

<b>Case Number:</b>	CM15-0205349		
<b>Date Assigned:</b>	10/22/2015	<b>Date of Injury:</b>	10/23/2003
<b>Decision Date:</b>	12/31/2015	<b>UR Denial Date:</b>	09/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/20/2015

### 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, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative 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, with a reported date of injury of 10-23-2003. The diagnoses include lumbar radiculopathy, lumbar degenerative disc disease, lumbar sprain and strain, and low back pain. The progress report dated 09-08-2015 indicates that the injured worker complained of low back pain with radiation down both legs. She stated that she felt numbness and tingling down her right leg and in her left leg. The injured worker also stated that taking her medication made her pain better. She rated her pain (07-21-2015 and 09-08-2015) 10 out of 10 without medications; and 5 out of 10 with medications. It was noted that the injured worker took Norco and Pennsaid with 40-50% pain relief. The injured worker reported no side effects. The objective findings include normal strength in the bilateral lower extremities; positive bilateral straight leg raise at 15-30 degrees in the L3-4 distribution; severe pain with lumbar extension; severe palpable spasms in the bilateral lumbar paraspinal muscles with positive twitch response; decreased range of motion of the lumbar spine due to pain; and slow walking. It was noted that an MRI of the lumbar spine in 11-2013 showed small posterior disc bulge and left foraminal stenosis at L3-4; and posterolateral disc bulge and mild foraminal stenosis at L4-5. The treating physician noted that the injured worker had a signed narcotic agreement on file, and she did not show any aberrant drug seeking behavior. The treating physician also noted that the injured worker's urine drug screen was "consistent with the prescribed medications". The injured worker's work status was referred to the permanent and stationary report. The diagnostic studies to date have included an MRI of the lumbar spine on 06-10-2015 which showed disc space narrowing on the right and no change in mild facet joint

disease and small lateral disc bulges at L2-3, a stable small right lateral disc bulge and foraminal stenosis at L3-4, a left lateral disc bulge with mild facet joint disease at L4-5, and stable low-grade facet joint disease at L5-S1. Treatments and evaluation to date have included Tramadol, Celebrex, Norco (since at least 06- 2015), epidural steroid injections (minimal pain relief), and Pennsaid (since at least 06-2015). The request for authorization was dated 09-11-2015. The treating physician requested Norco 10- 325mg #180, Robaxin 750mg #90 for spasm and to improve myofascial pain, Pennsaid 20mg per gram, actuation 2%, 2 pumps (40mg), and a urine drug screen. On 09-17-2015, Utilization Review (UR) non-certified the request for Robaxin 750mg #90, Pennsaid 20mg per gram, actuation 2%, 2 pumps (40mg), and a urine drug screen; and modified the request for Norco 10- 325mg #180 to Norco 10-325mg #90.

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

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

**Norco 10/325 mg #180:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009 Guidelines, Section(s): Opioids (Classification), Opioids, California Controlled Substance Utilization Review and Evaluation System (CURES) [DWC], Opioids, criteria for use, Opioids for chronic pain, Opioids for neuropathic pain, Opioids for osteoarthritis, Opioids, cancer pain vs. nonmalignant pain, Opioids, dealing with misuse & addiction, Opioids, differentiation: dependence & addiction, Opioids, dosing, Opioids, indicators for addiction, Opioids, long-term assessment, Opioids, pain treatment agreement, Opioids, psychological intervention, Opioids, screening for risk of addiction (tests), Opioids, specific drug list, Opioids, steps to avoid misuse/addiction, Opioid hyperalgesia.

**Decision rationale:** Regarding the request for Norco (hydrocodone/acetaminophen), California Pain Medical Treatment Guidelines state that Norco is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the medication is improving the patient's function (in terms of specific examples of objective functional improvement), and discussion regarding aberrant use; however, there appears to be a CURES report that shows a prescription of an opiate from another doctor but this is not commented on in the notes. As such, there is no clear indication for ongoing use of the medication. Opioids should not be abruptly discontinued, but fortunately, the last reviewer modified the current request to allow tapering. In light of the above issues, the currently requested Norco 10/325 mg #180 is not medically necessary.

**Robaxin 750mg # 90:** 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:** Regarding the request for methocarbamol (Robaxin), Chronic Pain Medical Treatment Guidelines support the use of non-sedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Within the documentation available for review, there is no identification of a specific analgesic benefit or objective functional improvement as a result of the methocarbamol specifically. Additionally, it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation, as recommended by guidelines. In the absence of such documentation, the currently requested Robaxin 750mg # 90 is not medically necessary.

**Pennsaid 20 mg /gram /acutation 2% 2 pumps 40 mg:** 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): Salicylate topicals, Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Pennsaid.

**Decision rationale:** Regarding the request for Pennsaid 20 mg /gram /acutation 2% 2 pumps 40 mg, Occupational Medicine Practice Guidelines do not address Pennsaid specifically, but do contain criteria for topical NSAIDs. ODG states Pennsaid is not recommended as a first-line treatment. Oral NSAIDs contain significantly more guideline support, provided there are no contraindications to the use of oral NSAIDs. Within the documentation available for review, there's no indication that the patient has obtained any specific objective functional improvement from the use of Pennsaid. Additionally, there is no documentation that the patient would be unable to tolerate oral NSAIDs, which would be preferred. Finally, Pennsaid is FDA approved for osteoarthritis of the knee which there is no indication the patient has or is taking the medicine for such condition. In the absence of such documentation, the currently requested Pennsaid 20 mg /gram /acutation 2% 2 pumps 40 mg, is not medically necessary.

**Urine Drug Screen:** 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): Drug testing. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter Urine Drug Testing.

**Decision rationale:** Regarding the request for a Urine Drug Screen, CA MTUS Chronic Pain Medical Treatment Guidelines state the drug testing is recommended as an option. Guidelines go on to recommend monitoring for the occurrence of any potentially aberrant (or non-adherent) drug related behaviors. ODG recommends urine drug testing on a yearly basis for low risk

patients, 2-3 times a year for moderate risk patients, and possibly once per month for high risk patients. Within the documentation available for review, it appears the patient is taking controlled substance medication. The patient recently underwent a urine drug screen. There is no documentation of risk stratification to identify the medical necessity of drug screening at the proposed frequency. Additionally, there is no documentation that the physician is concerned about the patient misusing or abusing any controlled substances despite the CURES report that shows a prescription of an opiate from another doctor. Finally, if the patient is being weaned from the opioids the need for repeat drug testing is unclear. In light of the above issues, the currently requested Urine Drug Screen is not medically necessary.