 7 out of 10 on the pain scale. The injured worker reported a non-healing ulcer of the right heel, neurogenic bowel and bladder due to the injury. Evaluation noted an antalgic gait on the right and wearing an ankle-foot orthosis (AFO) brace for ambulation. Spasms were noted in the lumbar paraspinal muscles with dysesthesia to light touch in the right lower extremity. Strength was 4 out of 5 in the right knee flexion, extension, ankle dorsiflexion and 4 minus out of 5 in the plantar flexion. Current medications were listed as MsContin ER 30mg, Norco 10mg-325mg, Carisoprodol, Flector Patches and Meloxicam. Treatment plan consists of medications as prescribed, urine drug screening, podiatry follow-up, ankle brace replacement, special shoes, spinal cord stimulator (SCS) and the current request for MsContin ER 30mg, Norco 10mg-325mg, Carisoprodol, Flector Patches and Meloxicam.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #120:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Medications for chronic pain, Opioids, criteria for use, Opioids for chronic pain.

**Decision rationale:** The patient was injured on 10/20/90 and present with low back pain with sharp shooting/ stabbing/ burning pain in the right leg. The request is for NORCO 10/325 MG #120. The RFA is dated 09/01/15 and the patient is to return to modified work duty until 08/31/15. The patient has been taking this medication as early as 01/23/15. Treatment reports are provided from 01/08/15 to 07/21/15. MTUS, CRITERIA FOR USE OF OPIOIDS Section, 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, CRITERIA FOR USE OF OPIOIDS Section, 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, CRITERIA FOR USE OF OPIOIDS Section, p77, states that "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS, MEDICATIONS FOR CHRONIC PAIN Section, page 60 states that "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity." MTUS, OPIOIDS FOR CHRONIC PAIN Section, pages 80 and 81 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, page 90 states, "Hydrocodone has a recommended maximum dose of 60mg/24hrs." The 02/25/15 report indicates that the patient rates her pain as a 4/10 in the lower back and a 6-7/10 in the right leg. The 07/21/15 report states that the patient rates her pain as a 7/10 and "current medications are helping for pain without adverse effects and it keeps her functional. It also increases the pain tolerance. No aberrant behavior noted." Although there are general pain scales provided, there are no before and after medication pain scales. There are no examples of ADLs, which demonstrate medication efficacy. No validated instruments are used nor are there any outcome measures provided as required by MTUS Guidelines. There are no urine drug screens provided to see if the patient is compliant with her prescribed medications. The treating physician does not provide adequate documentation that is required by MTUS Guidelines for continued opiate use. The requested Norco IS NOT medically necessary.

**MS Contin ER 30mg #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 Medical Treatment 2009, Section(s): Medications for chronic pain, Opioids, criteria for use, Opioids for chronic pain.

**Decision rationale:** The patient was injured on 10/20/90 and present with low back pain with sharp shooting/ stabbing/ burning pain in the right leg. The request is for MS CONTIN ER 30 MG #60. The RFA is dated 09/01/15 and the patient is to return to modified work duty until 08/31/15. The patient has been taking this medication as early as 01/23/15. Treatment reports are provided from 01/08/15 to 07/21/15. MTUS, CRITERIA FOR USE OF OPIOIDS Section, 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, CRITERIA FOR USE OF OPIOIDS Section, 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, CRITERIA FOR USE OF OPIOIDS Section, p77, states that "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS, MEDICATIONS FOR CHRONIC PAIN Section, page 60 states that "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity." MTUS, OPIOIDS FOR CHRONIC PAIN Section, pages 80 and 81 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." The 02/25/15 report indicates that the patient rates her pain as a 4/10 in the lower back and a 6-7/10 in the right leg. The 07/21/15 report states that the patient rates her pain as a 7/10 and "current medications are helping for pain without adverse effects and it keeps her functional. It also increases the pain tolerance. No aberrant behavior noted." Although there are general pain scales provided, there are no before and after medication pain scales. There are no examples of ADLs, which demonstrate medication efficacy. No validated instruments are used nor are there any outcome measures provided as required by MTUS Guidelines. There are no urine drug screens provided to see if the patient is compliant with her prescribed medications. The treating physician does not provide adequate documentation that is required by MTUS Guidelines for continued opiate use. The requested MS Contin IS NOT medically necessary.

**Carisoprodol 350mg #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

**Decision rationale:** The patient was injured on 10/20/90 and present with low back pain with sharp shooting/ stabbing/ burning pain in the right leg. The request is for CARISOPRODOL 350 MG #30. The RFA is dated 09/01/15 and the patient is to return to modified work duty until 08/31/15. The patient has been taking this medication as early as 02/25/15. MTUS Guidelines, Muscle Relaxants section, pages 63-66 states "Carisoprodol (Soma): Neither of these formulations is recommended for longer than a 2- to 3-week period." This has been noted for sedated and relaxant effects. The patient has an antalgic gait on the right, is wearing an ankle-foot orthosis (AFO) brace for ambulation, and has spasms in the lumbar paraspinal muscles with dysesthesia to light touch in the right lower extremity. She is diagnosed with lumbar radiculopathy, failed back syndrome, neurogenic bladder and bowel, neuropathic pain, gastrointestinal reflux, insomnia and depression. MTUS Guidelines do not recommend the use of Carisoprodol for longer than 2 to 3 weeks. In this case, the patient has been taking Carisoprodol as early as 02/25/15, which exceeds the 2 to 3 weeks recommended by MTUS Guidelines. The requested Carisoprodol IS NOT medically necessary.

**Flector patches 1.3% #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

**Decision rationale:** The patient was injured on 10/20/90 and present with low back pain with sharp shooting/ stabbing/ burning pain in the right leg. The request is for FLECTOR PATCHES 1.3% #30. The RFA is dated 09/01/15 and the patient is to return to modified work duty until 08/31/15. The patient has been taking this medication as early as 05/27/15. MTUS Guidelines, NSAIDs (non-steroidal anti-inflammatory drugs) section, pages 111-113, state, "Indications: Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip, or shoulder. Neuropathic pain: Not recommended as there is no evidence to support use." The patient has an antalgic gait on the right, is wearing an ankle-foot orthosis (AFO) brace for ambulation, and has spasms in the lumbar paraspinal muscles with dysesthesia to light touch in the right lower extremity. She is diagnosed with lumbar radiculopathy, failed back syndrome, neurogenic bladder and bowel, neuropathic pain, gastrointestinal reflux, insomnia and depression. There is no indication of where these patches will be applied to. This medication is indicated for osteoarthritis/tendinitis, which does not appear to be in this patient. Due to lack of support from MTUS guidelines, the requested Flector patch IS NOT medically necessary.

**Meloxicam 7.5mg #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 Medical Treatment 2009, Section(s): Anti-inflammatory medications.

**Decision rationale:** The patient was injured on 10/20/90 and present with low back pain with sharp shooting/ stabbing/ burning pain in the right leg. The request is for MELOXICAM 7.5 MG #60. The RFA is dated 09/01/15 and the patient is to return to modified work duty until 08/31/15. The patient has been taking this medication as early as 01/23/15. MTUS Guidelines, Anti-inflammatory medications section, page 22 states: "Anti-inflammatory 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 non-steroidal anti-inflammatory drugs (NSAIDs) in chronic LBP and of antidepressants in chronic LBP." The patient has an antalgic gait on the right, is wearing an ankle-foot orthosis (AFO) brace for ambulation, and has spasms in the lumbar paraspinal muscles with dysesthesia to light touch in the right lower extremity. She is diagnosed with lumbar radiculopathy, failed back syndrome, neurogenic bladder and bowel, neuropathic pain, gastrointestinal reflux, insomnia and depression. There are no discussions provided regarding how Meloxicam has impacted the patient's pain and function. MTUS guidelines page 60 require recording of pain and function when medications are used for chronic pain. The request does not meet the guidelines. The requested Meloxicam IS NOT medically necessary.