

<b>Case Number:</b>	CM15-0191910		
<b>Date Assigned:</b>	10/05/2015	<b>Date of Injury:</b>	02/24/2004
<b>Decision Date:</b>	12/09/2015	<b>UR Denial Date:</b>	09/25/2015
<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: New York, California

Certification(s)/Specialty: Emergency 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 female who sustained an industrial injury on 2-24-04. The medical records indicate that the injured worker was treated for failed back syndrome; postlaminectomy syndrome; opioid dependence; benzodiazepine dependence; obesity; sprain-strain-abrasion-contusion left knee; patellofemoral chondromalacia right knee; degenerative arthrosis, medial compartment, bilateral knees; sprain-strain left ankle; residual lower extremity radiculitis-radiculopathy L5-S1; hardware removal (12-2014). She currently (9-15-15) reports worsening lumbar back pain; increased anxiety attacks as Xanax has been decreased. She rates her pain level at 8 out of 10. On physical exam there was cervical tenderness; lumbar tenderness with decreased range of motion. On (8-18-15) complains of numbness and tingling in the lower back extending to the left leg and toes and from the right toes to the right knee; pain in the lower back extending to bilateral hips and feet and left leg weakness with a pain level of 7-8 out of 10. On (7-21-15) is post-operative spinal hardware removal. Note indicates that she is taking less Norco and Butrans. She complains of insomnia. On physical exam there was pain in the lower lumbar region, positive straight leg raise bilaterally, decreased sensation in the left lower extremity. Diagnostics included electromyography-nerve conduction study (8-19-15) of bilateral lower extremities was normal. Treatments to date included medications: Cymbalta, Norco (on since at least 5-9-12), Butrans, alprazolam, Lunesta (on since at least 7-10-12), Soma, Lyrica (on since at least 12-23-14); pool therapy without much benefit; transcutaneous electrical nerve stimulator unit with benefit; laminectomy L5-6 (2-2005); fusion of L5-S1 (8-2006); removal of hardware lumbar spine (8-2009); fusion at L2-S1 (8-2011); removal of hardware from lumbar

spine (12-2014). The request for authorization dated 9-17-15 was for Lunesta 3 mg #30; Norco 10-325mg #100; Lyrica 75 mg #30 behavioral therapy evaluation under multidisciplinary pain program with detoxification. On 9-25-15 Utilization Review non-certified the requests for Lunesta 3 mg #30 and modified to #25; Norco 10-325mg #100 and modified to #80; Lyrica 75 mg #30; behavioral therapy evaluation under multidisciplinary pain program with detoxification.

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

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

#### **Lunesta 3mg #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 07/15/2015).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Health - Eszopicolone.

**Decision rationale:** CA MTUS is silent on this topic. ODG guidelines do not recommend this medication for long-term use. It is recommended these medications are limited "to three weeks maximum in the first two months of injury only, and discourage use in the chronic phase. 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." Additionally, "There is also concern that they may increase pain and depression over the long-term." As there is no documentation in the chart that discusses the IW's mental health or sleep disturbance, treatments employed to address mental health conditions, or effects of these treatments, it is unclear why this medication is being prescribed. The IW has been prescribing this medication for more than 2 months. This exceeds the recommendations of the guidelines. Without an understanding of the IW's specific needs, the request for Lunesta is not medically necessary.

#### **Norco 10/325mg #100: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids (Classification), Weaning of Medications.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain, Opioids, dealing with misuse & addiction, Opioids, specific drug list.

**Decision rationale:** CA MTUS, chronic pain guidelines, offer very specific guidelines for the ongoing use of narcotic pain medication to treat chronic pain. These recommendations state that the lowest possible dose be used as well as ongoing review and documentation of pain relief, functional status, appropriate medication use and its side effects. It also recommends that providers of opiate medication document the injured worker's response to pain medication including the duration of symptomatic relief, functional improvements, and the level of pain

relief with the medications. The included documentation fails to include the above recommended documentation. The IW has been using the opiate for a minimum of 6 months. There is no discussion of specific functional improvement tied to the use of this medication. The IW continues to use several medications to mitigate pain with documented improvement in symptoms or in activity tolerance. In addition, the request does not include dosing frequency or duration. The request for opiate analgesia is not medically necessary.

**Behavioral therapy evaluation under the multidisciplinary pain program with detoxification:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Behavioral interventions, Detoxification.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Behavioral interventions.

**Decision rationale:** According to the Ca-MTUS, behavioral interventions are "Recommended. The identification and reinforcement of coping skills is often more useful in the treatment of pain than ongoing medication or therapy, which could lead to psychological or physical dependence. See also Multi-disciplinary pain programs. ODG Cognitive Behavioral Therapy (CBT) guidelines for chronic pain: Screen for patients with risk factors for delayed recovery, including fear avoidance beliefs. See Fear-avoidance beliefs questionnaire (FABQ). Initial therapy for these at risk patients should be physical medicine for exercise instruction, using a cognitive motivational approach to physical medicine. Consider separate psychotherapy CBT referral after 4 weeks if lack of progress from physical medicine alone: Initial trial of 3-4 psychotherapy visits over 2 weeks - With evidence of objective functional improvement, total of up to 6-10 visits over 5-6 weeks (individual sessions)." The requesting provider does not discuss the specific needs to be addressed in the sessions. There is no discussion of the different disciplines to be utilized during the sessions. It is also unclear what detoxification means. There is no discussion or attempts at medication weaning. Prescription medication is renewed without adjustment or tapering plan. Without clarity of the request, behavior therapy evaluation is determined not medically necessary.

**Lyrica 75mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Pregabalin (Lyrica).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Pregabalin (Lyrica).

**Decision rationale:** Per the MTUS, pregabalin is recommended for neuropathic pain, specifically neuropathic pain resulting from diabetes or post-herpetic conditions. The medication has also been approved for fibromyalgia. There is no good evidence in this case for neuropathic pain or any of the aforementioned conditions. There are no physician reports which adequately address the specific symptomatic and functional benefit from the AEDs used to date. Note the

criteria for a good response per the MTUS. None of the reports show any specific benefit, and all the reports state that pain severely affects all activities. Pregabalin is not medically necessary based on the lack of any clear indication, and the lack of significant symptomatic and functional benefit from its use to date.