

<b>Case Number:</b>	CM15-0167997		
<b>Date Assigned:</b>	09/08/2015	<b>Date of Injury:</b>	06/19/1997
<b>Decision Date:</b>	10/14/2015	<b>UR Denial Date:</b>	08/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/26/2015

### 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: Anesthesiology

### 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 50 year old male, who sustained an industrial injury on 6-19-97. The injured worker was diagnosed as having chronic pain syndrome, chronic lumbar back pain, lumbosacral radiculopathy, coccygeal pain, myofascial pain syndrome, and depression-anxiety, insertion of programmable spinal drug infusion pump and sympathetic reflex dystrophy of lower limb. Treatment to date has included multiple back surgeries, epidural steroid injections, oral medications including Norco 10-325mg, Baclofen 10mg, Lorazepam 1mg, Zofran 4mg, Phenergan syrup and topical Lidoderm patch and Thermacare heat wraps along with Fentanyl, Clonidine and Bupivacaine for intrathecal pump. Currently on 8-11-15, the injured worker complains of pain in bilateral arms, legs, shoulders, buttocks, elbows, hips, hands, knees and low back. The pain is noted to be constant, sharp, aching, cramping, shooting, throbbing, dull, burning, stabbing and rated 7 out of 10 with medications and 10 out of 10 without medications; unchanged from previous visit. She reported pain reduction for several months following epidural steroid injection. Physical exam performed on 8-11-15 revealed decreased dermatomal sensation at S1 bilaterally. The treatment plan included prescriptions for Norco 10-325mg.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lorazepam 1mg TID #90 with 2 refills: 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) Benzodiazepines.

**Decision rationale:** Ativan (Lorazepam) is a long-acting benzodiazepine, having anxiolytic, sedative, muscle relaxant, anticonvulsant, and hypnotic properties. Most guidelines recommend the use of Ativan for the treatment of anxiety disorders, and as an adjunct treatment for anxiety associated with major depression. Use of this medication is limited to four weeks. There is no documentation provided indicating that the patient is maintained on any antidepressant medication. In addition, there are no guideline criteria that support the long-term use of benzodiazepines. In this case, the injured worker has received Lorazepam since at least 10-1-14 without an improvement in symptoms. Medical necessity for the requested medication has not been established. The requested medication is not medically necessary.

**Caudal Epidural Steroid Injection:** 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): Epidural steroid injections (ESIs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Epidural steroid injections (ESIs).

**Decision rationale:** Caudal epidural steroid injections are a combination of a steroid and a local anesthetic that is delivered to the lower back to treat chronic back and lower extremity pain. The purpose of an epidural steroid injection (ESI) is to reduce pain and inflammation, thereby facilitating progress in more active treatment programs and reduction of medication use, but this treatment alone offers no significant long-term functional benefit. Radiculopathy (due to herniated nucleus pulposus, but not spinal stenosis) must be documented. Objective findings on examination need to be present. The CA MTUS guidelines state radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In this case, there was no documentation of any imaging findings of nerve root compromise, or reports of at least 50% pain relief for at least 6-8 weeks from the last caudal ESI done on 12/5/2014 with an associated functional improvement and reduction of opiate use. Medical necessity for the requested caudal ESI has not been established. The requested ESI is not medically necessary.

**Baclofen 10mg TID #90:** 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): Muscle relaxants (for pain).

**Decision rationale:** The California MTUS Guidelines recommend non-sedating muscle relaxants, such as Baclofen, with caution as a second-line option for short-term treatment of acute low back pain (LBP), and for short-term (less than 2 weeks) treatment of acute exacerbations in patients with chronic LBP. The mechanism of action is blockade of the pre- and post-synaptic GABA receptors. It is recommended orally for the treatment of spasticity and muscle spasm related to multiple sclerosis and spinal cord injuries. It is also a first-line option for the treatment of dystonia. Baclofen has been noted to have benefits for treating lancinating, paroxysmal neuropathic pain. In this case, there is no documentation provided necessitating the use of Baclofen. There is no evidence of objective functional benefit to support any subjective improvements noted. In addition, the cited guidelines do not recommend this medication to be used for longer than 2-3 weeks. In this case, the injured worker has received Baclofen since at least 10-1-14. Medical necessity for the requested medication has not been established. The requested item is not medically necessary.

**Zofran 4mg TID #60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain, Antiemetics (for opioid nausea).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Zofran and Other Medical Treatment Guidelines Medscape Internal Medicine (2014).

**Decision rationale:** Ondansetron (Zofran) is used to prevent nausea and vomiting that may be caused by anesthesia-surgery, or chemotherapy or radiation therapy. It is also approved for use acutely with gastroenteritis. Ondansetron is not used and is ineffective for nausea associated with narcotic analgesics. In addition, for this case, there is no documentation of nausea. Medical necessity of the requested medication has not been established. The requested medication is not medically necessary.

**Norco 10/325mg 1-2 tabs every 4-6 hours; max 7/day #210:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain, Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Opioids.

**Decision rationale:** According to the CA MTUS, Norco 10-325mg (Hydrocodone-Acetaminophen) is a short-acting opioid analgesic indicated for moderate to moderately severe pain, and is used to manage both acute and chronic pain. The treatment of chronic pain with any

opioid analgesic requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. A pain assessment should include current pain, intensity of pain after taking the opiate, and the duration of pain relief. In this case, there is insufficient evidence that the opioids were prescribed according to the CA MTUS guidelines, which recommend prescribing according to function, with specific functional goals, return to work, random drug testing, an opioid contract, and documentation of a prior failure of non-opioid therapy. In addition, the MTUS recommends urine drug screens for patients with poor pain control and to help manage patients at risk of abuse. There is no documentation of this medication's functional benefit or duration of relief from pain. The injured worker has received Norco since at least 10-1-14 without improvement in symptoms. Work status of the injured worker is not documented and a urine toxicology screen was not submitted for review. Medical necessity of the requested item has not been established. Of note, discontinuation of an opioid analgesic should include a taper, to avoid withdrawal symptoms. The requested medication is not medically necessary.