

<b>Case Number:</b>	CM15-0204281		
<b>Date Assigned:</b>	10/21/2015	<b>Date of Injury:</b>	02/05/2010
<b>Decision Date:</b>	12/03/2015	<b>UR Denial Date:</b>	10/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/19/2015

### 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 Jersey

Certification(s)/Specialty: Family Practice

### 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 55 year old male who sustained an industrial injury on 02-05-2010. According to a progress report dated 09-21-2015, the problem list included neck, left arm pain and right knee pain. Medications included Norco 2 by mouth three times a day and 1.5 at lunch, Flexeril 5 mg three times a day, Ambien 5 mg at bedtime and Voltaren Gel four times a day to the knee. Norco took pain from a 10 on a scale of 1-10 to an 8. He was able to get up and move. Flexeril helped with cramping. Without it, he had significant cramping and jaw clenching at night (history of breaking tooth as clenched so tightly). He did not use Zolpidem nightly and had a few left. Zolpidem allowed him to go to sleep. He reported that he experienced aches in the sides of his forehead, jaw and across his neck which continued down his left shoulder. He had aches starting in the back of his head which continued down the back of his neck and across the left shoulder. Stabbing pain was felt from the mid back of his head and down his neck into his upper back area. He reported some burning along his left shoulder. Numbness was experienced in his left arm starting at the elbow and continuing into his hand. Current pain was rated 8. He had pain in his right knee with weight bearing worse with movement and twisting and was described as aching. The provider noted that Voltaren Gel helped but was not approved. Pennsaid worked but was not approved. He had failed over the counter non-steroidal anti-inflammatory drugs. He had gastrointestinal issues and wanted to minimize oral meds. He failed Gabapentin. Lidoderm patches were used in the past and were effective on neuropathic pain areas of the neck. Work status was noted as temporarily totally disabled pending permanent and stationary. Diagnoses included degeneration of cervical intervertebral disc, neck pain, sprain of shoulder rotator cuff, spondylosis of unspecified site with myelopathy, brachial

radiculitis, unspecified internal derangement of knee and osteoarthritis of knee. The treatment plan included continuation of Norco, Zolpidem and Cyclobenzaprine. A recent CURES report was noted as consistent. Documentation shows use of Norco, Flexeril and Ambien dating back to 2014. A urine toxicology report performed on 03-16-2015 was consistent with use of Flexeril and Norco. On 10-01-2015, Utilization review non-certified the request for Flexeril 10 mg #25 1 refill and Zolpidem 10 mg #25 1 refill and modified the request for Norco 10-325 mg #225.

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

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

**Flexeril 10mg, #25, 1 refill:** 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:** The MTUS Guidelines state that using muscle relaxants for muscle strain may be used as a second-line option for short-term treatment of acute exacerbations of chronic pain, but provides no benefit beyond NSAID use for pain and overall improvement, and are likely to cause unnecessary side effects. Efficacy appears to diminish over time, and prolonged use may lead to dependence. In the case of this worker, there was insufficient reporting found in the notes regarding how effective the Flexeril was at reducing pain and improving function. It was used for muscle spasm, but there was no information to suggest there was a recent flare-up to warrant a short course, and chronic use is not recommended. Therefore, this request for Flexeril will be considered medically unnecessary.

**Norco 10/325mg, #225, 1 refill:** 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, long-term assessment, Opioids, criteria for use.

**Decision rationale:** The MTUS Chronic Pain Medical Treatment Guidelines state that opioids may be considered for moderate to severe chronic pain as a secondary treatment, but require that for continued opioid use, there is to be ongoing review and documentation of pain relief, functional status, appropriate medication use with implementation of a signed opioid contract, drug screening (when appropriate), review of non-opioid means of pain control, using the lowest possible dose, making sure prescriptions are from a single practitioner and pharmacy, and side effects, as well as consultation with pain specialist if after 3 months unsuccessful with opioid use, all in order to improve function as criteria necessary to support the medical necessity of opioids. Long-term use and continuation of opioids requires this comprehensive review with

documentation to justify continuation. In the case of this worker, there was some of the above review seen as recently completed leading up to this request for renewal of Norco 325/10 mg, 7.5 pills per day). However, there was no specific report found showing the measurable pain level reduction and functional gains directly and independently related to the Norco use, which would have helped to justify its continuation. The dose of acetaminophen, although not breaching the toxicity levels, is still higher than average intake and may still be harmful with chronic use, in the opinion of this reviewer. If opioids are to be considered still, intradermal might be more appropriate, if beneficial. Therefore, considering the above reasons, this request for Norco #225 pills with 1 refill will be considered medically unnecessary. Weaning may be indicated.

**Zolpidem 10mg, #25, 1 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.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness section, sedative hypnotics and the Pain section, insomnia treatment.

**Decision rationale:** The MTUS Guidelines do not address the use of sedative hypnotics. However, the ODG states that sedative hypnotics are not recommended for long term use, but may be considered in cases of insomnia for up to 6 weeks duration in the first two months of injury only in order to minimize the habit-forming potential and side effects that these medications produce. In the case of this worker, there was record of previous use, although it was not clear exactly how often the medication was used. Regardless, there was insufficient reporting of how effective zolpidem was at improving sleep and function. Also, this medication should not be used chronically, as recommended by the Guidelines. Therefore, this request for zolpidem will be considered medically unnecessary.