

<b>Case Number:</b>	CM15-0066337		
<b>Date Assigned:</b>	04/14/2015	<b>Date of Injury:</b>	11/12/2002
<b>Decision Date:</b>	05/18/2015	<b>UR Denial Date:</b>	03/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/07/2015

### 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 45 year old female who sustained a work related injury November 12, 2002. While trying to step over a gate, her leg became entrapped and she fell forward onto her hands and knees. She noted immediate pain in her elbows, low back, and both knees. Diagnoses include intractable lumbar pain, lumbar radiculopathy, status post knee surgeries, bilateral shoulder, elbow, and wrist tendinosis, history of carpal tunnel release bilaterally with residuals, chronic headaches, gastritis, depression, and anxiety. Past history included migraines, fibromyalgia, left knee surgery x 4, right partial knee replacement, left total knee replacement January 2015, carpal tunnel release, bilateral wrists 2010, right knee surgery x 2, and spinal cord implantation. Treatment has included medications, surgery, physical therapy, spinal cord stimulator, visco supplementation injections to the knee, and epidural steroid injections. A Qualified Medical Evaluation (QME) review of records from July 2014 documents prescriptions for norco, ambien in 2012 and 2013, soma in 2012, 2013, and 2014, Percocet in 2013 and 2014, and oxycodone in May 2014. This report notes some urine drug testing, without specific dates or results. According to a secondary pain management physician's report, dated February 17, 2015, the injured worker presented with complaints of pain, described as ongoing, to the bilateral shoulders, bilateral elbows, bilateral hand/wrists, lumbar spine, and bilateral knees. She has difficulty standing and walking for prolonged periods of time, difficulty with weight bearing and uses a walker for ambulatory assistance. There is difficulty sleeping noted, awakening with knee pain, rated 8-9/10. Examination showed cervical paravertebral tenderness and spasm, normal upper extremity strength and reflexes, decreased sensation in the C6 dermatome, tenderness over

the shoulders with normal range of motion and negative impingement sign bilaterally, normal range of motion of the elbows with no tenderness, tenderness over lumbar paravertebral area and over bilateral sacroiliac joints, decreased range of motion of the spine, 4+ strength in both lower extremities with decreased sensation of the lateral and posterior calf and outer foot, and normal examination of the knees. It was noted that the injured worker was not currently working, that she was on temporarily total disability status, and that she has not worked since 2008. Treatment plan included starting post-operative physical therapy, medications, and schedule removal of spinal cord stimulator. At issue are the requests for authorization for Ambien, Amrix, Oxycontin, Percocet, and Soma. On 3/19/15, Utilization Review (UR) non-certified requests for Percocet 10/325 mg #90, amrix 15 mg #30, soma 350 mg #60, oxycontin 40 mg #60, and ambien CR 12.5 mg #30, citing the MTUS and ODG.

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

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

**Percocet 10/325mg/tab; 1 tab PRN #90: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** This injured worker has chronic multifocal pain. The documentation notes treatment with opioid medication for several years. There is insufficient 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. No functional goals or opioid contract were discussed. The injured worker is noted to be temporarily totally disabled. No results of urine drug screening were submitted or discussed. 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 documentation notes ongoing pain. The injured worker is not currently working and was noted that she has not worked since 2008. The prescribing physician does not specifically address function with respect to prescribing opioids, and does not address the other recommendations in the MTUS. The MTUS states that a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. 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. Some

urine drug screens were noted in a QME report from 2014, but the dates and results were not submitted or discussed by the current treating physician. As currently prescribed, percocet does not meet the criteria for long term opioids as elaborated in the MTUS and is therefore not medically necessary.

**Amrix 15mg/tab; 1 tab QD #30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines cyclobenzaprine p. 41-42 muscle relaxants p. 63-66 Page(s): 41-42, 63-66.

**Decision rationale:** The MTUS for chronic pain does not recommend muscle relaxants for chronic pain. Non-sedating muscle relaxants are an option for short-term exacerbations of chronic low back pain/chronic musculoskeletal pain. The muscle relaxant prescribed in this case is sedating. The injured worker has chronic pain with no evidence of prescribing for flare-ups. The quantity prescribed implies long term use, not for a short period of use for acute pain. This injured worker has also been prescribed soma, another sedating muscle relaxant, which is duplicative and potentially toxic. Various muscle relaxants have been prescribed over the last several years. No reports show any specific and significant improvement in pain or function as a result of prescribing muscle relaxants. Per the MTUS chronic pain medical treatment guidelines, cyclobenzaprine (Flexeril, fexmid) is a skeletal muscle relaxant and a central nervous system depressant. It is recommended as an option for a short course of therapy, with greatest effect in the first four days of treatment. Guidelines state that treatment should be brief. Cyclobenzaprine is not recommended to be used for longer than 2-3 weeks. The addition of cyclobenzaprine to other agents is not recommended. Multiple other agents have been prescribed. Limited, mixed evidence does not allow for a recommendation for chronic use. Due to quantity requested in excess of guideline recommendation for a brief course of therapy, lack of functional improvement as a result of use of muscle relaxants, and potential for toxicity in combination with an additional muscle relaxant, the request for amrix is not medically necessary.

**Soma 350mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chapter 13 Knee Complaints, Chronic Pain Treatment Guidelines Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (soma) p. 29 muscle relaxants p. 63-66 Page(s): 29, 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 months

and possibly for years, 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. Per the MTUS, Soma is not recommended for chronic pain and has habituating and abuse potential. This injured worker has also been prescribed Amrix, another sedating muscle relaxant, which is duplicative and potentially toxic. Due to length of use in excess of the guidelines, lack of functional improvement and potential for toxicity, the request for soma is not medically necessary.

**Oxycontin 40mg #60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** This injured worker has chronic multifocal pain. The documentation notes treatment with opioid medication for several years. There is insufficient 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. No functional goals or opioid contract were discussed. The injured worker is noted to be temporarily totally disabled. No results of urine drug screening were submitted or discussed. 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 documentation notes ongoing pain. The injured worker is not currently working and was noted that she has not worked since 2008. The prescribing physician does not specifically address function with respect to prescribing opioids, and does not address the other recommendations in the MTUS. The MTUS states that a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. 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. Some urine drug screens were noted in a QME report from 2014, but the dates and results were not submitted or discussed by the current treating physician. As currently prescribed, oxycontin does not meet the criteria for long term opioids as elaborated in the MTUS and is therefore not medically necessary.

**Ambien CR 12.5mg/tab; 1 tab QHS PRN #30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Zolpidem (Ambien).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) chronic pain chapter: insomnia treatment, ambien.

**Decision rationale:** The MTUS does not address the use of hypnotics other than benzodiazepines. No physician reports describe the specific criteria for a sleep disorder. 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 was not addressed. The injured worker was noted to have difficulty sleeping due to pain. 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. Ambien (Zolpidem) is a prescription short-acting non-benzodiazepine hypnotic which is recommended for short-term (7-10 days) treatment of insomnia; it is not recommended for long-term use. The number requested is in excess of this recommendation. Records indicate that it has possibly prescribed for several years. It may be habit-forming and may impair function and memory, and there is a concern that it may increase pain and depression over the long term. It is recommended for short term use only. The Official Disability Guidelines citation recommends short term use of Zolpidem, a careful analysis of the sleep disorder, and caution against using Zolpidem in the elderly. Due to length of use in excess of the guidelines and lack of adequate sleep evaluation, the request for Ambien is not medically necessary.