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| <b>Case Number:</b>   | CM15-0185457 |                              |            |
| <b>Date Assigned:</b> | 09/25/2015   | <b>Date of Injury:</b>       | 09/23/2011 |
| <b>Decision Date:</b> | 11/06/2015   | <b>UR Denial Date:</b>       | 08/24/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 09/21/2015 |

### 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, Hawaii

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:

This is a 49 year old female with a date of injury on 9-23-2011. A review of the medical records indicates that the injured worker is undergoing treatment for cervical spine status post anterior cervical discectomy and fusion (ACDF) C5-6, lumbar spine degenerative disc disease L4-5 and L5-S1 with symptoms of lower extremity radiculitis, osteoarthritis bilateral hips and symptoms of anxiety and depression. Medical records (5-6-2015 to 8-6-2015) indicate ongoing low back pain and persistent neck pain. The injured worker also complained of pain radiating from the groin to the knees. Per the treating physician (8-6-2015), the injured worker was temporarily totally disabled. The physical exam (8-6-2015) revealed tenderness to palpation and paraspinal spasm in the lower lumbar spine. There was diminished sensation to light touch in the bilateral thighs and calves. Treatment has included spinal fusion surgery and medications (Norco, MS Contin and Ativan since at least 3-4-2015). The original Utilization Review (UR) (8-24-2015) denied requests for Norco, MS Contin and Ativan.

### 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:** 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.

**Decision rationale:** The patient presents with cervical spine status post anterior cervical discectomy and fusion (ACDF) C5-6, lumbar spine degenerative disc disease L4-5 and L5-S1 with symptoms of lower extremity radiculitis, osteoarthritis bilateral hips and symptoms of anxiety and depression. The patient currently complains of ongoing low back pain and persistent neck pain, as well as pain radiating from the groin to the knees. The current request is for Norco 10/325mg #120. Norco contains a combination of acetaminophen and hydrocodone. Hydrocodone is an opioid pain medication. The treating physician states in the report dated 8/6/15 (33B), "We will continue to attempt to find a pain management specialist who can follow her long-term regarding the necessity for large quantities of oral medications. RX: Norco 10/325 #120 no RF, one po q6 hours prn pain." For chronic opiate use, MTUS Guidelines 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 page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and aberrant 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 this case, the treating physician participated in a peer discussion (4A) with the utilization review physician and voiced the desire to wean down opioids usage. The physician is seeking to transfer the patient's medication management to a Pain Management specialist, however the patient has been unable to secure a PM&R provider to help the patient wean down opioids. Additionally, there is no discussion regarding analgesia, ADLs, adverse side effects or aberrant behaviors. There is no documentation of a 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 guidelines require much more thorough documentation for ongoing opioid usage. The patient should be slowly weaned per MTUS Guidelines. The current request is not medically necessary.

**MS Contin 30mgs #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): Opioids, criteria for use.

**Decision rationale:** The patient presents with cervical spine status post anterior cervical discectomy and fusion (ACDF) C5-6, lumbar spine degenerative disc disease L4-5 and L5-S1 with symptoms of lower extremity radiculitis, osteoarthritis bilateral hips and symptoms of anxiety and depression. The patient currently complains of ongoing low back pain and persistent neck pain, as well as pain radiating from the groin to the knees. The current request is for MS Contin 30mgs #90. MS Contin (morphine) is an opioid pain medication. The treating physician

states in the treating report dated 8/6/15 (33B), "We will continue to attempt to find a pain management specialist who can follow her long-term regarding the necessity for large quantities of oral medications. RX: MS Contin 30mg #90, no RF, one po TID prn pain." For chronic opiate use, MTUS Guidelines 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 page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and aberrant 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 this case, the treating physician participated in a peer discussion (4A) with the utilization reviewer and voiced the desire to wean down opioids usage. The physician is seeking to transfer the patient's medication management to a Pain Management specialist, however the patient has been unable to secure a PM&R provider to help the patient wean down opioids. Additionally, there is no discussion regarding analgesia, ADLs, adverse side effects or aberrant behaviors. There is no documentation of a 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 guidelines require much more thorough documentation for ongoing opioid usage. The patient should be slowly weaned per MTUS Guidelines. The current request is not medically necessary.

**Ativan 1mg #90:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Pain, Lorazepam.

**Decision rationale:** The patient presents with cervical spine status post anterior cervical discectomy and fusion (ACDF) C5-6, lumbar spine degenerative disc disease L4-5 and L5-S1 with symptoms of lower extremity radiculitis, osteoarthritis bilateral hips and symptoms of anxiety and depression. The patient currently complains of ongoing low back pain and persistent neck pain, as well as pain radiating from the groin to the knees. The current request is for Ativan 1mg #90. Ativan (lorazepam) is in a group of drugs called benzodiazepines. The treating physician states in the treating report dated 8/6/15 (33B), "RX: Ativan 1mg, #90, no RF, one po BID prn spasm." MTUS guidelines, regarding Benzodiazepines states, "Not recommended for long-term use (longer than two weeks), because long-term efficacy is unproven and there is a risk of psychological and physical dependence or frank addiction. Most guidelines limit use to 4 weeks. Benzodiazepines are a major cause of overdose, particularly as they act synergistically with other drugs such as opioids (mixed overdoses are often a cause of fatalities). Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly (3-14 day). 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." In this case, it is unclear how long the patient has been treating with Ativan but treatment is documented back to at least 3/4/15 (82B). Given the extended use of this medication beyond the MTUS guidelines the current request is not medically necessary.