

<b>Case Number:</b>	CM15-0200567		
<b>Date Assigned:</b>	10/15/2015	<b>Date of Injury:</b>	08/08/2010
<b>Decision Date:</b>	12/02/2015	<b>UR Denial Date:</b>	09/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/12/2015

### 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 59 year old female, who sustained an industrial injury on 8-08-2010. The injured worker is being treated for lumbar post laminectomy syndrome, lumbar radiculopathy, lumbago and chronic pain syndrome. Treatment to date has included diagnostics, surgical intervention, medications, physical therapy, psychological treatment, TENS, home shiatsu massage, acupuncture, heat, home exercise and ice and heat application. Per the Primary Treating Physician's Progress Report dated 8-07-2015, the injured worker presented for follow-up visit. She reported right shoulder pain, mid and low back pain, right and left hand pain, left knee and ankle pain, and bilateral hip pain. She also reported numbness and pain in the groin and perineal area. Her pain was rated as 7-8 out of 10 without pain medications and 4-5 out of 10 with pain medications. She also reported numbness, weakness, loss of balance and difficulty walking. Current medications include Norco, Skelaxin, and Brintellix. CURES were reviewed and are appropriate. Objective findings included tenderness sin the posterior aspect of the shoulder. Motor testing was limited by pain; she walks with an antalgic gait and is assisted by a cane. She has full range of motion of the upper extremities. Per the medical records dated 6-22-2015 to 8- 07-2015 there is no documentation of improvement in symptoms, increase in activities of daily living or decrease in pain level with the current treatment. The notes from the provider do not document efficacy of the prescribed medications. Work status was not documented at this visit. The plan of care included continuation of current medications, computed tomography (CT) scan, laboratory evaluation and continuation of home exercise and TENS. Authorization was requested for Skelaxin 800mg #90, Brintellix 5mg #60, and Norco 7.5-325mg #75. On 9-23-2015, Utilization Review non-certified the request for Skelaxin 800mg #90 and Norco 7.5-325mg #75.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Skelaxin 800mg #90:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The patient was injured on 08/08/10 and presents with right shoulder pain, lower back pain, left hamstring pain, and left calf pain. The request is for Skelaxin 800 mg #90. There is no RFA provided and the patient's current work status is not provided. The patient has been taking this medication as early as 03/30/15. MTUS Chronic Pain Guidelines for Muscle relaxants section, pg. 63-66 states: "Muscle relaxants (for pain): Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbation in patients with chronic LBP. The most commonly prescribed antispasmodic agents are Carisoprodol, cyclobenzaprine, metaxalone, and methocarbamol, but despite their popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions." For Skelaxin, MTUS p61 states, "Recommended with caution as a second-line option for short-term pain relief in patients with chronic LBP. Metaxalone (marketed by [REDACTED] under the brand name Skelaxin) is a muscle relaxant that is reported to be relatively non-sedating." The patient is diagnosed with lumbar post laminectomy syndrome, lumbar radiculopathy, lumbago and chronic pain syndrome. Treatment to date has included diagnostics, surgical intervention, medications, physical therapy, psychological treatment, TENS, home shiatsu massage, acupuncture, heat, home exercise and ice and heat application. MTUS recommends Skelaxin for short-term relief in patients with chronic LBP. However, the patient has been taking this medication as early as 03/30/15 which does not indicate intended short-term use of this medication. Therefore, the request is not medically necessary.

### **Norco 7.5/325mg #75:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, specific drug list.

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

**Decision rationale:** The patient was injured on 08/08/10 and presents with right shoulder pain, lower back pain, left hamstring pain, and left calf pain. The request is for Norco 7.5/325 mg #75. There is no RFA provided and the patient's current work status is not provided. The patient has been taking this medication as early as 03/30/15 and treatment reports are provided from

03/30/15 to 08/07/15. 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." MTUS, p90 states, "Hydrocodone has a recommended maximum dose of 60mg/24hrs." On 05/04/15, the patient rated her pain as an 8-9/10 without medications and a 6/10 with medications. On 06/22/15, she rated her pain as a 7-8/10 without medications and a 4/10 with medications. The 08/07/15 report states that the "She reports no change in activities of daily living. She states that medications are working well. No side effects reported. No medication abuse is suspected. CURES [is] reviewed and appropriate." The patient had a urine drug screen on 03/30/15 and is consistent with her prescribed medications. In this case, not all of the 4 A's are addressed as required by MTUS Guidelines. There are no examples of ADLs which demonstrate medication efficacy, nor are there any validated instruments used either and 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. Furthermore, guidelines do not recommend long term use of opiates for low back pain and the patient has been taking this medication as early as 03/30/15. Therefore, the request for Norco is not medically necessary.

#### **Laboratory x 1: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, specific drug list & adverse effects, Opioids (Classification).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) chapter, under Urine Drug Testing.

**Decision rationale:** The patient was injured on 08/08/10 and presents with right shoulder pain, lower back pain, left hamstring pain, and left calf pain. The request is for Laboratory X 1. There is no RFA provided and the patient's current work status is not provided. The patient had a prior urine drug screen on 03/30/15. While MTUS Guidelines do not specifically address how frequently UDS should be obtained for various risks of opiate users, ODG Guidelines, Pain (Chronic), Urine Drug Testing has the following: Patients at "moderate risk" for addiction/aberrant behavior are recommended for point-of-contact screening 2 to 3 times a year with confirmatory testing for inappropriate or unexplained results... Patients at "high risk" of adverse outcomes may require testing as often as once per month. This category generally includes individuals with active substance abuse disorders. The patient is diagnosed with lumbar post laminectomy syndrome, lumbar radiculopathy, lumbago and chronic pain

syndrome. Treatment to date has included diagnostics, surgical intervention, medications, physical therapy, psychological treatment, TENS, home shiatsu massage, acupuncture, heat, home exercise and ice and heat application. The patient had a prior UDS on 03/30/15 and was consistent with her prescribed medications. As of 08/07/15, the patient is taking Norco, Skelaxin, Brintellix, Atorvastatin, and Metformin HCl. The 08/07/15 report states that "medications are working well. No side effects reported. No medication abuse is suspected." The treater has not documented that the patient is at "high risk" for adverse outcomes, or has active substance abuse disorder. There is no indication of any risk for any aberrant behaviors either. Given that the patient had a recent urine drug screen and was compliant with her medications, the request is not medically necessary.