

<b>Case Number:</b>	CM15-0004224		
<b>Date Assigned:</b>	01/15/2015	<b>Date of Injury:</b>	05/29/2006
<b>Decision Date:</b>	03/20/2015	<b>UR Denial Date:</b>	12/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/08/2015

### 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: Pennsylvania  
 Certification(s)/Specialty: Internal 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 54 year old male who sustained an industrial injury on May 29, 2006. The mechanism of injury was noted to be lifting 50-80 pound bags. He has reported low back pain and neck pain and has been diagnosed with spinal stenosis lumbar, other specified sites of sprains and strains, unilateral inguinal hernia, and backache unspecified. Treatment to date has included medical imaging, cervical spine discectomy and fusion surgery in 2008, pain medication, epidural steroid injections, electrical stimulation, and physical therapy. Medications in 2011 included norco, soma, xanax, halcion, and fentanyl patches. Norco and Soma were noted to be prescribed in 2009. It was noted in July 2014 that the injured worker uses a wheelchair and had required this for years. Currently the injured worker complains of limited range of motion to the cervical spine, headaches, and pain that radiated down bilateral arms with numbness, and lumbosacral pain with limited range of motion. The treatment plan included refills of norco, xanax, soma, halcion, fentanyl patch, nucynta, and arrangement for home health and transportation. Work status in July 2014 was noted as not currently working and that he last worked in May 2006; work status as of December 2014 was noted as off work. On December 16, 2014 Utilization Review non-certified Norco 10/325 # 120, Soma 350 mg # 90, Fentanyl patch 100 mcg # 10, Halcion 0.25 mg #60, Xanax 2 mg # 120, and Nucynta 200 mg # 60, citing the MTUS guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #120 take by mouth 4 times daily: Upheld**

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

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

**Decision rationale:** There is no evidence that the treating physician is prescribing opioids according to the MTUS, which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, and opioid contract. There should be a prior failure of non-opioid therapy. None of these aspects of prescribing are in evidence. Per the MTUS, opioids are minimally indicated, if at all, for chronic non-specific pain, osteoarthritis, "mechanical and compressive etiologies", and chronic back pain. There is no evidence of significant pain relief or increased function from the opioids used to date. The injured worker has been prescribed norco since at least 2009. The injured worker has not worked since 2006 and it is noted that he uses a wheelchair. The most recent progress note from December 2014 notes that the injured worker states that he has not been improving since his last visit. The prescribing physician does not specifically address function with respect to prescribing opioids, and does not address the other recommendations in the MTUS. There is no evidence that the treating physician has utilized a treatment plan NOT using opioids, and that the patient "has failed a trial of non-opioid analgesics". Ongoing management should reflect four domains of monitoring, including analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors. The documentation does not reflect improvement in pain; change in activities of daily living, discussion of adverse side effects, and screening for aberrant drug-taking behaviors were not documented. The MTUS recommends urine drug screens for patients with poor pain control and to help manage patients at risk of abuse. There is no record of a urine drug screen program performed according to quality criteria in the MTUS and other guidelines. Because of the lack of demonstration of functional improvement, and lack of prescribing of opioids in accordance with MTUS guidelines, the request for norco is not medically necessary.

**Soma 350mg #90: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol/Soma Page(s): 29.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants Page(s): p. 63-66.

**Decision rationale:** Per the MTUS Chronic Pain Medical Treatment Guidelines, Soma (carisoprodol), a sedating centrally acting skeletal muscle relaxant, is not recommended and not indicated for long term use. Non-sedating muscle relaxants are recommended with caution as a second-line option for short term treatment of acute exacerbations in patients with chronic low back pain. The muscle relaxant prescribed in this case is sedating. This injured worker has

chronic pain with no evidence of prescribing for flare-ups. Prescribing has occurred for years, since at least 2009, and the quantity prescribed implies long term use, not a short period of use for acute pain. No reports show any specific and significant improvements in pain or function as a result of Soma. The injured worker has not worked since 2006 and has used a wheelchair for years. Per the MTUS, Soma is not recommended for chronic pain and has habituating and abuse potential. Due to the prolonged prescription of this medication not in accordance with the guidelines, and the lack of improvement in pain or function as a result of its use, the request for soma is not medically necessary.

**Fentanyl Patch 100mcg #10 1 patch every 72 hours:** Upheld

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

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

**Decision rationale:** There is no evidence that the treating physician is prescribing opioids according to the MTUS, which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, and opioid contract. There should be a prior failure of non-opioid therapy. None of these aspects of prescribing are in evidence. Per the MTUS, opioids are minimally indicated, if at all, for chronic non-specific pain, osteoarthritis, "mechanical and compressive etiologies", and chronic back pain. There is no evidence of significant pain relief or increased function from the opioids used to date. The injured worker has been prescribed fentanyl patch since at least 2011. The injured worker has not worked since 2006 and it is noted that he uses a wheelchair. The most recent progress note from December 2014 notes that the injured worker states that he has not been improving since his last visit. The prescribing physician does not specifically address function with respect to prescribing opioids, and does not address the other recommendations in the MTUS. There is no evidence that the treating physician has utilized a treatment plan NOT using opioids, and that the patient "has failed a trial of non-opioid analgesics". Ongoing management should reflect four domains of monitoring, including analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors. The documentation does not reflect improvement in pain; change in activities of daily living, discussion of adverse side effects, and screening for aberrant drug-taking behaviors were not documented. The MTUS recommends urine drug screens for patients with poor pain control and to help manage patients at risk of abuse. There is no record of a urine drug screen program performed according to quality criteria in the MTUS and other guidelines. Because of the lack of demonstration of functional improvement, and lack of prescribing of opioids in accordance with MTUS guidelines, the request for fentanyl patch is not medically necessary.

**Halcion 0.25mg #60:** 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): p. 24. Decision based on Non-MTUS Citation chronic pain chapter: insomnia treatment.

**Decision rationale:** Halcion has been prescribed since at least 2012, with documentation that it was used for insomnia. Per the MTUS, 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. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long term use may actually increase anxiety. The MTUS does not recommend benzodiazepines for long term use for any condition. The MTUS does not recommend benzodiazepines as muscle relaxants. Treatment of a sleep disorder, including prescribing hypnotics, should not be initiated without a careful diagnosis. There is no evidence of that in this case. For the treatment of insomnia, pharmacologic agents should only be used after careful evaluation of potential causes of sleep disturbance. Specific components of insomnia should be addressed. There was no documentation of evaluation of sleep disturbance in the injured worker, and components insomnia were not addressed. The treating physician has not addressed major issues affecting sleep in this patient, including the use of other psychoactive agents like opioids, which significantly impair sleep architecture, and depression. This injured worker has also been prescribed another benzodiazepine, xanax, which is additive with the hypnotic, and which increases the risk of side effects and dependency. Due to prolonged use not in accordance with the guidelines, lack of sufficient evaluation for a sleep disorder, and potential toxicity in combination with another benzodiazepine, the request for halcion is not medically necessary.

**Xanax 2mg #120:** Upheld

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

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

**Decision rationale:** The injured worker has been prescribed xanax since at least 2011. Per the MTUS, 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. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long term use may actually increase anxiety. The MTUS does not recommend benzodiazepines for long term use for any condition. The MTUS does not recommend benzodiazepines as muscle relaxants. This injured worker has also been prescribed another benzodiazepine, halcion, which is additive and increases the risk of side effects and dependency. Due to length of use in excess of the guidelines, and the potential for toxicity in combination with another benzodiazepine, the request for xanax is not medically necessary.

**Nucynta 200mg #60:** Upheld

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

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

**Decision rationale:** There is no evidence that the treating physician is prescribing opioids according to the MTUS, which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, and opioid contract. There should be a prior failure of non-opioid therapy. None of these aspects of prescribing are in evidence. Per the MTUS, opioids are minimally indicated, if at all, for chronic non-specific pain, osteoarthritis, "mechanical and compressive etiologies", and chronic back pain. There is no evidence of significant pain relief or increased function from the opioids used to date. The injured worker has been prescribed norco since at least 2009 fentanyl patch since at least 2011. Nucynta was noted among the prescribed medications in July 2014. The injured worker has not worked since 2006 and it is noted that he uses a wheelchair. The most recent progress note from December 2014 notes that the injured worker states that he has not been improving since his last visit. The prescribing physician does not specifically address function with respect to prescribing opioids, and does not address the other recommendations in the MTUS. There is no evidence that the treating physician has utilized a treatment plan NOT using opioids, and that the patient "has failed a trial of non-opioid analgesics". Ongoing management should reflect four domains of monitoring, including analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors. The documentation does not reflect improvement in pain; change in activities of daily living, discussion of adverse side effects, and screening for aberrant drug-taking behaviors were not documented. The MTUS recommends urine drug screens for patients with poor pain control and to help manage patients at risk of abuse. There is no record of a urine drug screen program performed according to quality criteria in the MTUS and other guidelines. Because of the lack of demonstration of functional improvement, and lack of prescribing of opioids in accordance with MTUS guidelines, the request for nucynta is not medically necessary.