

<b>Case Number:</b>	CM15-0176279		
<b>Date Assigned:</b>	09/17/2015	<b>Date of Injury:</b>	02/23/1998
<b>Decision Date:</b>	11/12/2015	<b>UR Denial Date:</b>	08/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/08/2015

### 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: Oregon  
 Certification(s)/Specialty: Plastic Surgery, Hand Surgery

### 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 44 year old female, who sustained an industrial injury on February 23, 1998. Medical records indicate that the injured worker is undergoing treatment for lumbar disc displacement, thoracic spine sprain, lumbar spine herniated nucleus pulposus, two level disc annular tear (lumbar four-lumbar five and lumbar five-sacral one) and depression. The injured workers condition was noted to be permanent and stationary. The current work status was not identified. Most current documentation dated May 6, 2015 notes that the injured worker reported low back pain. The injured workers pain level was not noted. The injured workers gait was noted to be slow and antalgic. Examination of the lumbar spine revealed tenderness to palpation, spasm, tightness and a reduced range of motion. Sciatic stretch was positive with weakness to the lower extremity on the bilateral sides. The only other documentation submitted for review dated February 25, 2015 noted the injured workers pain level to be 7 out of 10 on the visual analogue scale. Treatment and evaluation to date has included medications, MRI of the lumbar spine (4-24-2015), electrodiagnostic studies (5-5-2015), facet block injection and an intradiscal electrothermal therapy (IDET) procedure on 11-12-2003. Current medications include Flexeril, Tylenol with Codeine, Naprosyn, Gabapentin and Ativan (since February of 2015). Current requested treatments include requests for Ativan 1 mg # 60 with one refill, Tylenol with Codeine number 4 # 60 with one refill, Flexeril 10 mg # 60 with one refill and Ultram 50 mg # 90 with one refill. The Utilization Review documentation dated August 28, 2015 non-certified the requests for Ativan 1 mg # 60 with one refill, Tylenol with Codeine number 4 # 60 with one refill, Flexeril 10 mg # 60 with one refill and Ultram 50 mg # 90 with one refill.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Ativan 1 mg #60 with one refill:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines.

**Decision rationale:** Per MTUS, Chronic Pain, Benzodiazepines, page 24: 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. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. 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. A more appropriate treatment for anxiety disorder is an antidepressant. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. (Baillargeon, 2003) (Ashton, 2005) The patient has been using Ativan since February 2015. She has exceeded the guideline of four weeks of treatment. The request is not medically necessary because it exceeds the guidelines.

**Tyleonol with codeine no. 4 #60 with 1 refill:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment.

**Decision rationale:** Per ACOEM, Initial Approaches to Treatment, page 47 and 48, OPIOIDS: Opioids appear to be no more effective than safer analgesics for managing most musculoskeletal and eye symptoms; they should be used only if needed for severe pain and only for a short time. Opioids cause significant side effects, which the clinician should describe to the patient before prescribing them. Poor patient tolerance, constipation, drowsiness, clouded judgment, memory loss, and potential misuse or dependence has been reported in up to 35% of patients. Patients should be informed of these potential side effects. The patient has chronic pain and has been on opiates for an extended period of time. ACOEM supports opiates only for a short period for acute non-recurring pain. Therefore this request is not medically necessary.

**Flexeril 10 mg #60 with 1 refill:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

**Decision rationale:** Per MTUS page 84: Cyclobenzaprine (Flexeril, Amrix, Fexmid TM, generic available): Recommended for a short course of therapy. Limited, mixed-evidence does not allow for a recommendation for chronic use. The records indicate that she has been on Flexeril for an indeterminate length of time. MTUS does not support chronic use of Flexeril. The request exceeds MTUS guidelines. Therefore this request is not medically necessary.

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

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment.

**Decision rationale:** Per ACOEM, Initial Approaches to Treatment, page 47 and 48, OPIOIDS: Opioids appear to be no more effective than safer analgesics for managing most musculoskeletal and eye symptoms; they should be used only if needed for severe pain and only for a short time. Opioids cause significant side effects, which the clinician should describe to the patient before prescribing them. Poor patient tolerance, constipation, drowsiness, clouded judgment, memory loss, and potential misuse or dependence has been reported in up to 35% of patients. Patients should be informed of these potential side effects. Per MTUS page 113: Tramadol (Ultram) Tramadol (Ultram) is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. MTUS and ACOEM do not support the request for Tramadol to treat this patient's chronic pain. Therefore this request is not medically necessary.