

<b>Case Number:</b>	CM15-0029776		
<b>Date Assigned:</b>	02/23/2015	<b>Date of Injury:</b>	02/01/1999
<b>Decision Date:</b>	04/08/2015	<b>UR Denial Date:</b>	01/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/17/2015

### 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: Pennsylvania  
 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 64 year-old female who has reported low back pain after an injury on 2/1/99. The details of the injury are not in the medical records. The diagnosis is low back pain. Treatment, per the available reports, is multiple medications. The periodic treatment reports from 2013-20014 refer to tapering of oxycodone, participation in tai chi, and visits with an acupuncturist. No reports address the specific functional benefit of any medication. References to function are very non-specific. No reports address the indications for lorazepam and zolpidem. The medications now under Independent Medical Review have been prescribed for years. Per the PR2 of 9/8/14, oxycodone was weaned. She uses hydrocodone, baclofen, and Lidoderm. There was constant back pain. Medications, including zolpidem and lorazepam, were continued. Zolpidem and lorazepam were not discussed. The injured worker declined to taper hydrocodone. Per the PR2 of 1/14/15, ibuprofen needed a refill and had not been used in years. Oxycodone was weaned and hydrocodone was ongoing. Hydrocodone keeps her "functional." Per the PR2 of 3/11/15, the injured worker was weaned from oxycodone and takes 4 hydrocodone per day along with ibuprofen. Lidoderm helps for acute exacerbations. Baclofen is used as needed. The injured worker obtains "medical" marijuana. Zolpidem and lorazepam are "largely unrelated" to back pain. There was ongoing back pain. The physical examination was normal. A pain contract and urine drug screens will be implemented. On 1/30/15 Utilization Review non-certified Lidoderm, noting no documentation of failure of antidepressant and anticonvulsant therapy. Lorazepam was partially certified, noting it is not recommended for long term use. Zolpidem was partially certified noting a lack of documentation of difficulty sleeping. Hydrocodone APAP 10/325mg

was partially certified. Baclofen was partially certified, noting that there is no documentation of muscle spasms. Docusate was partially certified. The MTUS and the Official Disability Guidelines were cited. The injured worker appealed these decisions, with additional notes in which she referred to good results from these medications, self-discontinuation of oxycodone, and long term benefit. The notes from the injured worker did not address any of the guideline and medical evidence recommendations for these medications.

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

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

#### **Zolpidem 10 mg: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG and Mosby's Drug Consult.

**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:** The MTUS does not address the use of hypnotics other than benzodiazepines. The Official Disability Guidelines were used instead. The Official Disability Guidelines recommend the short term use of hypnotics like zolpidem (less than two months), discuss the significant side effects, and note the need for a careful evaluation of the sleep difficulties. No physician reports describe the specific criteria for a sleep disorder. Zolpidem, a benzodiazepine agonist, is habituating and recommended for short term use only. This injured worker has been given a hypnotic for a duration in excess of what is recommended in the guidelines cited above. This patient has also been given a benzodiazepine, which is additive with the hypnotic, and which increases the risk of side effects and dependency. Prescribing in this case meets none of the guideline recommendations. The reports do not show specific and significant benefit of zolpidem over time. Zolpidem is not medically necessary based on prolonged use contrary to guideline recommendations and lack of sufficient evaluation of the sleep disorder.

#### **Lorazepam 2 mg: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG and Mosby's Drug Consult.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Muscle Relaxants; Benzodiazepines Page(s): 24; 66.

**Decision rationale:** The treating physician has not provided a sufficient account of the indications and functional benefit for this medication. The MTUS does not recommend benzodiazepines for long term use for any condition. The MTUS does not recommend benzodiazepines as muscle relaxants. The indications in this case have not been described and

prescribing has occurred for years. This benzodiazepine is not prescribed according the MTUS and is not medically necessary.

#### **Lidoderm Patch 5%: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG and Mosby's Drug Consult.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm Page(s): 57.

**Decision rationale:** The request to Independent Medical Review is for an unspecified quantity and duration of this medication. An unspecified quantity and duration can imply a potentially unlimited duration and quantity, which is not medically necessary or indicated. The MTUS recommends Lidoderm only for localized peripheral neuropathic pain after trials of "tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica." The MTUS recommends against Lidoderm for low back pain or osteoarthritis. There is no evidence in any of the medical records that this injured worker has peripheral neuropathic pain; the reports refer to non-specific low back pain, which is not an indication. There is no evidence of a failure of the recommended oral medications. There is no evidence of specific functional benefit. Lidoderm is not medically necessary based on lack of a sufficiently specific request, lack of sufficient indications, and the MTUS recommendations.

#### **Hydrocodone FCE 10/325 mg: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG and Mosby's Drug Consult.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioid management; Opioids, steps to avoid misuse/addiction; indications, Chronic back pain; Mechanical and compressive etiologies; Medication trials Page(s): 77-81; 94; 80; 81; 60.

**Decision rationale:** The request to Independent Medical Review is for an unspecified quantity and duration of this medication. An unspecified quantity and duration can imply a potentially unlimited duration and quantity, which is not medically necessary or indicated. Opioids are not medically necessary when prescribed in this manner, as all opioids should be prescribed in a time-limited fashion with periodic monitoring of results, as is recommended in the MTUS. There is no evidence that the treating physician is prescribing opioids according to the MTUS, which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract, and there should be a prior failure of non-opioid therapy. None of these aspects of prescribing are in evidence. There is no evidence of significant pain relief or increased function from the opioids used to date. The prescribing physician does not specifically address function with respect to prescribing opioids, and does not address the other recommendations in the MTUS. Any references to function are very non-specific. The prescribing physician has been treating with opioids, hypnotics, benzodiazepines, and muscle relaxants, all of which are psychoactive, and which have been used along with

tetrahydrocannabinol (THC) (which is not recommended per the MTUS). The MTUS recommends urine drug screens for patients with poor pain control and to help manage patients at risk of abuse. There is a high rate of aberrant opioid use in patients with chronic back pain. There is no record of a urine drug screen program performed according to quality criteria in the MTUS and other guidelines. The injured worker has failed the "return-to-work" criterion for opioids in the MTUS. As currently prescribed, this opioid does not meet the criteria for long term opioids as elaborated in the MTUS, and is therefore not medically necessary. In addition, the request is not sufficiently specific. This is not meant to imply that some form of oral analgesia is contraindicated, only that the opioids as prescribed have not been prescribed according to the MTUS and that the results of use do not meet the requirements of the MTUS.

**Baclofen 20 mg:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG and Mosby's Drug Consult.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants Page(s): 63-66.

**Decision rationale:** The request to Independent Medical Review is for an unspecified quantity and duration of this medication. An unspecified quantity and duration can imply a potentially unlimited duration and quantity, which is not medically necessary or indicated. The MTUS for Chronic Pain does not recommend muscle relaxants for chronic pain. Non-sedating muscle relaxants are an option for short term exacerbations of chronic low back pain. The muscle relaxant prescribed in this case is sedating. This injured worker has chronic pain with no evidence of prescribing for flare-ups. The lack of any prescribed quantity does not meet the MTUS recommendations for short term use. Baclofen is recommended orally for the treatment of spasticity and muscle spasm related to multiple sclerosis and spinal cord injuries. Treatment for spasm and spasticity is not adequately documented. No reports show any specific and significant improvements in pain or function as a result of prescribing muscle relaxants. Per the MTUS, this muscle relaxant is not indicated and is not medically necessary as currently prescribed. A muscle relaxant may be medically necessary and consistent with the MTUS recommendations if prescribed for short term use only and in a manner consistent with the MTUS recommendations.

**Docusate Calcium 240 mg:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG and Mosby's Drug Consult.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 3) Initiating Therapy [with opioids] (d) Prophylactic treatment of constipation should be initiated Page(s): 77.

**Decision rationale:** The MTUS notes that when initiating therapy with opioids, prophylactic treatment of constipation should be initiated. Per the ODG, constipation occurs commonly in patients receiving opioids. If prescribing opioids has been determined to be appropriate,

prophylactic treatment of constipation should be initiated. First line treatment includes increasing physical activity, maintaining appropriate hydration, and diet rich in fiber. Some laxatives may help to stimulate gastric motility, and other medications can help loosen otherwise hard stools, add bulk, and increase water content of the stool. The treating physician has noted that the injured worker has taken docusate as a stool softener because of constipation which has been made worse by use of narcotic analgesics. Opioids are not medically necessary as currently prescribed, per the discussion above. Therefore, the docusate is not medically necessary.