

<b>Case Number:</b>	CM15-0056358		
<b>Date Assigned:</b>	04/01/2015	<b>Date of Injury:</b>	04/26/2001
<b>Decision Date:</b>	05/14/2015	<b>UR Denial Date:</b>	03/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/24/2015

### 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 York  
 Certification(s)/Specialty: Emergency 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 47 year old male who reported low back pain after an injury on 4/26/01. The diagnoses have included lumbosacral root lesions, cervical root lesions, sleep related muscle cramps, and tarsal tunnel syndrome. Treatment has included epidural injections, surgery, oral medications, transdermal medications, and physical therapy. Per the PR2 of 3/2/15, there was ongoing DL pain and "Lyrica is working." The history summary over the last several years is of ongoing low back and leg symptoms, with continuation of all medications. Specific functional benefit and the results of individual medications were not discussed. There is mention of a right foot ulcer and a toe amputation. The only test result listed was electrodiagnostic testing from 2011, showing S1 radiculopathy and peripheral neuropathy. 13 medications were listed. Alcohol was used occasionally. The blood pressure was 140/92. All medications were continued. There was no discussion of the specific results of using any medication. The planned medications included Hydrocodone, Effexor, Ambien, Norflex, Voltaren Gel, Gabapentin, Lorazepam, Ultram, Zanaflex, Lidoderm patch, and starting Lyrica. On 3/10/15 Utilization Review partially certified Norco, Zanaflex, Ambien, tramadol, and Lyrica. Note was made that none of these medications was prescribed in accordance with the cited guidelines. Per the Utilization Review physician report, the treating physician stated that the injured worker could not sleep due to back pain. The treating physician did not provide much additional information in support of any of the medications in question when questioned by the Utilization Review physician.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #150 with 3 refills:** Upheld

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

**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:** There is insufficient 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. The prescribing physician does not specifically address function with respect to prescribing opioids, and does not address the other recommendations in the MTUS. There is no evidence of increased function from the opioids used to date. Specific functional abilities and work status were not addressed. 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. Given the lack of any work status, this injured worker may have failed the "return-to-work" criterion for opioids in the MTUS, and the lack of work status represents an inadequate focus on functional improvement. The available reports do not address the specific results of using opioids. 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. This is not meant to imply that some form of 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.

**Zanaflex 4mg #60 with 3 refills:** Upheld

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

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

**Decision rationale:** 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. Prescribing has occurred consistently for over a year. The quantity prescribed implies long term use, not a short period of use for acute pain. No reports show any specific and significant improvements in pain or function as a result of prescribing muscle relaxants. Note that zanaflex, when indicated, can be hepatotoxic. There are no reports which show that LFTs are monitored. Per the MTUS, this muscle relaxant is not indicated and is not medically necessary.

**Ambien 10mg #30 with 3 refills:** Upheld

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

**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. The only reference to a sleep problem is that the patient is awakened by pain. This is an insufficient basis on which to dispense months or years of zolpidem. The treating physician has not addressed other major issues affecting sleep in this patient, including the use of other psychoactive agents like opioids, which significantly impair sleep architecture. The reports do not show specific and significant benefit of zolpidem over time. Prescribing in this case meets none of the guideline recommendations. Zolpidem is not medically necessary based on prolonged use contrary to guideline recommendations, lack of specific benefit, and lack of sufficient evaluation of the sleep disorder.

**Tramadol 200mg #30 with 3 refills:** Upheld

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

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

**Decision rationale:** There is insufficient 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. The prescribing physician does not specifically address function with respect to prescribing opioids, and does not address the other recommendations in the MTUS. There is no evidence of increased function from the opioids used to date. Specific functional abilities and work status were not addressed. 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. Given the lack of any work status, this injured worker may have failed the "return-to-work" criterion for opioids in the MTUS, and the lack of work status represents an inadequate focus on functional improvement. The available reports do not address the specific results of using opioids. Tramadol has been prescribed simultaneously with Effexor. There are significant risks due to toxicity and this has not been addressed by the treating physician per the available reports. 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. This is not meant to imply that some form of 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.

**Lyrica 75mg #60 with 3 refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy Drugs, Medication trials Page(s): 16-21, 60.

**Decision rationale:** Per the MTUS, pregabalin is recommended for neuropathic pain. There is no good evidence in this case for neuropathic pain. There are no physician reports which adequately address the specific symptomatic and functional benefit from the AEDs used to date. Note the criteria for a "good" response per the MTUS. Function and work status are not addressed. Pregabalin is not medically necessary based on the lack of any clear indication, and the lack of significant symptomatic and functional benefit from its use to date.