

<b>Case Number:</b>	CM15-0123246		
<b>Date Assigned:</b>	07/07/2015	<b>Date of Injury:</b>	07/09/2008
<b>Decision Date:</b>	09/16/2015	<b>UR Denial Date:</b>	05/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/25/2015

### 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: California

Certification(s)/Specialty: Preventive Medicine, Occupational 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:

This injured worker is a 69-year-old female, who reported industrial injuries on 7/9/2008. Her diagnoses, and or impression, were noted to include: thoracic laminectomy for placement of spinal cord stimulator, leads and paddles (8/15/13) with revision thoracic laminectomy for same on 5/15/2014; status-post lumbosacral fusion with iliac crest bone graft and instrumentation in 1/2010, followed by lumbosacral hardware removal and exploration of fusion on 10/18/12; status-post lumbar; and facet disease with moderate lumbar stenosis. No current imaging studies were noted. Her treatments were noted to include surgeries; implantation of spinal cord stimulator; sacroiliac trigger point injections; medication management; and rest from work. The progress notes of 4/16/2015 reported increased low back and left leg pain, causing difficulty with activities. Objective findings were noted to include difficulty walking, getting onto and changing position on the exam table; tenderness and spasms in the lumbar para-spinous regions, with guarding and painful/restricted range-of-motion and positive bent-knee femoral stretch test. The physician's requests for treatments were noted to include the continuation of Norco and Lidoderm Patches.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10mg #90, no refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-94.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. Despite the long-term use of Norco, the patient has reported very little, if any, functional improvement or pain relief over the course of the last 6 months. A previous utilization review decision provided the patient with sufficient quantity of medication to be weaned slowly off narcotic. Norco 10mg #90, no refills is not medically necessary.

**Medication: Lidoderm patch 5% to affected area 12 hrs on and 12 hrs off for pain, #30:**  
Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines tricyclic or SNRI anti-depressants Page(s): 56.

**Decision rationale:** According to the MTUS, Lidoderm may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. The medical record has no documentation that the patient has undergone a trial of first-line therapy. Lidoderm patch 5% is not medically necessary.

**Zanaflex 4mg #60, refill 1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain). Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter.

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

**Decision rationale:** Tizanidine or Zanaflex is a drug that is used as a muscle relaxant. The MTUS states that muscle relaxants are recommended with caution only on a short-term basis. The patient has been taking the muscle relaxant for an extended period of time. At present, based on the records provided, and the evidence-based guideline review, the request is non-certified. A previous utilization review decision provided the patient with sufficient quantity of medication to be weaned slowly. Zanaflex 4mg #60, refill 1 is not medically necessary.

**Ultram 50mg #90, refill 1:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines medications for chronic pain Page(s): 60.

**Decision rationale:** According to the MTUS in regard to medications for chronic pain, only one medication should be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. A record of pain and function with the medication should be recorded. According to this citation from the MTUS, medications should not be initiated in a group fashion, and specific benefit with respect to pain and function should be documented for each medication. There is no documentation of the above criteria for either of the narcotics that the patient has been taking. A previous utilization review decision provided the patient with sufficient quantity of medication to be weaned slowly off narcotic. Ultram 50mg #90, refill 1 is not medically necessary.

**Ambien 10mg #30, refill 1:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Zolpidem (Ambien).

**Decision rationale:** The Official Disability Guidelines do not recommend the use of sleeping pills for long-term use. While sleeping pills, so-called minor tranquilizers, and anti-anxiety agents are commonly prescribed in chronic pain, pain specialists rarely, if ever, recommend them for long-term use. They can be habit-forming, and they may impair function and memory more than opioid pain relievers. There is also concern that they may increase pain and depression over the long-term. The patient has been taking Ambien for longer than the 2-6 week period recommended by the ODG. A previous utilization review decision provided the patient with sufficient quantity of medication to be weaned slowly. Ambien 10mg #30, refill 1 is not medically necessary.