

<b>Case Number:</b>	CM15-0199158		
<b>Date Assigned:</b>	10/14/2015	<b>Date of Injury:</b>	09/22/2002
<b>Decision Date:</b>	12/29/2015	<b>UR Denial Date:</b>	09/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/09/2015

### 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: Internal 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 45 year old female, who sustained an industrial injury on 9-22-2002. The injured worker is undergoing treatment for lumbar radiculopathy, post lumbar laminectomy syndrome, lumbar degenerative disc disease (DDD) and low back pain. Medical records dated 9-16-2015 indicate the injured worker complains of back pain rated 6 out of 10 with medication and 9 out of 10 without medication. She reports she has increased her activity level but has poor quality of sleep. The treating physician on 9-16-2015 indicates weaning of pain medication and the injured worker is working full time, is independent for activities of daily living (ADL) and does light house-keeping and shopping but would not be able to work without medication. Physical exam dated 9-16-2015 notes mild pain, fatigued appearance and antalgic gait. There is lumbar hypertonicity and tenderness to palpation with decreased range of motion (ROM) and positive straight leg raise and FABER test. There is decreased sensation over the lateral foot and lateral calf on the right side. Treatment to date has included surgery, Cymbalta, Ambien, Duragesic patch, Norco, Flexeril, Gabapentin and epidural steroid injection. The treating physician on 9-16-2015 indicates urinary drug screen (UDS) on 5-16-2013 is "consistent." The original utilization review dated 9-30-2015 indicates the request for Nortriptyline HCL 25mg #30 and Cymbalta 60mg #30 with 3 refills certified and Norco 10-325mg #160 and Ambien 10mg #30 with 1 refill is modified and Duragesic 75cmg-hr patch #10 and Flexeril 10mg #60 with one refill is non-certified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10-325mg #160: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

**Decision rationale:** MTUS, Chronic Pain Treatment Guidelines, Opioids for Chronic pain, pg 74 - 82. MTUS recommends that ongoing review and documentation of pain relief, functional status, and appropriate medication use, and side effects must be documented with the use of Opioids. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Guidelines recommend using key factors such as pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors, to monitor chronic pain patients on opioids. Assessment for the likelihood that the patient could be weaned from opioids is recommended if there is no overall improvement in pain or function, unless there are extenuating circumstances and if there is continuing pain with the evidence of intolerable adverse effects. The injured worker complains of chronic low back pain. Documentation fails to demonstrate significant objective improvement in level of function or pain, to support the medical necessity for continued use of opioids. In the absence of significant response to treatment, the request for Norco 10-325mg #160 is not medically necessary.

**Duragesic 75mcg/hr patch #10: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

**Decision rationale:** MTUS recommends that ongoing review and documentation of pain relief, functional status, and appropriate medication use, and side effects must be documented with the use of Opioids. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Guidelines recommend using key factors such as pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors, to monitor chronic pain patients on opioids. Assessment for the likelihood that the patient could be weaned from opioids is recommended if there is no overall improvement in pain or function, unless there are extenuating circumstances and if there is continuing pain with the evidence of intolerable adverse effects. Duragesic (Fentanyl) transversal is indicated for management of persistent chronic pain, which is moderate to severe requiring continuous, around-the-clock opioid therapy. Patches are worn every 72 hours. The injured worker complains of chronic low back pain. Documentation fails to demonstrate significant objective improvement in level of function or

pain, to support the medical necessity for continued use of opioids. In the absence of significant response to treatment and lack of meeting MTUS guidelines, the request for Duragesic 75mcg/hr patch #10 is not medically necessary.

**Ambien 10mg #30 with one refill:** 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) 2015, Pain, Zolpidem (Ambien).

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

**Decision rationale:** MTUS does not address this request. Zolpidem is a prescription short-acting nonbenzodiazepine hypnotic, used for treatment of insomnia. Per guidelines, hypnotics are not recommended for long-term use and should be limited to three weeks maximum in the first two months of injury only. Use in the chronic phase is discouraged. 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. The injured worker has chronic pain syndrome with reported poor quality of sleep. Documentation shows that Ambien has been prescribed for a period longer than recommended by guidelines with no significant objective functional improvement. The medical necessity for continued use of Ambien has not been established. The request for Ambien 10mg #30 with one refill is not medically necessary based on ODG.

**Flexeril 10mg #60 with one refill:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

**Decision rationale:** MTUS states muscle relaxants should be used with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. Furthermore, in most cases of low back pain, they show no benefit beyond NSAIDs in pain and overall improvement. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Documentation fails to indicate acute exacerbation or significant improvement in the injured worker's pain with the use of Flexeril. The medical necessity for ongoing use of this medication has not been established. The request for Flexeril 10mg #60 with one refill is not medically necessary per MTUS guidelines.