

<b>Case Number:</b>	CM14-0199472		
<b>Date Assigned:</b>	12/10/2014	<b>Date of Injury:</b>	04/01/2001
<b>Decision Date:</b>	01/26/2015	<b>UR Denial Date:</b>	11/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/28/2014

### 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 Internal 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 (IW) is a 56-year-old woman with a date of injury of April 1, 2001. The mechanism of injury was not documented in the medical record. The current diagnoses are mild left C6 radiculopathy; thoracic outlet syndrome; mild compression fracture to T8 vertebral body with chronic myofascial pain syndrome; thoracolumbar spine, moderate to severe; lumbar radiculopathy (bilateral L3-L4); and opioid tolerance. Pursuant to the Primary Treating Physician's Progress Report dated October 15, 2014, the IW complains of constant intractable pain in her neck, upper and lower back, as well as frequent pain and numbness in both her bilateral upper and lower extremities. She reports that she has been getting 50-75% improvement in her pain with her current medications, and greater than 50-75% improvement in her functioning. The IW reports that her pain without medications is 5/10, and 2-3/10 with medications. Objectively, range of motion (ROM) of the cervical and lumbar spine was slightly to moderately restricted in all planes. There were multiple myofascial trigger points and taut bands noted throughout the cervical paraspinal, trapezius, levator scapulae, scalene, infraspinatus, thoracic and lumbar paraspinal musculature as well as the gluteal musculature. Sensation to fine touch and pinprick were decreased in the lateral aspect of the bilateral calves. She could not perform right heel toe gait. Current medications include Kadian ER 80mh, Norco 10/325mg, Tizanidine 4mg, Neurontin 600mg, and Colace 120mg. The earliest progress note in the medical record dated January 26, 2011, indicates the IW was taking all of the aforementioned medications. There were no detailed pain assessments or documentation of objective functional improvement associated with the long-term use of the current medications. The medical record contained a letter written by the IW stating the following, "This is the only medical record I have at home from [REDACTED] I have been on the same meds for 12 yrs. And they work to control the constant stinging pain that covers my upper back and the sciatic pain down hips and buttocks.

Thank you. P.S. for IMR's on 11-10-14 and 11-28-14". There are several urine drug screens (UDS) in the medical record that demonstrated inconsistent results. Specifically, the UDS dated August 20, 2014 was negative for all medications. The UDS dated May 28, 2014 was only positive for Morphine. The current request is for Kadian ER 80mg #60, Norco 10/325mg #120, Tizanidine 4mg #90, Neurontin 600mg #90 with 5 refills, and Colace 250mg #90 with 5 refills. The request is also for a urine drug screen.

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

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

**Kadian extended release 820mg #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 80.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Opiates

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Kadian ER (morphine sulfate ER) 820mg is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany the use of chronic opiate use. Satisfactory response to treatment may be indicated by the patient's decreased pain, increase level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. In this case, the injured worker is taking Kadian ER as far back as January 26, 2011. The injured worker states in a handwritten note that he has been on these medications for 12 years and they work to control the constant stinging pain that covers his upper back and sciatic pain. The injured worker's working diagnoses are mild left C6 radiculopathy; thoracic outlet syndrome; mild compression fracture of T8 with chronic myofascial pain syndrome; and lumbar radiculopathy (bilateral L3 - L4). The documentation does not contain evidence of objective functional improvement nor is there supporting evidence for the ongoing chronic use of morphine sulfate (12 years v. 4 years documented). Additionally, the injured worker is taking a second opiate, Norco. There is no clinical rationale to support the use of two opiate narcotics in this chronic pain patient. Consequently, absent the appropriate clinical indication and supporting evidence for continued use and evidence of objective functional improvement, Kadian ER 820 mg #60 is not medically necessary.

**Norco 10/325mg #120: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 80.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Opiates

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Norco 10/325 mg #120 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany the use of chronic opiate use. Satisfactory response to treatment may be indicated by the patient's decreased pain, increase level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. In this case, the injured worker is taking Norco 10/325mg as far back as January 26, 2011. The injured worker states in a handwritten note that he has been on these medications for 12 years and they work to control the constant stinging pain that covers is upper back and sciatic pain. The injured worker's working diagnoses are mild left C6 radiculopathy; thoracic outlet syndrome; mild compression fracture of T8 with chronic myofascial pain syndrome; and lumbar radiculopathy (bilateral L3 - L4). The documentation does not contain evidence of objective functional improvement nor is there supporting evidence for the ongoing chronic use of Norco 10/325mg. Additionally, the injured workers taking a second opiate, Kadian ER (morphine sulfate). There is no clinical rationale to support the use of two opiate narcotics in his chronic pain patient. Consequently, absent the appropriate clinical indication and supporting evidence for continued use and evidence of objective functional improvement, Norco 10/325mg #120 is not medically necessary.

**Tizanidine 4mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants Page(s): 64-66.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 65-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Muscle Relaxants

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Tizanidine 4 mg #90 is not medically necessary. Muscle relaxants are recommended as a second line option for short-term (less than two weeks) treatment of acute low back pain and short-term treatment of acute exacerbations in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use may lead to dependence. In this case, the injured worker is being treated for low back pain. Tizanidine 4mg was prescribed as far back as January 26, 2011. The injured worker indicated, in a handwritten note, that he has been on these medications for 12 years and they work to control his pain. The injured workers working diagnoses are mild left C6 radiculopathy; thoracic outlet syndrome; mild compression fracture of T8 with chronic myofascial pain syndrome; and lumbar radiculopathy (bilateral L3 - L4). The documentation does not contain evidence of objective functional improvement. Additionally, Tizanidine is indicated for short-term (less than two weeks) treatment of acute low back pain or acute exacerbations in chronic low back pain. The injured worker has been taking these medications for 12 years. According to the documentation, the injured worker has been taking

these medications since January 2011. The medication has not been used for acute low back pain or an acute exacerbation of chronic low back pain. The treating physician has exceeded the recommended guidelines (two weeks) and there is no compelling supporting clinical evidence to support its ongoing use. Consequently, Tizanidine 4 mg #90 is not medically necessary.

**Neurontin 600mg QTY #90 with 5 refills: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines anti-epilepsy drugs Page(s): 16-22.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Neurontin Page(s): 49. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Neurontin

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Neurontin 600 mg #90 with five refills is not medically necessary. Neurontin (Gabapentin) is recommended for some number of neuropathic pain conditions and fibromyalgia. Gabapentin is associated with a modest increase in the number of patients experiencing meaningful pain reduction. In this case, the injured worker is being treated for mild left C6 radiculopathy; thoracic outlet syndrome; mild compression fracture of T8 with chronic myofascial pain syndrome; and lumbar radiculopathy (bilateral L3 - L4). Neurontin was a bit of a minute and 24 no drugs has been prescribed as far back as January 26, 2011. The injured worker states she has been taking these medications for 12 years and they worked to control his pain. There is no documentation in the medical records indicating objective functional improvement with Neurontin. There are, however, regular refills without any clinical rationale indicating why the refills are necessary. Consequently, absent the appropriate clinical indications and rationale and evidence of objective functional improvement, Neurontin 600 mg #90 with 5 refills is not medically necessary.

**Colace 250mg QTY # 90 with 5 refills: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 77.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG; Pain Section, Opiates; <http://www.nlm.nih.gov/medlineplus/druginfo/meds/a601113.html>

**Decision rationale:** Pursuant to the Official Disability Guidelines and MEDLINE plus, Colace 250 mg #90 with five refills is not medically necessary. Colace is a stool softener to be used on a short-term basis to relieve constipation and opiate induced constipation. In this case, each worker has been taking Colace, according to the injured worker for 12 years. The documentation indicates the injured worker has been taking Colace since January 26, 2011. That is the earliest progress note in the medical record and this may be a refill versus a first prescription. The documentation is unclear. The injured worker's working diagnoses are mild left C6 radiculopathy; thoracic outlet syndrome; mild compression fracture of T8 with chronic

myofascial pain syndrome; and lumbar radiculopathy (bilateral L3 - L4). There is no documentation indicating objective functional improvement with the ongoing use of Colace and consequently, Colace 250 mg #90 with five refills is not medically necessary.

**Urine drug screen:** 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 Section, Urine Drug Testing

**Decision rationale:** Pursuant to the Official Disability Guidelines, urine drug screen is not medically necessary. Urine drug testing is recommended as a tool to monitor compliance with prescribed substances, identify use of undisclosed substances and uncover diversion of prescribed substances. The test should be used in conjunction with other clinical information when decisions are to be made to continue, adjust or discontinue treatment. The frequency of urine drug testing is determined based on whether the injured worker is a low risk, intermediate or high risk for drug misuse or abuse. In this case, the injured worker is reportedly taking these medicines for 12 years. The documentation indicates the injured worker has been taking his medication since January 2011. There are multiple urine drug screens in the medical record all of which are inconsistent. For example the May 28, 2014 progress note shows morphine sulfate but no other drugs. Urine drug screen from August 20 of 2014 does not detect any drugs whatsoever in the specimen. In urine drug testing from September and October 2014 show some but not all of the other medications being prescribed. The treating physician has not discussed any of these inconsistent findings in this medical record and, despite the inconsistencies, continues to renew multiple opiates, muscle relaxants, Neurontin and Colace. Additionally, there is no clinical indication or rationale for urine drug testing in the medical record despite the inconsistencies. Consequently, absent the appropriate clinical indications and rationale, urine drug testing is not medically necessary.