

<b>Case Number:</b>	CM14-0217932		
<b>Date Assigned:</b>	01/07/2015	<b>Date of Injury:</b>	09/01/2004
<b>Decision Date:</b>	03/04/2015	<b>UR Denial Date:</b>	12/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/29/2014

### 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. 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 Jersey, Michigan, California  
 Certification(s)/Specialty: Neurology, Neuromuscular 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 52-year-old female who sustained a work related injury September 1, 2004. According to a pain management physician's office visit dated November 24, 2014, the injured worker presented with complaints for low back pain and bilateral leg pain. The pain is low back mostly on the right side greater than left with radiation to buttock and hip. She recently completed lumbar medial branch block to test lumbar facets and received 85% relief that day of the low back pain, returning in the morning. Physical examination reveals gait stiff, antalgic, favors left knee. Lumbar palpation is very tender and muscles tight over quadratus lumborum on the right side. Pain is present over lumbar facet joints. Lumbar range of motion reveals pain with extension and rotation. Pelvic tilt with right side 1" higher than the left and discomfort present over piriformia muscles. The bilateral knees are tender to palpation laterally with discomfort weight bearing left knee. Diagnoses documented as right piriformis syndrome; right lumbar facet pain doing well and left knee pain. Treatment plan included medication refills and authorization for radiofrequency L4-5, L5-S1. Work status documented as disabled. According to utilization, review performed December 2, 2014, the request for Celebrex and Cymbalta have been certified. The request for Dilaudid 2mg #90 is non-certified. Citing MTUS Chronic Pain Medical Treatment Guidelines recommend discontinuing opioids if there is no overall functional improvement. Abrupt discontinuation of opioids may be dangerous, and guidelines therefore recommend weaning in order to prevent withdrawal symptoms. Dilaudid was non-certified on 4/8/2014 and further tapering is not medically appropriate at this time. The request for Norco 10/325mg #180 is non-certified. Citing MTUS Chronic Pain Medical Treatment Guidelines,

Norco is an opiate and used for management of moderate to severe pain. Guidelines recommend discontinuing opioids if there is no overall functional improvement with recommended weaning. Weaning of Norco was initiated 8/4/2014 and this medication was most recently certified at a quantity of #45 on 10/3/2014. Weaning therefore should be complete. The request for Tramadol 100mg #60 has been modified to Tramadol 100mg #45. Citing MTUS Chronic Pain Medical Treatment Guidelines, Tramadol is a synthetic opioid used for management of pain and not recommended for long-term use. Weaning at this time is considered appropriate. Therefore, the modification to #45 with the remaining #15 pills non-certified. The request for Tizanidine 4mg #60 has been modified to Tizanidine #30. Citing MTUS Chronic Pain Medical Treatment Guidelines, muscle relaxants may be used as a second line option for short-term treatment of pain. Tizanidine has been used since 8/2012 and will therefore be modified for weaning purposes. The request for Valium 5mg #90 is non-certified. Citing MTUS Chronic Pain Medical Treatment Guidelines benzodiazepines are not recommended for long term use, and should be limited to no longer than 4 weeks. Valium has been used since 3/2014 and since this medication was non-certified on 4/8/2014, further weaning is not necessary, as sufficient time has passed to wean off the medication. The request for (1) bilateral lumbar radiofrequency at L4-5, L5-S1 is non-certified. Citing ACOEM guidelines recommend lumbar radiofrequency should be reserved for patients without radiating pain and evidence of a formal plan of additional evidence based conservative care.

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

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

**One prescription of Dilaudid 2mg, #90: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Dilaudid (hydromorphone).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 76-79.

**Decision rationale:** According to MTUS guidelines, Dilaudid is a short acting opioids is seen an effective medication to control pain. Hydromorphone (Dilaudid; generic available): 2mg, 4mg, 8mg. Side Effects: Respiratory depression and apnea are of major concern. Patients may experience some circulatory depression, respiratory arrest, shock and cardiac arrest. The more common side effects are dizziness, sedation, nausea, vomiting, sweating, dry mouth and itching. (Product Information, Abbott Labs 2006) Analgesic dose: Usual starting dose is 2mg to 4mg PO every 4 to 6 hours. A gradual increase may be required, if tolerance develops. According to MTUS guidelines, ongoing use of opioids should follow specific rules: (a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy. (b) The lowest possible dose should be prescribed to improve pain and function. (c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information

from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: 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 non-adherent) 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. There is no clear evidence and documentation from the patient file, for a need for more narcotic medications. There is no clear evidence of objective and recent functional and pain improvement with previous use of opioids. There is no evidence of pain breakthrough. There is no clear documentation of the efficacy/safety of previous use of opioids.

**One prescription of Norco 10/325mg, #180: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 76-79.

**Decision rationale:** According to MTUS guidelines, Norco (Hydrocodone/Acetaminophen) is a synthetic opioid indicated for the pain management but not recommended as a first line oral analgesic. In addition and according to MTUS guidelines, ongoing use of opioids should follow specific rules: (a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy. (b) The lowest possible dose should be prescribed to improve pain and function. (c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. 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 non-adherent) 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. According to the patient file, there is no objective documentation of pain and functional improvement to justify continuous use of Norco. Norco was used for longtime without documentation of functional improvement or evidence of return to work or improvement of activity of daily living.<sup>3</sup> One prescription of Tramadol 100mg, #60 is not medically necessary.

**One prescription of Tramadol 100mg, #60: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Page(s): 113.

**Decision rationale:** According to MTUS guidelines, Ultram (Tramadol) is a synthetic opioid indicated for the pain management but not recommended as a first line oral analgesic. In addition and according to MTUS guidelines, ongoing use of opioids should follow specific rules: (a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy. (b) The lowest possible dose should be prescribed to improve pain and function. (c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: 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 non adherent) 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. Tramadol has been used since at least August 2012 without any clear documentation of pain and functional improvement. There is no clear documentation of continuous documentation of patient compliance with her medications. There is no documentation for the need of several opioids for this patient.

**One prescription of Tizanidine 4mg, #60: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63.

**Decision rationale:** According to MTUS guidelines, non-sedating muscle relaxants are recommended with caution as a second line option for short-term treatment of acute exacerbations in patients with chronic lumbosacral pain. Efficacy appears to diminish over time and prolonged use may cause dependence. The patient was previously treated with Tizanidine for at least more than 4 months (as far back as August 2012), which is considered a prolonged use of the drug. There is no continuous and objective documentation of the effect of the drug on patient pain, spasm and function. There is no recent documentation for recent pain exacerbation or failure of first line treatment medication.

**One prescription of Valium 5mg, #90: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

**Decision rationale:** According to MTUS guidelines, benzodiazepines are not recommended for long-term use for pain management because of unproven long-term efficacy and because of the risk of dependence. Most guidelines limit their use to 4 weeks. The patient's records indicated that the patient has been using Valium since at least March 2014 without any significant improvement of her symptoms.

**One bilateral lumbar radiofrequency at L4-5, L5-S1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Facet joint radiofrequency neurotomy

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301.

**Decision rationale:** According to MTUS guidelines, there is good quality medical literature demonstrating that radiofrequency neurotomy of facet joint nerves in the cervical spine provides good temporary relief of pain. Similar quality literature does not exist regarding the same procedure in the lumbar region. Lumbar facet neurotomies reportedly produce mixed results. Facet neurotomies should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks. There is no documentation of significant pain improvement with previous diagnosis medial branch block. In fact, The medical note dated July 1, 2013 documented that the patient did not notice any significant pain relief from radiofrequency performed on June 11, 2013. In addition, objective findings did not significantly improve following the procedure and medication consumption remained almost the same.