

<b>Case Number:</b>	CM15-0086529		
<b>Date Assigned:</b>	05/08/2015	<b>Date of Injury:</b>	09/13/2005
<b>Decision Date:</b>	06/30/2015	<b>UR Denial Date:</b>	04/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/05/2015

### 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, Hawaii  
 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 is a 59 year old male, who sustained an industrial injury on 9/13/2005. He reported slipping and falling onto his left side, injuring his neck. Diagnoses have included cervical discogenic disease. Treatment to date has included physical therapy, surgery and medication. According to the progress report dated 3/25/2015, the injured worker complained of pain in his neck and lower back. He was noted to be on high doses of narcotics. He complained of numbness and tingling in his right hand. Physical exam revealed poor range of motion of the neck. There was mild, trapezius muscle spasm. The injured worker was taking six tablets of Norco a day; the injured worker stated it was impossible to take less. It was noted that the injured worker previously took twelve Norco a day. The injured worker was totally disabled. Authorization was requested for Norco, Methocarbamol, Lunesta and a urine drug screen.

### IMR ISSUES, DECISIONS AND RATIONALES

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

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

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

**Decision rationale:** The patient has chronic neck pain with numbness/tingling into his right hand. The current request is for Norco 10/325mg #180. According to the MTUS guidelines, four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids. The domains have been summarized as the 4 A's (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. In this case, while there is clear documentation of moderate to severe pain there is no documentation of the 4 A's. There is no documentation of improved functional ability or return to work with the specific use of this medication. There is also no documentation of adverse side effects or aberrant drug behaviors. There is no discussion of decreasing pain levels and functional improvement with the use of this medication. The MTUS requires much more thorough documentation for continued opioid usage. Furthermore, records indicate that previous utilization reviews have recommended weaning of Norco due to lack of pain relief and improved function. As such, is not medically necessary.

**Methocarbamol 750mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 93-66.

**Decision rationale:** The patient has chronic neck pain with numbness/tingling into his right hand. The current request is for Methocarbamol 750mg #90. Methocarbamol is a muscle relaxant. For muscle relaxants for pain, the MTUS Guidelines page 63 states, "Recommended non-sedating muscle relaxants with caution as a second line treatment for short term treatment of acute exacerbations of patients with LBP. Muscle relaxants may be effective in reducing pain and muscle tension and increasing mobility; however, most LBP cases show no benefit beyond NSAID in pain and overall improvement." The MTUS Guidelines support the use of muscle relaxants for short course of therapy, but no more than 2 to 3 weeks. In this case, the patient has chronic pain and the records indicate the patient has been using muscle relaxants long-term. There is no documentation provided which would justify the extended use of Methocarbamol against guideline recommendations. The requested methocarbamol 750 mg #90 is not medically necessary and as such the recommendation is for denial.

**Lunesta 2mg #30:** 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), Mental Illness & Stress.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Mental Illness and Stress.

**Decision rationale:** The patient has chronic neck pain with numbness/tingling into his right hand. The current request is for Lunesta 2mg #30. Lunesta is a hypnotic medication. The ODG guidelines state "Eszopicolone (Lunesta) has demonstrated reduced sleep latency and sleep maintenance. (Morin, 2007) The only benzodiazepine-receptor agonist FDA approved for use longer than 35 days. A randomized, double blind, controlled clinical trial with 830 primary insomnia patients reported significant improvement in the treatment group when compared to the control group for sleep latency, wake after sleep onset, and total sleep time over a 6-month period." In this case, records indicate the medication is improving sleep quality. Given the current accepted safety of the medication, recommendation is medically necessary.

**1 urine drug screen:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Urine drug testing (UDT).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Pain Chapter, Urine Drug Screen.

**Decision rationale:** The patient has chronic neck pain with numbness/tingling into his right hand. The current request is for 1 urine drug screen. The ODG recommends frequent drug screening for patients at high risk of opioid abuse. For patients at low risk, a point of contact urine drug screen is indicated once per year, and moderate risk should be tested 2-3 times per year. Monthly drug screening is limited to patients at high risk of addiction or aberrant behavior. In this case, records indicate urine drug screening was performed on 1/26/15, and 2/25/15. The attending physician provides no documentation which would categorize this patient in the high risk group. As such, the retrospective request for urine drug screen is not medically necessary.