

<b>Case Number:</b>	CM15-0060859		
<b>Date Assigned:</b>	05/15/2015	<b>Date of Injury:</b>	07/05/2003
<b>Decision Date:</b>	09/24/2015	<b>UR Denial Date:</b>	03/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/31/2015

### 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: Preventive Medicine, Occupational 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 77 year old female, who sustained an industrial injury on 7/5/03. Initial complaints were not noted. The injured worker was diagnosed as having lumbosacral radiculopathy; left facet arthropathy; myofascial pain; foraminal stenosis left knee sprain/strain pain; right shoulder strain/sprain pain; left foot pain/Morton's neuroma. Treatment to date has included status post lumbar hemilaminectomy L5 left side with partial hemilaminectomy left L3, left S1 with lateral recess decompression left L4-L5 and l5-S1 (9/13/11); status post second lumbar spine surgery (8/8/12); caudal epidural with transforaminal blocks left L4-L5 (2005, 2007, 2008, 2009, 2010, 3/2012); status post dorsal column stimulator implant (trial 8/6/13; permanent 11/11/13; revision after a fall and lead displaced 12/12/13); facet medial nerve radiofrequency (4/13/06 and revision 10/27/07); medications. Diagnostics include multiple over the years of the claim. Currently, the PR-2 notes dated 1/13/15 indicated the injured worker is being seen for primary treating re-evaluation. The injured worker experienced a fall on 12/11/13 and was taken to the emergency room for suturing of a head laceration. The dorsal stimulator implant was checked at that time and a right lead was displaced during the fall and was relocated. The injured worker has had multiple lumbar surgeries; lumbar revision surgeries and multiple lumbar caudal and transforaminal epidural steroid injections over the years of this claim. The physical examination notes the injured worker walks with a slight left sided favoring gait and uses a walking cane. Exam notes the neck and mid back are normal; lower back shows well healed wound, right buttock battery site unremarkable. Left knee shows mild medial and lateral tenderness; patellar tracking mild and painful; right shoulder mild tenderness over the lateral

aspect and are less restricted less painful. The sensory examination shows hypoalgesia in distribution of left L4, L5 and S1 nerve root. The motor exam shows mild weakness of the left lower extremity compared to the right. The providers treatment plan included : 1 prescription Klonopin 1mg #60; 1 prescription of Lidoderm patches #30 with 11 refills; 1 prescription of Restoril 30mg #30; Unknown prescription of Flurlido- A (Flurbiprofen 20%/ Lidocaine 5%/ Amytriptyline 5%); Unknown prescription of Ultraflex-G (Gabapentin 10%/ Cyclobenzaprine 5%/ Tramadol 10%) and Urine drug screen; transportation.

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

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

#### **Restoril 30mg #30: 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:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

**Decision rationale:** The MTUS states that benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. The patient has been taking blank for much longer than the 4 weeks suggested by the MTUS. Therefore, the request for Restoril 30mg #30 is not medically necessary.

#### **Klonopin 1mg #60: 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 rationale:** The MTUS states that benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. In addition, benzodiazepines are not recommended as first-line medications by ODG. Adults who use hypnotics, including benzodiazepines such as temazepam, have a greater than 3-fold increased risk for early death, according to results of a large matched cohort survival analysis. The risks associated with hypnotics outweigh any benefits of hypnotics, according to the authors. In 2010, hypnotics may

have been associated with 320,000 to 507,000 excess deaths in the U.S. alone. A dose-response effect was evident, with a hazard ratio of 3.60 for up to 18 pills per year, 4.43 for 18-132 pills per year, and 5.32 for over 132 pills per year. The patient has been taking Klonopin for much longer than the 4 weeks suggested by the MTUS. Therefore, the request for Klonopin 1mg #60 is not medically necessary.

**Lidoderm Patches, #30 with 11-refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch) Page(s): 56.

**Decision rationale:** According to the MTUS, Lidoderm may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. The medical record has no documentation that the patient has undergone a trial of first-line therapy. Therefore, the request for #30 Lidoderm Patches with 11-refills is not medically necessary.

**Transportation:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation California Department of Health Care Services Criteria Manual Chapter 12.1, Criteria for Medical Transportation and Related Services Non-emergency medical transportation.

**Decision rationale:** A patient's transportation needs back and forth to doctor visits is not a medical issue; consequently, it is not covered and California Labor Code, section 4610. An independent medical review officer cannot speak to the issue of either to authorize or not to authorize transportation to and from a doctor's office. This issue would be better decided by the claims administrator. Transportation is not medically necessary.

**Urine Drug Screen:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43.

**Decision rationale:** The MTUS recommends using a urine drug screen to assess for the use or the presence of illegal drugs, a step to take before a therapeutic trial of opioids, to aid in the ongoing management of opioids, or to detect dependence and addiction. There is no documentation in the medical record that a urine drug screen was to be used for any of the above indications. The patient underwent a urine drug screen on 1/13/15 and 2/15/15 and was found to be compliant on both occasions. Therefore, the request for a urine drug screen is not medically necessary.

**Flurlido-A (Flurbiprofen 20%/ Lidocaine 5%/ Amytriptyline 5%): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

**Decision rationale:** According to the MTUS, there is little to no research to support the use of many of these Compounded Topical Analgesics. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Flurbiprofen topical is not supported by the MTUS. Therefore, the request for Flurlido-A (Flurbiprofen 20%/ Lidocaine 5%/ Amytriptyline 5%) is not medically necessary.

**Ultraflex-G (Gabapentin 10%/ Cyclobenzaprine 5%/ Tramadol 10%): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

**Decision rationale:** According to the MTUS, there is little to no research to support the use of many of these compounded topical analgesics. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Gabapentin is not recommended. There is no peer-reviewed literature to support use. Therefore, the request for Ultraflex-G (Gabapentin 10%/ Cyclobenzaprine 5%/ Tramadol 10%) is not medically necessary.