

<b>Case Number:</b>	CM15-0077035		
<b>Date Assigned:</b>	05/04/2015	<b>Date of Injury:</b>	05/07/1986
<b>Decision Date:</b>	09/08/2015	<b>UR Denial Date:</b>	03/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/22/2015

### 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: 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 male, who sustained an industrial injury on May 7, 1986. He reported low back pain. The injured worker was diagnosed as having need for long term use of prescription drugs, low back pain, post laminectomy syndrome of the lumbar spine and lumbago. Treatment to date has included radiographic imaging, diagnostic studies, surgical intervention of the lumbar spine, conservative care, medications and activity restrictions. Currently, the injured worker complains of chronic low back pain and mid back pain. The injured worker reported an industrial injury in 1986, resulting in the above noted pain. He was treated conservatively and surgically without complete resolution of the pain. It was noted he remained functional with the use of medications. Evaluation on February 25, 2015, revealed continued pain as noted. Medications and x-ray studies of the thoracic spine and chest were requested.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**X-ray thoracic spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 79.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back Chapter Radiography (x-rays).

**Decision rationale:** As per ODG X-ray of spine is recommended for history of direct trauma, any evidence of neurologic deficit or persistent pain. Chronic, slow onset of pain, especially if it is increasing or night pain. A history of systemic disease such as cancer, long-term steroid therapy, or alcohol abuse. Patients over 50 years of age with any question of etiology of symptoms. From the submitted Medical Records it is unclear how the X-ray will change the management. The injured worker has no progressive neurological deficits, no new red flags, and no recent acute injury. Without such evidence and based on the guidelines, the requested treatment: X-ray thoracic spine is not medically necessary and appropriate.

**X-ray Chest:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 79.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.mayoclinic.org/tests-procedures/chest-x-rays/basics>.

**Decision rationale:** Chest X-rays can detect cancer, infection or air collecting in the space around a lung (pneumothorax). They can also show chronic lung conditions, such as emphysema or cystic fibrosis, as well as complications related to these conditions. Rib or spine fractures or other problems with bone may be seen on a chest X-ray. Review of submitted medical records do not provide clear rationale to support the appropriateness of this test in this injured worker. Medical necessity of the requested item has not been established. The requested treatment: X-ray Chest is not medically necessary and appropriate.

**Roxicodone 15mg #180:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 92 and 78.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 91-97. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Opioids.

**Decision rationale:** According to the CA MTUS and ODG, Roxicodone is an opioid analgesic indicated for moderate to moderately severe pain, and is used to manage both acute and chronic pain. The treatment of chronic pain with any opioid analgesic requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. A pain assessment should include current pain, intensity of pain after taking the opiate, and the duration of pain relief. In this case, there is no documentation of the medication's functional benefit. Medical necessity of the requested item has not been established. Of note, discontinuation of an opioid analgesic should include a taper, to avoid withdrawal symptoms. The requested medication is not medically necessary.

**Soma 350mg #360:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63.

**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 Muscle relaxants.

**Decision rationale:** The prescription for Soma is evaluated in light of the MTUS and Official Disability Guidelines (ODG) recommendations. As per MTUS Soma is not recommended for longer than a 2 to 3 week period. Side Effects include drowsiness, psychological and physical dependence, & withdrawal with acute discontinuation. ODG recommend non-sedating muscle relaxants with caution as a second-line option for short-term (less than two weeks) treatment of acute LBP and for short-term treatment of acute exacerbations in patients with chronic LBP. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Sedation is the most commonly reported adverse effect of muscle relaxant medications. These drugs should be used with caution in patients driving motor vehicles or operating heavy machinery. Given these guidelines, as long term use is not recommended, therefore, the requested treatment: Soma 350mg is not medically necessary and appropriate. Of note, discontinuation of the medicine should include a taper. The requested medication is not medically necessary

**Ambien 10mg #90:** 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:** Ambien (Zolpidem) is a prescription non-benzodiazepine hypnotic, which is indicated for the short-term treatment of insomnia with difficulty of sleep onset (7-10 days). Proper sleep hygiene is critical to the individual with chronic pain and often is hard to obtain. Ambien can be habit-forming, and may impair function and memory more than opioid analgesics. There is also concern that Ambien may increase pain and depression over the long-term. The treatment of insomnia should be based on the etiology, and pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. In this case, there is no compelling evidence presented by the treating provider that indicates this injured worker has had any significant improvements from this medication, and also review of Medical Records do not clarify that previous use of this medication has been effective in this injured worker for maintaining any functional improvement. The requested medication is not medically necessary. Of note, discontinuation of the medicine should include a taper. The requested medication is not medically necessary.

**Endocet 10/325mg #450:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 91-97. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Opioids.

**Decision rationale:** According to the CA MTUS and ODG, Endocet is a short-acting opioid analgesic indicated for moderate to moderately severe pain, and is used to manage both acute and chronic pain. The treatment of chronic pain with any opioid analgesic requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. A pain assessment should include current pain, intensity of pain after taking the opiate, and the duration of pain relief. In this case, there is no compelling evidence presented by the treating provider that indicates this injured worker has had any significant improvements from this medication, and also review of Medical Records do not clarify that previous use of this medication has been effective in this injured worker for maintaining any functional improvement. It is not clear why this injured worker is also on another short acting opioid analgesic, that also contains Acetaminophen. Of note, discontinuation of an opioid analgesic should include a taper, to avoid withdrawal symptoms. The requested medication is not medically necessary.

**Gabapentin 300mg #720:** 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 Anti-epilepsy drugs (AEDs) for pain.

**Decision rationale:** According to the CA MTUS (2009) and ODG, Neurontin (Gabapentin) is an anti-epilepsy drug, which has been shown to be effective for treatment of diabetic painful neuropathy and post-herpetic neuralgia, and has been considered as a first-line treatment for neuropathic pain. The records do not indicate that this injured worker has neuropathic pain. Gabapentin has been part of her medical regimen. However In this case, there is no compelling evidence presented by the treating provider that indicates this injured worker has had any significant improvements from this medication, and also review of Medical Records do not clarify that previous use of this medication has been effective in this injured worker for maintaining the functional improvement. Medical necessity for Neurontin has not been established. The requested medication is not medically necessary. Discontinuation should include a weaning process, to avoid withdrawal symptoms. The requested medication is not medically necessary.

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

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 91-97. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Opioids.

**Decision rationale:** According to the CA MTUS and ODG, Norco 10/325mg (Hydrocodone/Acetaminophen) is a short-acting opioid analgesic indicated for moderate to moderately severe pain, and is used to manage both acute and chronic pain. The treatment of chronic pain with any opioid analgesic requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. A pain assessment should include current pain, intensity of pain after taking the opiate, and the duration of pain relief. In this case, there is no documentation of the medication's functional benefit. Medical necessity of the requested item has not been established. It is not clear why this injured worker is also on another short acting opioid analgesic, that also contains Acetaminophen. Of note, discontinuation of an opioid analgesic should include a taper, to avoid withdrawal symptoms. The requested medication is not medically necessary.