

<b>Case Number:</b>	CM15-0088372		
<b>Date Assigned:</b>	05/12/2015	<b>Date of Injury:</b>	10/20/2008
<b>Decision Date:</b>	06/18/2015	<b>UR Denial Date:</b>	04/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/07/2015

### 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: Florida

Certification(s)/Specialty: Family Practice

### 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 34 year old female, who sustained an industrial injury on 10/20/2008. The mechanism of injury was not noted. The injured worker was diagnosed as having failed back syndrome, lumbar, unspecified neuralgia, neuritis and radiculitis, muscle spasm, unspecified insomnia, fibromyalgia/myositis, lumbosacral neuritis or radiculitis, unspecified, lumbosacral spondylosis without myelopathy, and other and unspecified derangement of medial meniscus. Treatment to date has included diagnostics, lumbar spinal surgery, and medications. Currently (3/30/2015), the injured worker reported that her pain symptoms were unchanged since the last visit. Current complaints were not noted. Urine drug screen results were documented as consistent with prescribed medications. A physical exam noted body mass index of 35% and vital signs. Current medication use included, but was not limited to, Percocet, Humulin, Citalopram, Tramadol, Percocet, Estazolam, Zanaflex, Ibuprofen, Tramadol ER, and Neurontin. Her work status was permanent and stationary. The treatment plan included prescriptions for Percocet, Lorazepam, and Sonata. The previous pain management progress report noted complaints of pain in her back, hips, and right upper extremity (rated 5-6/10) and documented no current pain changes. Urine drug screen (3/02/2015) was inconsistent with prescribed medications. Pain levels were consistent at 5-6/10 since at least 11/2014. The use of Percocet and Ativan was noted since at least this time. The progress report, dated 1/05/2015, noted failed trials with Lunesta and Ambien. Sleep hygiene was discussed and she was prescribed Sonata.

### IMR ISSUES, DECISIONS AND RATIONALES

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

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

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 91, 124.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids, page(s) 110-115 Page(s): Criteria for use of opioids, page(s) 110-115.

**Decision rationale:** In accordance with California MTUS guidelines, narcotics for chronic pain management should be continued if; "(a) If the patient has returned to work, (b) If the patient has improved functioning and pain." MTUS guidelines also recommend that narcotic medications only be prescribed for chronic pain when there is evidence of a pain management contract being upheld with proof of frequent urine drug screens. Regarding this patient's case, there is no objective evidence of functional improvement to justify the continuation of this chronic narcotic medication. Likewise, this request is not medically necessary.

**Lorazepam 0.5 mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepine Page(s): 24.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines, page(s) 58, 100 Page(s): Benzodiazepines, page(s) 58, 100.

**Decision rationale:** In accordance with the California MTUS guidelines, 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." The guidelines go on to state that, "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." Likewise, this request for Lorazepam is not medically necessary.

**Sonata 5 mg #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 (ODG), Pain Chapter, Insomnia Treatment Section.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Sleep aids.

**Decision rationale:** The California MTUS guidelines are silent regarding sleep aid medications. Likewise, the ODG was consulted for guidance. The ODG does not recommend the long-term use of sleep aid medications. There are no compelling indications for an exception presented in the documentation. Likewise, this request for Sonata is not medically necessary.