

<b>Case Number:</b>	CM15-0163958		
<b>Date Assigned:</b>	09/01/2015	<b>Date of Injury:</b>	07/29/2003
<b>Decision Date:</b>	10/20/2015	<b>UR Denial Date:</b>	08/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/20/2015

### 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: Pediatrics, 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 54-year-old male, with a reported date of injury of 07-29-2003. The mechanism of injury was not indicated in the medical records provided for review. The injured worker's symptoms at the time of the injury were not indicated. The diagnoses include lumbar postlaminectomy syndrome, lumbar radiculopathy, lumbar degenerative disc disease, acquired spondylolisthesis, degeneration of lumbar or lumbosacral intervertebral disc, and chronic pain. Treatments and evaluation to date have included lumbar transforaminal epidural injection on 06-15-2015, lumbar spine surgery, and oral medications. The diagnostic studies to date have included a urine drug screen on 02-26-2015 which was positive for benzodiazepine and opiate; x-rays of the lumbar spine on 03-30-2015 which showed minimal dextroscoliosis and mild degenerative disc changes from L3-4 through L5-S1; an MRI of the lumbar spine on 03-30-2015 which showed L3-4 posterior annular defect or tear, bilateral paracentral disc protrusion, facet arthropathy, bilateral foraminal stenosis, and narrowing of the neural foramina. The progress report dated 07-24-2015 indicates that the injured worker is followed for chronic, severe low back pain, due to post lumbar laminectomy syndrome. Since the last visit, the injured worker reported an increase in low back and right lower extremity pain, with right lower extremity numbness, tingling, weakness, and burning. The injured worker's pain was rated 9 out of 10 without medications and 6 out of 10 with medications. His current pain was rated 6 out of 10. The physical examination showed decreased deep tendon reflexes in the bilateral lower extremities, right greater than left; tenderness in the low back; a well-healed surgical scar on the lumbar spine; positive bilateral straight leg raise test; bilateral sciatic notch tenderness; lumbar

forward flexion at 35 degrees; lumbar left and right lateral bend at 15 degrees; increased back pain with heel walking; increased back pain with toe walking; an antalgic gait; right lumbar spasm; decreased bilateral lower extremity strength; decreased sensation to pinprick in the right L4-S1; decreased sensation to light touch at right L4-S1; and decreased deep tendon reflexes in the bilateral lower extremities, right greater than left. The treatment plan included the prescription for Restoril 30mg #30, one by mouth at bedtime as needed for insomnia; Naprosyn 500mg #60, one by mouth twice a day as needed for pain; and Norco 10-325mg #90, one by mouth three times a day as needed for pain. The injured worker was permanent and stationary. The treating physician requested Restoril 30mg #30 with one refill, Naprosyn 500mg #60 with one refill, and Norco 10-325mg #90 with one refill.

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

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

**Restoril 30 MG #30 with 1 Refill:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental/Stress Chapter, Benzodiazepines.

**Decision rationale:** The MTUS Chronic Pain Guidelines indicate that benzodiazepines are not recommended for long-term use because long-term effectiveness is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. The MTUS states that a more appropriate treatment for anxiety disorder is an antidepressant. The MTUS does not recommend benzodiazepines for long-term use for any condition. The MTUS does not recommend benzodiazepines as muscle relaxants. Restoril is a benzodiazepine, and the treating physician prescribed the medication for insomnia. The injured worker has been taking Restoril since at least 02-24-2015. The Official Disability Guidelines recommend against prescribing benzodiazepines with opioids and other sedatives. The injured worker has been prescribed and has been taking Norco, which is an opioid. The request does not meet guideline recommendation. Therefore, the request for Restoril is not medically necessary.

**Naprosyn 500 MG #60 with 1 Refill:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

**Decision rationale:** The CA MTUS Chronic Pain Guidelines indicate that anti-inflammatory medications are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be justified. Naprosyn is the brand name for Naproxen. The guidelines state "Naproxen is a non-steroidal anti-inflammatory drug (NSAID) for the relief of the signs and symptoms of osteoarthritis." The guidelines also indicate that for osteoarthritis, NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. There is inconsistent evidence for the use of these medications for the treatment of long-term neuropathic pain; however, NSAIDs may be useful for breakthrough and mixed pain conditions in patients with neuropathic pain. There is documentation that the injured worker had low back pain with ongoing right lower extremity numbness, tingling, weakness, and burning. The injured worker has been taking Naprosyn since at least 02-24-2015. The request does not meet guideline recommendations. Therefore, the request for Naprosyn is not medically necessary.

**Norco 10/325 MG #90 with 1 Refill:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

**Decision rationale:** The CA MTUS Chronic Pain Guidelines indicate that Norco (hydrocodone and acetaminophen) is recommended for moderate to moderately severe pain. The injured worker has been taking Norco since at least 02-24-2015. The MTUS Guidelines state that on-going management for the use of opioids should include the on-going review and documentation of pain relief, functional status, appropriate medication use, and side effects. The pain assessment should include current pain, the least reported pain over the period since the last assessment, average pain, and intensity of pain after taking the opioid, how long it takes for pain relief, and how long the pain relief lasts. There was documentation of the injured worker's current pain rating; however, the documentation did not include all of the other items as recommended by the guidelines. There is insufficient evidence that the treating physician is prescribing opioids according to the MTUS, which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, and opioid contract. A random drug test was performed; however, an opioid contract was not discussed. It was noted that the medications prescribed were keeping the injured worker functional, allowing for increased mobility and tolerance of the activities of daily living and home exercises. It was also noted that no side effects were associated with the medications. It was noted that the urine drug test and CURES reports were appropriate; the injured worker seemed to be using the medications appropriately and responsibly; and the medications helped the injured worker to better perform valued activities of daily living, improved his affect, and overall quality of life without any intolerable side effects. There is no evidence of significant pain relief or increased function from the opioids used to date. Therefore, the request for Norco is not medically necessary.