

<b>Case Number:</b>	CM15-0035785		
<b>Date Assigned:</b>	03/04/2015	<b>Date of Injury:</b>	09/28/2008
<b>Decision Date:</b>	04/15/2015	<b>UR Denial Date:</b>	01/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/25/2015

### 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 (IW) is a 57-year-old female who sustained an industrial injury on 09/28/2008. She has reported complaints of fatigue, muscle spasms, joint pain, gait abnormality, sleep difficulty, and stomach pain. Diagnoses include lumbar sprain and strains, sacroiliac ligament, and thoracic/lumbosacral neuritis or radiculitis. Treatment to date include a SI injection on 02/2014 that gave 70-80 % decrease in symptoms, and a SI injection 11/24/2014 that gave a 70% benefit. A third intraarticular injection was not described. Medications give relief of pain to a 5-6 /10 level, and without medications, pain level is an 8-9/10. Treatment plans include proceeding with a rhizotomy. A progress note from the treating provider dated 01/05/2015 indicates the worker has an antalgic gait to the right, lumbar spine tenderness left greater than right, moderate spasm to paravertebral muscles, straight leg raise elicits low back pain and the IW has decreased range of motion in all plains. The treatment plan includes pain management consultation for pursuit of a left sacroiliac rhizotomy, ergonomic evaluation and follow up appointment. She could return to work with restrictions. On 01/23/2015 Utilization Review non-certified a request for Ativan 2 mg, thirty count The MTUS Guidelines were cited. On 01/23/2015 Utilization Review non-certified a request for Norco 7.5/325 mg, ninety count. The MTUS Guidelines were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ativan 2 mg, thirty count:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines benzodiazepines Page(s): 24. Decision based on Non-MTUS Citation Official disability guidelines chapter 'Pain (chronic)' and topic 'Benzodiazepine'.

**Decision rationale:** The patient presents with complaints of fatigue, muscle spasms, joint pain, gait abnormality, sleep difficulty, and stomach pain. The pain is rated 8-9/10 without and 5-6/10 with medication with 2-4 hours of pain relief. The request is for ATIVAN 2MG, THIRTY COUNT. The RFA is not provided. Patient's diagnosis included lumbar sprain and strains, sacroiliac ligament, and thoracic/lumbosacral neuritis or radiculitis. Treatments to date included a SI injection in February 2014 that gave 70-80 % decrease in symptoms, and a SI injection 11/24/2014 that gave a 70% benefit. Patient is to return to modified duty. ODG guidelines, chapter 'Pain (chronic)' and topic 'Benzodiazepine', have the following regarding insomnia treatments: "Not recommended for long-term use (longer than two weeks), because long-term efficacy is unproven and there is a risk of psychological and physical dependence or frank addiction. Most guidelines limit use to 4 weeks." The MTUS Guidelines page 24 states, "benzodiazepines are not recommended for long-term use because long-term efficacies are unproven and there is a risk of dependence." Treater progress reports provided were handwritten, illegible, and difficult to interpret. The prescription for Ativan was first mentioned in progress report dated 10/01/14 and the patient has been taking it consistently at least then. Treater states that the patient has failed behavioral techniques for improved sleep and has sleep difficulty. While Ativan can be beneficial, ODG guidelines recommend against the use of it for more than 2 weeks. Furthermore, the request for quantity 30 does not indicate intended short-term use of this medication. Therefore, the request IS NOT medically necessary.

**Norco 7.5/325 mg, ninety count:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Hydrocodone Page(s): 76-78, 88-89, 90.

**Decision rationale:** The patient presents with complaints of fatigue, muscle spasms, joint pain, gait abnormality, sleep difficulty, and stomach pain. The pain is rated 8-9/10 without and 5-6/10 with medication with 2-4 hours of pain relief. The request is for ATIVAN 2MG, THIRTY COUNT. The RFA is not provided. Patient's diagnosis included lumbar sprain and strains, sacroiliac ligament, and thoracic/lumbosacral neuritis or radiculitis. Treatments to date included a SI injection in February 2014 that gave 70-80 % decrease in symptoms, and a SI injection 11/24/2014 that gave a 70% benefit. Patient is to return to modified duty. MTUS Guidelines 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 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 p90 states, "Hydrocodone has a recommended maximum dose of 60mg/24hrs." Treater progress reports provided were hand-written, illegible, and difficult to interpret. The prescription for Norco was first mentioned in progress report dated 10/01/14 and the patient has been taking it consistently at least then. In this case, treater has not stated how Norco significantly improves patient's activities of daily living. Although the pain scales provided addresses analgesia, there are no discussions regarding adverse reactions, aberrant drug behavior, specific ADL's, etc. There are no discussions in relation to the UDS's, opioid pain agreement, or CURES reports, either. MTUS requires appropriate discussion of the 4A's. Given the lack of documentation as required by guidelines, the request IS NOT medically necessary.

**Pain management consultation with [REDACTED] in pursuit of left SI rhizotomy:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004), Independent medical examination and consultations. Ch:7 page 127.

**Decision rationale:** The patient presents with complaints of fatigue, muscle spasms, joint pain, gait abnormality, sleep difficulty, and stomach pain. The pain is rated 8-9/10 without and 5-6/10 with medication with 2-4 hours of pain relief. The request is for ATIVAN 2MG, THIRTY COUNT. The RFA is not provided. Patient's diagnosis included lumbar sprain and strains, sacroiliac ligament, and thoracic/lumbosacral neuritis or radiculitis. ACOEM Guidelines page 300 and 301 states, "Lumbar facet neurotomies reportedly produce mixed results." For more thorough discussion, ODG Guidelines are referenced. ODG under its low back chapter states RF ablation is under study, and there are conflicting evidence available as to the efficacy of this procedure and approval of treatment should be based on a case-by-case basis. Specific criteria used including diagnosis of facet pain with adequate diagnostic blocks, no more than 2 levels to be performed at a time and evidence of normal conservative care in addition to facet joint therapy is required. Adequate diagnostic block requires greater than 70% reduction of pain for the duration of analgesic agent use. The American College of Occupational and Environmental Medicine, ACOEM, Second Edition 2004 Chapter 7, page 127 states that "the occupational health practitioner may refer to other specialist if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A referral may be for consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss, and/or the examinee's fitness for return to work." Patient's treatments to date has included SI injection in February 2014 that resulted in 70-80 % decrease in symptoms, and another SI injection on 11/24/2014 that provided 70% benefit. The patient's response to SI injections has been successful. However, it is not known at this time whether or not the SI joint continues to be

problematic and a consultation with the pain specialist may be reasonable. A consultation with a pain management counseling for further evaluation and treatment is supported by ACOEM guidelines. This request IS medically necessary.