

<b>Case Number:</b>	CM15-0125984		
<b>Date Assigned:</b>	07/10/2015	<b>Date of Injury:</b>	06/03/2008
<b>Decision Date:</b>	09/17/2015	<b>UR Denial Date:</b>	06/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/30/2015

### 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: New York  
 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 62-year-old female, with a reported date of injury of 06/03/2008. The mechanism of injury was not indicated in the medical records provided. The injured worker's symptoms at the time of the injury included spinal pain. The diagnoses include low back pain, left lumbar radiculopathy, opiate dependent pain, lumbosacral neuritis, lumbar spine stenosis, lumbosacral spondylosis, lumbar/sacral disc degeneration, and myalgia and myositis. Treatments and evaluation to date have included home exercise program, oral medications, topical pain medication, right greater trochanteric bursa injection, physical therapy for the low back, and lumbar spine fusion. The diagnostic studies to date have included x-ray of the lumbar spine on 02/23/2009 which degenerative disc disease and spondylosis; and an MRI of the lumbar spine on 02/23/2009 which showed severe degenerative disc disease, spondylosis, foraminal stenosis, and moderate central stenosis. The progress report dated 05/28/2015 indicates that the injured worker had aggravation in the right greater than left sided leg pain without associated weakness, and right knee pain. She reported intermittent pain in her neck. The intensity of the pain averaged 4 out of 10 and could go as high as 7 out of 10. It was noted that the Hydrocodone and Flexeril was taken on an as needed basis, and reduced the pain from 7 out of 10 to 2 out of 10, with increased functional status, range of motion, mobility, and decreased pain. The objective findings include a mildly antalgic gait, mild tenderness to palpation of the paracervical musculature with medium-sized trigger point noted over the trapezius on the right side in the upper thoracic level, tenderness to palpation of the spinal process over the level of fusion, inability to perform flexion and extension of the spine

secondary to fusion, and ability to perform both heel and toe walk. The treatment plan included a TENS (transcutaneous electrical nerve stimulation) unit for the low back pain and right lumbar radiculopathy, and the first time prescription in a year for Norco, Flexeril, and Ativan. There was documentation that the Norco and Flexeril were last filled on 04/11/2014. The injured work status was not indicated. The treating physician requested Norco, Flexeril, Ativan, and the rental or purchase of a TENS unit with supplies.

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

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

**Norco 5/325mg #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Section 9792.20, Part 1, and Opioids Page(s): 1, 9, and 74-96.

**Decision rationale:** The CA MTUS Chronic Pain Guidelines indicate that on-going management for the use of opioids should include the on-going review and documentation of pain relief, functional status, appropriate medication use, and side effects. The injured worker has been taking Norco since at least 04/10/2014. The pain assessment should include: current pain, the least reported pain over the period since the last assessment, average pain, intensity of pain after taking the opioid, how long it takes for pain relief, and how long the pain relief lasts. Ongoing management should reflect four domains of monitoring, including analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors. There was documentation that with Norco, the injured worker's pain level decreased and her functional status increased; however the documentation did not include these items as recommended by the guidelines. The MTUS Guidelines define functional improvement as "a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management...and a reduction in the dependency on continued medical treatment." Therapies should be focused on functional restoration rather than the elimination of pain. There is a lack of functional improvement with the treatment already provided. The treating physician did not provide sufficient evidence of improvement in the work status, activities of daily living, and dependency on continued medical care. Therefore, the request for Norco is not medically necessary.

**Flexeril 10mg #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Section 9792.20, Part 1, and Cyclobenzaprine (Flexeril) Page(s): 1, 9, and 41-42.

**Decision rationale:** The CA MTUS Chronic Pain Guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Cyclobenzaprine (Flexeril) is a skeletal muscle relaxant, and its side effects include drowsiness, urinary retention, and dry mouth. The medication is associated with drowsiness and dizziness. The guidelines indicate that the effectiveness of muscle relaxants appear to diminish over time and prolonged use of the some medications in this class may lead to dependence. The guidelines indicate that "treatment should be brief." The guidelines recommend Cyclobenzaprine for a short course of therapy. This medication is not recommended to be used for longer than 2-3 weeks. The injured worker has been taking Flexeril since at least 04/10/2014. The medication was taken on an as needed basis and helped to decrease her pain, and increase her functional status. The MTUS Guidelines define functional improvement as "a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management...and a reduction in the dependency on continued medical treatment." Therapies should be focused on functional restoration rather than the elimination of pain. There is a lack of functional improvement with the treatment already provided. The treating physician did not provide sufficient evidence of improvement in the work status, activities of daily living, and dependency on continued medical care. Therefore, the request for Flexeril is not medically necessary.

**Ativan 0.5mg #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Benzodiazepines.

**Decision rationale:** The MTUS Chronic Pain Guidelines indicate that benzodiazepines are not recommended for long-term use because long-term effectiveness 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 injured worker has been taking Ativan since at least 09/07/2011. The MTUS does not recommend benzodiazepines for long term use for any condition. The MTUS does not recommend benzodiazepines as muscle relaxants. It was noted that the injured worker took Ativan as needed for muscle spasms that was not resolved with exercises. The Ativan was needed to stop leg cramping at night and to help her go back to sleep. The Official Disability Guidelines recommend against prescribing benzodiazepines with opioids and other sedatives. The injured worker had also been prescribed Norco, which is an opioid. The request does not meet guideline recommendations. Therefore, the request for Ativan is not medically necessary.

**TENs unit, rental or purchase, with supplies:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 114- 115.

**Decision rationale:** The CA MTUS Chronic Pain Guidelines do not recommend TENS (transcutaneous electrical nerve stimulation) units as a primary treatment. A one-month home-based TENS trial may be considered as a non-invasive conservative option, if used in addition to a program of evidence-based functional restoration. There was documentation that the injured worker used non-pharmacological pain relief, such as meditation, pain classes, guided imagery, acupuncture, home exercise program, and exercise. The guidelines indicate that there has been a recent meta-analysis that came to a conclusion that there was a significant decrease in pain when electrical nerve stimulation of most types was applied to any anatomic location of chronic musculoskeletal pain (back, knee, hip, neck) for any length of treatment. The MTUS/ACOEM Guidelines indicate that physical modalities such as TENS units have no proven effectiveness in treating acute low back symptoms. Insufficient scientific testing exists to determine the effectiveness of these therapies, but they may have some value in the short-term if used with a program of functional restoration. The treating physician did not specify if the request for the TENS unit was for rental or purchase. As such, the request is not sufficient and not medically necessary.