

<b>Case Number:</b>	CM15-0191313		
<b>Date Assigned:</b>	10/05/2015	<b>Date of Injury:</b>	03/20/2011
<b>Decision Date:</b>	11/24/2015	<b>UR Denial Date:</b>	09/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/29/2015

### 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: Orthopedic Surgery

### 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 59 year old female, who sustained an industrial injury on 3-20-11. The injured worker was diagnosed as having lumbar disc disease; lumbar facet arthropathy; lumbar degenerative disc disease. Treatment to date has included physical therapy; drug screening; medications. Diagnostics studies included MRI lumbar spine (2-17-15). Currently, the PR-2 notes dated 8-6-15 indicated the injured worker was seen on this date as a follow-up evaluation. The provider documents "She was last seen on 7-2-15. She currently complains of lower back pain which has remained unchanged since her last visit. She has been taking her medications regularly and tolerates them well. Furthermore, she states that the medications are helping with her pain. She denies having seen a physician, having had any diagnostic studies or having had any changes to her medical history as documented in her last appointment." On physical examination, the provider documents "Gait-wide based; Heel-toe walk-performs with difficulty secondary to low back pain. Lumbar spine inspection: diffuse tenderness to palpation guarding and spasm noted over the lumbar paraspinal muscles. There is severe facet tenderness noted L4 through S1. Straight leg raise testing causes back pain bilaterally. The patient has decreased sensation in the L4, L5, and S1 dermatomes bilaterally." His discussion with the injured worker is documented as: "The patient has done significantly well after undergoing a spinal cord stimulator trial. She is very contented with the results. As we await authorization, she will be scheduled for a bilateral L3 through L5 facet rhizotomy-neurolysis. She is essentially unchanged since her last visit. She states that her medications are the only thing that is helping her get through the day." An operative record was submitted indicating the injured worker had a

"Percutaneous trial implant of a left and a right spinal cord stimulator electrode, 8 contact electrodes, at superior endplate of T8, left and right side" on 6-27-15. She has been authorized for a bilateral L3 through L5 medial branch nerve block rhizotomy-neurolysis and evading bilateral L4-L5 and L5-S1 facet joints. He reviews the urinary drug screening test from 7-2-15 that was positive for Norco and Dilaudid. He notes it also picked up old traces of Oxycodone which was inconsistent. She reports she took what was left of an old bottle of that medications. He has warned her of this behavior. The submitted records do not define the start dates for these medications as requested. A Request for Authorization is dated 9-23-15. A Utilization Review letter is dated 9-15-15 and non-certification Norco 10/325mg #60; Ativan 1mg #60; Dilaudid 4mg #120; Ambien 10mg #30; Ambien 10mg #30 and Spinal Stimulator Implantation for the lumbar spine. A request for authorization has been received for Norco 10/325mg #60; Ativan 1mg #60; Dilaudid 4mg #120; Ambien 10mg #30; Ambien 10mg #30 and Spinal Stimulator Implantation for the lumbar spine.

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

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

**Ativan 1mg #60:** 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 rationale:** According to the CA MTUS Chronic Pain Medical Treatment Guidelines, page 24, regarding benzodiazepines, "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. 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. 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. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks." In this case the exam note from 7/2/15 does not demonstrate a quantitative assessment of improvement in functional activity while on the medication. In addition there is no mention of prior response to this medication, increase in activity of a urine toxicology report demonstrating compliance. Therefore the request for Ativan is not medically necessary and is not medically necessary.

**Dilaudid 4mg #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 (Classification).

**Decision rationale:** According to the CA MTUS/Chronic Pain Medical Treatment Guidelines, page 80, opioids should be continued if the patient has returned to work and the patient has improved functioning and pain. Based upon the records reviewed there is insufficient evidence to support chronic use of narcotics. There is lack of demonstrated functional improvement, percentage of relief, demonstration of urine toxicology compliance or increase in activity from the exam note of 7/2/15. Therefore the determination is not medically necessary.

**Ambien 10mg #30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (updated 09/08/2015), Online Version.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Zolpidem.

**Decision rationale:** CA MTUS/ACOEM is silent on the issue of Ambien. According to the ODG, Pain Section, Zolpidem (Ambien) is a prescription short-acting non-benzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia. Proper sleep hygiene is critical to the individual with chronic pain and often is hard to obtain. Various medications may provide short-term benefit. While sleeping pills, so-called minor tranquilizers, and anti-anxiety agents are commonly prescribed in chronic pain, pain specialists rarely, if ever, recommend them for long-term use. They can be habit-forming, and they may impair function and memory more than opioid pain relievers. There is also concern that they may increase pain and depression over the long-term. There is no evidence in the records from 7/2/15 of insomnia to warrant Ambien. Therefore the determination is not medically necessary.

**Zanaflex 4mg #60:** 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:** Per the CA MTUS/Chronic Pain Treatment Guidelines, page 66, Zanaflex is appropriate for chronic myofascial pain syndrome and is approved for spasticity. In this case there is no objective evidence in the exam note from 7/2/15 supporting spasticity and no evidence of chronic myofascial pain syndrome or fibromyalgia. Therefore the determination is not medically necessary.

**Norco 10/325mg #60:** 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, specific drug list.

**Decision rationale:** According to the CA MTUS/Chronic Pain Medical Treatment Guidelines, page 80, opioids should be continued if the patient has returned to work and the patient has improved functioning and pain. Based upon the records reviewed there is insufficient evidence to support chronic use of narcotics. There is lack of demonstrated functional improvement, percentage of relief, demonstration of urine toxicology compliance or increase in activity from the exam note of 7/2/15. Therefore the determination is not medically necessary.

**Spinal Stimulator Implantation for the lumbar spine:** 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): Spinal cord stimulators (SCS).

**Decision rationale:** CA MTUS Chronic Pain Medical Treatment Guidelines, pages 106-107 states that it is recommended only for selected patients when less invasive procedures have failed or are contraindicated for specific conditions and when there is a successful temporary trial. Those conditions are as stated below. Indications for stimulator implantation: Failed back syndrome (persistent pain in patients who have undergone at least one previous back operation), more helpful for lower extremity than low back pain, although both stand to benefit, 40-60% success rate 5 years after surgery. It works best for neuropathic pain. Neurostimulation is generally considered to be ineffective in treating nociceptive pain. The procedure should be employed with more caution in the cervical region than in the thoracic or lumbar. Complex Regional Pain Syndrome (CRPS)/Reflex sympathetic dystrophy (RSD), 70-90% success rate, at 14 to 41 months after surgery. (Note: This is a controversial diagnosis.) Post amputation pain (phantom limb pain), 68% success rate. Post herpetic neuralgia, 90% success rate. Spinal cord injury dysesthesias (pain in lower extremities associated with spinal cord injury). Pain associated with multiple sclerosis. Peripheral vascular disease (insufficient blood flow to the lower extremity, causing pain and placing it at risk for amputation), 80% success at avoiding the need for amputation when the initial implant trial was successful. The data is also very strong for angina. In this case the exam note from 7/2/15 does not demonstrate any of the above indications as being satisfied or lesser invasive procedures have been attempted. Therefore the determination is not medically necessary.