

<b>Case Number:</b>	CM15-0189443		
<b>Date Assigned:</b>	10/02/2015	<b>Date of Injury:</b>	11/05/2008
<b>Decision Date:</b>	11/13/2015	<b>UR Denial Date:</b>	09/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/25/2015

### 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 53-year-old female, who sustained an industrial injury on 11-5-2008. A review of the medical records indicates that the injured worker is undergoing treatment for lumbar spine disc disease, lumbar radiculopathy, cervical spine discopathy, and thoracic spine sprain-strain. On 8-13-2015, the injured worker reported cervical spine pain rated at 5 out of 10, improved since the rating of 9.5 out of 10 on 7-9-2015, and lumbar spine pain rated at 9.5 out of 10, with neck pain decreased due to an epidural injections but the low back pain had increased since the previous visit. The lumbar pain was noted to radiate into the buttocks and down into the feet, with numbness. The Primary Treating Physician's report dated 8-13-2015, noted the injured worker reported approximately 55-60% relief of pain from a left C5-C6 selective epidural steroid injection (ESI). The injured worker was noted to be taking her medications regularly, tolerating them well, with the medications noted to be helping with her pain. The physical examination was noted to show the injured worker ambulating with assistance, with the cervical spine examination showing decreased curvature, tenderness to palpation and spasm in the cervical and thoracic paraspinal muscles with multiple trigger points on both trapezii, and positive axial head compression and Spurling's sign. Tenderness was noted over the right acromioclavicular joint with pitting edema over the bilateral lower extremities. The lumbar spine examination was noted to show severe tenderness to palpation with spasm in the thoracolumbar paraspinals and severe tenderness to palpation in the bilateral lumbar spine facets. Straight leg raise was noted to be positive bilaterally with severe pain with lumbar spine range of motion (ROM). Prior treatments have included acupuncture, physical therapy, massage, and exercises all noted to have provided

temporary relief, a TENS unit, cold unit, epidural steroid injection (ESI), trigger point injection, chiropractic treatments, and medications including Medrol, Topamax, Norco, Klonopin, Tizanidine, Omeprazole, Flexeril, and Duragesic patches, noted to be allergic to Lidocaine, Lisinopril, and the Penicillin family. The treatment plan was noted to include refills of the medications including Fexmid, Quazepam, prescribed since at least 3-12-2015, Gabapentin, and Duragesic patches, prescribed since at least 3-12-2015, a random urine drug screen (UDS), and a request for authorization for a light weight three pronged pivot cane. The injured worker was noted to be at high risk for narcotic abuse, misuse and dependency per the score of 19 on the Opioid Risk Assessment per the SOAPP-R method. The urine drug screen (UDS) from 7-9-2015, was noted to be negative for Gabapentin and Quazepam, with the injured worker admitting she only took the Quazepam on an as needed basis. The request for authorization dated 9-10-2015, requested a retrospective urine toxicology screening, DOS: 8/13/15, a light weight 3 pronged-pivot cane, Fexmid 7.5mg #60, Duragesic patches 50mcg #30, and Quazepam 15mg #30. The Utilization Review (UR) dated 9-16-2015, approved the requests for a retrospective urine toxicology screening, DOS: 8/13/15, a light weight 3 pronged-pivot cane, and Fexmid 7.5mg #60, and denied the requests for Duragesic patches 50mcg #30, and Quazepam 15mg #30.

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

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

**Quazepam 15mg #30: 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) Pain Chapter, under Insomnia treatment.

**Decision rationale:** The patient was injured on 11/05/08 and presents with pain in her lumbar, thoracic, and cervical spine. The request is for QUAZEPAM 15 MG #30. The RFA is dated 08/26/15 and the patient's work status is not provided. The patient has been taking this medication as early as 04/09/15. MTUS Guidelines, Benzodiazepines section, page 24 states: Not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. MTUS does not discuss insomnia treatment, therefore ODG guidelines were consulted. ODG Guidelines, Pain Chapter, under Insomnia treatment states: Benzodiazepines are similar in efficacy to benzodiazepine-receptor agonists; however, the less desirable side-effect profile limits their use as a first-line agent, particularly for long-term use. The guideline states that the first-line medications for insomnia are the Non-Benzodiazepine sedative-hypnotics (Benzodiazepine-receptor agonists). ODG also states Failure of sleep disturbance to resolve in a 7 to 10 day period may indicate a psychiatric and/or medical illness. The patient is diagnosed with lumbar spine disc disease, lumbar radiculopathy, cervical spine discopathy, and thoracic spine sprain-strain. She also has problems sleeping. ODG guidelines regarding benzodiazepines do not recommend treatment for sleep disturbance over 10 days. However, the patient has been taking this medication as early as

04/09/15, which exceeds the 4-week period recommended by MTUS Guidelines. The request is not in accordance with guidelines. The requested Quazepam IS NOT medically necessary.

**Duragesic patches 50mcg #30:** 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, Medications for chronic pain, Opioids for chronic pain.

**Decision rationale:** The patient was injured on 11/05/08 and presents with pain in her lumbar, thoracic, and cervical spine. The request is for DURAGESIC PATCHES 50 MCG #30. The RFA is dated 08/26/15 and the patient's work status is not provided. The patient has been using this patch as early as 04/09/15. 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 04/09/15 report states that she rates her pain as a 9/10 and on 05/14/15; she rated it as an 8/10. The 07/09/15 and 08/13/15 reports state that the patient rated her pain as a 9.5/10. "She states that her medications are helping with her pain" [she is at] high risk for narcotic abuse, misuse, and dependency "Her last urinary screening from May 14, 2015 was consistent with medications being prescribed." In this case, none of the 4 A's are addressed as required by MTUS Guidelines. There are no before and after medication pain scales provided. There are no examples of ADLs, which neither demonstrate medication efficacy nor are there any discussions provided on adverse behavior/side effects. No validated instruments are used either. There is no pain management issues discussed such as CURES report, pain contract, et cetera. No outcome measures are provided as required by MTUS Guidelines. The treating physician does not provide adequate documentation that is required by MTUS Guidelines for continued opiate use. The requested Duragesic Patch IS NOT medically necessary.