

<b>Case Number:</b>	CM15-0202375		
<b>Date Assigned:</b>	10/19/2015	<b>Date of Injury:</b>	05/14/2001
<b>Decision Date:</b>	12/01/2015	<b>UR Denial Date:</b>	10/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/14/2015

### 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: Preventive Medicine, Occupational 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 64 year old female, who sustained an industrial injury on 05-14-2001. A review of the medical records indicates that the worker is undergoing treatment for degenerative joint disease in the facets at L3-L4, L4-L5 and L5-S1, spinal stenosis of the lumbar spine, chronic pain syndrome, migraine variants, depression related to severe pain and insomnia related to severe pain. Subjective complaints (07-22-2015, 08-13-2015, 09-23-2015) included neck, foot, head and back pain, severe depression and insomnia. Headache and neck pain were documented as 6-7 out of 10 and back pain was documented as 7-8 out of 10. Nucynta was noted to decreased pain from a 9 to a 5 with half hour onset and no side effects. Tylenol #4 was noted to not be strong enough for the back and to have been stopped on 03-17 but was noted to have been approved and rarely used. The medication was noted to decrease pain from a 7 to a 5 and to help with headache and back pain. On 08-13-2015, the physician noted that the worker's other sleep aids for acute sleep had been denied and since part of the problem was sleep onset Rozerem was being started. Objective findings (07-22-2015, 08-13-2015, 09-23-2015) included limited range of motion of the neck, back pain at LS junction and deep triangle area, positive straight leg raise, decreased reflexes of the right Achilles, decreased sensation on the side and back of the right leg to the foot and decreased ankle plantar flexion strength. Treatment has included Flurazepam Hydrochloride, Tylenol #4 (since at least 05-20-2015) for headache that had failed first line drugs, Nucynta (since 05-20-2015) to help with pain at night, Oxycodone, multiple other medications, physical, occupational and speech therapy, sacroiliac joint injection and surgery. Documentation shows that Flurazepam had been taken in the past but was

discontinued for sleep as per the 07-22-2015 progress note for an unknown reason. On 09-23-2015, the physician noted that Flurazepam was being prescribed as Rozerem didn't help. A utilization review dated 10-01-2015 modified a request for Flurazepam Hydrochloride from 15 mg QTY: 150 to 15 mg with no refills QTY: 18, modified a request for Tylenol #4 from QTY: 480 to QTY: 120 and modified a request for Nucynta from 75 mg QTY: 240 to 75 mg QTY: 60.

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

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

#### **Flurazepam Hydrochloride 15mg Qty: 150.00: Upheld**

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

**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/Benzodiazepines Section.

**Decision rationale:** The MTUS Guidelines do not support the use of benzodiazepines for long term use, generally no longer than 4 weeks, and state that a more appropriate treatment would be an antidepressant. Benzodiazepines are not recommended as first-line medications by ODG. In this case, this medication has been used in a chronic nature, which is not supported by the guidelines. Additionally, there is no evidence of failure with a first-line agent. The request for Flurazepam Hydrochloride 15mg Qty: 150.00 is determined to not be medically necessary.

#### **Tylenol #4 Qty: 480.00: 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, Weaning of Medications.

**Decision rationale:** The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam. In this case, it appears that the injured worker is on a steady dose of Tylenol #4 and is experiencing pain relief and functional improvement from it's use. However, this request for 480 tablets does not imply an intention for close follow-up for compliance, efficacy, or adverse events. It is not recommended to discontinue opioid treatment abruptly, as weaning of medications is necessary to avoid withdrawal symptoms when opioids have been used

chronically. This request however is not for a weaning treatment, but to continue treatment. The request for Tylenol #4 Qty: 480.00 is determined to not be medically necessary.

**Nucynta 75mg Qty: 240.00: 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) ([www.odgtreatment.com](http://www.odgtreatment.com)).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain, Weaning of Medications. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter/Tapentadol (Nucynta®) Section.

**Decision rationale:** The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam. It is not recommended to discontinue opioid treatment abruptly, as weaning of medications is necessary to avoid withdrawal symptoms when opioids have been used chronically. MTUS guidelines do not address the use of Nucynta. Per the ODG, Nucynta is recommended only as second line therapy for patients who develop intolerable adverse effects with first line opioids. Three large RCTs concluded that tapentadol was efficacious and provided efficacy that was similar to oxycodone for the management of chronic osteoarthritis knee and low back pain, with a superior gastrointestinal tolerability profile and fewer treatment discontinuations. In this case, there is no indication that the injured worker has intolerable adverse effects with first-line opioids and he is concurrently prescribed Tylenol #4. The request for Nucynta 75mg Qty: 240.00 is determined to not be medically necessary.