

<b>Case Number:</b>	CM14-0168714		
<b>Date Assigned:</b>	10/16/2014	<b>Date of Injury:</b>	06/06/2008
<b>Decision Date:</b>	11/18/2014	<b>UR Denial Date:</b>	10/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/13/2014

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 55-year-old female with a date of injury of June 6, 2008. The patient's industrially related diagnoses include musculoligamentous lumbosacral strain, spinal stenosis of lumbar spine with radiculitis, left knee moderate to severe medial compartment osteoarthritis s/p left knee arthroscopy. The disputed issues are a request for lumbosacral support, and a prescription for Norco and Restoril. A utilization review determination on 10/9/2014 had non-certified these requests. The stated rationale for the denial of the lumbosacral support was: "These supports are clinically not effective for the treatment of chronic back pain." The stated rationale for the denial of Norco was: "There is no discussion in the documentation provided concerning the VAS scores for this patient before and after using this medication. There is no documentation advising an improved functionality with the use of this medication." Lastly, the request for Restoril was non-certified because: "The patient appears to have been using this medication for some time, indicating long-term use" (and this medication is only recommended for short-term use due to risk of tolerance, dependence, and adverse events).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbosacral support:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation (ODG) Low Back Chapter, Lumbar Supports

**Decision rationale:** In regard to the request for lumbosacral support, ACOEM guidelines state that lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. Furthermore, lumbar corsets are not recommended and the evidence is poor for the use of lumbar orthoses in the treatment of chronic low back pain. The Official Disability Guidelines state that lumbar supports are not recommended for prevention. They go on to state that lumbar supports are recommended as an option for compression fractures and specific treatment of spondylolisthesis, documented instability, and for treatment of nonspecific low back pain. ODG goes on to state that for nonspecific low back pain, compared to no lumbar support, an elastic lumbar belt maybe more effective than no belt at improving pain at 30 and 90 days in people with subacute low back pain lasting 1 to 3 months. However, the evidence was very weak. In the progress report dated 9/25/2014, the treating physician indicated that the lumbosacral support was recommended for intermittent temporary use to take some pressure off the low back and help alleviate the injured worker's symptomatology. However, it does not appear that the injured worker is in the acute or subacute phase of her treatment. Additionally, there is no documentation indicating that the injured worker has a diagnosis of compression fracture, spondylolisthesis, or instability. Given the guidelines, the request for lumbosacral support is not medically necessary.

**Norco:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): page(s) 75-80.

**Decision rationale:** Norco 10/325mg (hydrocodone/acetaminophen) is an opioid that was recently rescheduled in October 2014 from Schedule III to the more restrictive Schedule II of the Controlled Substances Act. Therefore, it can no longer be refilled. Norco is recommended for moderate to severe pain. In regard to the use of Norco, the California Chronic Pain Medical Treatment Guidelines state the following about on-going management with opioids: "Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors. These 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". Guidelines go on to recommend discontinuing opioids if there is no documentation of improvement in function and pain. In the progress reports available for review, the treating physician did not adequately address the four domains recommended by the guidelines for ongoing management with Norco. There was no documentation that prescribed opioid medication was improving the patient's function or pain (in terms of specific examples of

functional improvement and percent reduction in pain or reduced NRS). There was no discussion regarding possible aberrant drug-related behavior such as evidence of a signed opioid agreement, urine drug screen to assess for the use or the presence of illegal drugs, and CURES report to confirm that the injured worker is only getting opioids from one practitioner. Additionally, the treating physician documents concerns of opioid addiction stating: "She is just getting worse and is addicted to Vicodin taking 3 Vicodin 10-'s every day. At this point, she is either going to live a life addicted to narcotics or do something to try to improve her symptoms." Based on the guidelines, the request for Norco is not medically necessary. Although Norco is not medically necessary at this time, since it is an opioid, it should not be abruptly halted and the requesting provider should start a weaning schedule as he or she sees fit.

**Restoril:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Insomnia treatment

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Chronic Pain, Sleep Medication

**Decision rationale:** The California Medical Treatment and Utilization Schedule and ACOEM do not specifically address Restoril. Therefore the Official Disability Guidelines are utilized which have guidelines regarding the use of pharmacologic agents to address insomnia. In the Official Disability Guidelines Chronic Pain Chapter, the following is specified: "Temazepam (Restoril) is FDA-approved for sleep-onset insomnia. These medications are only recommended for short-term use due to risk of tolerance, dependence, and adverse events (daytime drowsiness, anterograde amnesia, next-day sedation, impaired cognition, impaired psychomotor function, and rebound insomnia). These drugs have been associated with sleep-related activities such as sleep driving, cooking and eating food, and making phone calls (all while asleep). Particular concern is noted for patients at risk for abuse or addiction. Withdrawal occurs with abrupt discontinuation or large decreases in dose. Decrease slowly and monitor for withdrawal symptoms. Benzodiazepines are similar in efficacy to benzodiazepine-receptor agonists; however, the less desirable side-effect profile limits their use as a first-line agent, particularly for long-term use." In the progress report dated 8/14/2014, the treating physician documents that the injured worker is taking Diazepam and Ambien for sleep; she is trying to take Restoril instead, she but is uncertain if it is working. In the same progress report, he documents concerns over addiction to narcotics stating: "She is just getting worse and is addicted to Vicodin taking 3 Vicodin 10-'s every day. At this point, she is either going to live a life addicted to narcotics or do something to try to improve her symptoms." Based on the guidelines, Restoril is only recommended for short-term use, and according to the documentation, the injured worker has been taking it since at least August 2014. Also, the request was made for a month supply of Restoril with two additional refills (indicating long-term use). Therefore, Restoril is not medically necessary.