

<b>Case Number:</b>	CM15-0127498		
<b>Date Assigned:</b>	07/15/2015	<b>Date of Injury:</b>	05/12/2010
<b>Decision Date:</b>	09/15/2015	<b>UR Denial Date:</b>	06/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/01/2015

### 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: Pediatrics, 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 47-year-old female who sustained an industrial injury on 5/12/10. The injured worker was diagnosed as having left ilioinguinal and genital femoral neuralgia and right sacroiliac joint pain with good response to injection therapy. Currently, the injured worker was with complaints of chronic right hip pain and post herniorrhaphy pain and right sacroiliac joint discomfort. Previous treatments included status post sacroiliac joint injection, oral pain medication, and oral muscle relaxants. Previous diagnostic studies were not included. The injured work status was noted as disabled. The injured workers pain level was noted as 5/10. Physical examination was notable for mild tenderness of the sacroiliac joint and pain in the left groin area. Of note, provider documentation in the 6/2/15 recommended the slow tapering of opiates as tolerated in the next few months. The plan of care was for Clonazepam 0.5 milligrams, sixty count, Dilaudid 8 milligrams, twenty count, Oxycodone immediate release 30 milligrams, 150 count, Norco 10/325 milligrams, 240 count, Soma 350 milligrams, ninety count, Tizanidine 4 milligrams, 120 count and Trazodone 100 milligrams, thirty count.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Clonazepam 0.5 mg, sixty count: Upheld**

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

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

**Decision rationale:** The request is for Clonazepam 0.5 milligrams, sixty counts. The injured worker was with complaints of chronic right hip pain and post herniorrhaphy pain and right sacroiliac joint discomfort. CA MTUS recommendations state that Benzodiazepines have unproven efficacy and are therefore not recommended for long-term use. CA MTUS states, "Chronic benzodiazepines are the treatment of choice in very few conditions." "Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety." Provider documentation shows the injured worker had been on Clonazepam for several months, progress notes dated 12/17/14 note Clonazepam 0.5 milligrams, sixty count as a listed prescription for the injured worker indicating chronic use. This exceeds the time frame recommended by the guidelines. As such, the request for Clonazepam 0.5 milligrams, sixty counts is medically unnecessary.

**Dilaudid 8 mg, twenty count:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78 - 80, 93.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-80, 93.

**Decision rationale:** The request is for Dilaudid 8 milligrams, twenty counts. The injured worker was with complaints of chronic right hip pain and post herniorrhaphy pain and right sacroiliac joint discomfort. CA MTUS discourages long-term usage unless there is evidence of "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." 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. Provider documentation dated 12/17/14 notes Dilaudid 8 milligrams as a listed prescription for the injured worker indicating chronic use. Additionally, a urine drug screen and a pain contract were not included in the provided documentation. As such, the request for Dilaudid 8 milligrams, twenty counts is medically unnecessary.

**Oxycodone IR 30 mg, 150 count:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78 - 80, 92, 124.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids  
Page(s): 78-80, 92.

**Decision rationale:** The request is for Oxycodone immediate release 30 milligrams, 150 counts. The injured worker was with complaints of chronic right hip pain and post herniorrhaphy pain and right sacroiliac joint discomfort. CA MTUS discourages long-term usage unless there is evidence of "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." 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. Provider documentation dated 12/17/14 notes Oxycodone 30 milligrams as a listed prescription for the injured worker indicating chronic use. Additionally, a urine drug screen and a pain contract were not included in the provided documentation. As such, the request for Oxycodone immediate release 30 milligrams, 150 counts is medically unnecessary.

**Norco 10/325 mg, 240 count:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
Page(s): 78 - 80, 91, 124.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids  
Page(s): 78-80, 91.

**Decision rationale:** The request is for Norco 10/325 milligrams, 240 counts. The injured worker was with complaints of chronic right hip pain and post herniorrhaphy pain and right sacroiliac joint discomfort. CA MTUS discourages long-term usage unless there is evidence of "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." 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. Provider documentation dated 12/17/14 notes Norco 10/325 milligrams 240 count as a listed prescription for the injured worker indicating chronic use. Additionally, a urine drug screen and a pain contract were not included in the provided documentation. As such, the request for Norco 10/325 milligrams, 240 counts is medically unnecessary.

**Soma 350 mg, ninety count:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
Page(s): 63 - 65.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants, Carisoprodol (Soma) Page(s): 63-64, 29.

**Decision rationale:** The request is for Soma 350 milligrams, ninety counts. The injured worker was with complaints of chronic right hip pain and post herniorrhaphy pain and right sacroiliac joint discomfort. CA MTUS states Muscle relaxants seem no more effective than NSAIDs for treating patients with musculoskeletal problems, and using them in combination with NSAID has no demonstrated benefit, although they have been shown to be useful as antispasmodics. CA MTUS guidelines do not support the chronic use of Soma. Soma is indicated only for short-term use with reservation. Provider documentation dated 12/17/14 notes Soma 350 milligrams as a listed prescription for the injured worker indicating chronic use. As such, the request for Soma 350 milligrams, ninety counts is medically unnecessary.

**Tizanidine 4 mg, 120 count:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13 - 16.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63, 66.

**Decision rationale:** The request is for Tizanidine 4 milligrams, 120 counts. The injured worker was with complaints of chronic right hip pain and post herniorrhaphy pain and right sacroiliac joint discomfort. CA MTUS states Muscle relaxants seem no more effective than NSAIDs for treating patients with musculoskeletal problems, and using them in combination with NSAID has no demonstrated benefit, although they have been shown to be useful as antispasmodics. Standards of care indicate medications within the drug class of antispasmodic/muscle relaxants are to be utilized for a short course of therapy. Provider documentation dated 12/17/14 notes Tizanidine 4 milligrams as a listed prescription for the injured worker indicating chronic use. Documentation does not give evidence the clear efficacy of this medication for injured workers pain. As such, the request for Tizanidine 4 milligrams, 120 counts is medically unnecessary.

**Trazadone 100 mg, thirty count:** 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) Trazodone (Desyrel).

**Decision rationale:** The request is for Trazodone 100 milligrams, thirty counts. The injured worker was with complaints of chronic right hip pain and post herniorrhaphy pain and right sacroiliac joint discomfort. CA MTUS was silent on the requested treatment, therefore ODG was referenced. Official Disability Guide state that Trazodone is "Recommended as an option for insomnia, only for patients with potentially coexisting mild psychiatric symptoms such as depression or anxiety." The injured worker was diagnosed as having left ilioinguinal and genital femoral neuralgia and right sacroiliac joint pain with good response to injection therapy. There was no documentation in the medical record of the injured worker having any significant diagnosis of, or symptoms of, depression or significant anxiety that would warrant the medical necessity for the requested medication. As such, the request for Trazodone 100 milligrams, thirty counts is medically unnecessary.

