

Case Number:	CM15-0093977		
Date Assigned:	05/20/2015	Date of Injury:	11/23/1999
Decision Date:	07/02/2015	UR Denial Date:	04/30/2015
Priority:	Standard	Application Received:	05/15/2015

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: Physical Medicine & Rehabilitation

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 58-year-old male, with a reported date of injury of 11/23/1999. The diagnoses include back pain, lumbar degenerative disc disease, lumbar radiculopathy, and lumbosacral spondylosis without myelopathy. Treatments to date have included oral medications, medial branch nerve block, and transforaminal epidural steroid injection. The medical report dated 04/03/2015 indicates that the injured worker presented with back pain. The location of the pain was across the lumbar spine, with radiation into both lower extremities. It was noted that the symptoms were unchanged. The pain was rated 8 out of 10 and 10 out of 10 at its worst. The physical examination showed a normal gait, no swelling in the lower extremities. There was no documentation of objective findings for the lumbar spine. It was noted that the injured worker showed no signs of escalating opioid use, nor signs of diversion, overuse, or abuse. The Ambien was discontinued due to side effects, so Restoril was prescribed instead. The objective findings for the lumbar spine (03/09/2015) includes no deformity, no soft tissue swelling, mild to moderate tenderness to palpation at the low back, and slightly decreased lumbar range of motion. The injured worker's pain was rated 6 out of 10 on the day of exam. The treating physician requested Norco 10/325mg #150, Morphine Sulfate ER 15mg #60, Restoril 15mg #30, and Flexeril 10mg #270.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg 1-2 tabs every 4-6 hours as needed #150: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids page(s): 89.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS page(s): 76-78, 88-89.

Decision rationale: Based on the 4/3/15 progress report provided by the treating physician, this patient presents with unchanged back pain radiating to bilateral lower extremities, rated 8/10 on VAS scale, along with bilateral foot pain, left > right, with associated numbness. The treater has asked for NORCO 10/325mg 1-2 tabs every 4-6 hours as needed #150 on 4/3/15. The patient's diagnoses per request for authorization form dated 4/22/15 are lumbosacral, lumbar dege, back pain, lumbar radiculopathy and ANS disorder. The patient is s/p 2 right hip surgeries, a back surgery, and a foot surgery, all unspecified per 4/3/15 report. The patient is currently taking celebrex, flexeril, morphine, norco as of 4/3/15 report. The patient has had side effects, sleep walking with Ambien and the treater is discontinuing the medication and replacing it with Restoril as of 4/3/15 report. The patient will trial Neurontin for his neuropathic bilateral foot pain as of 4/3/15 report. The patient's pain interrupts sleep, and is exacerbated by physical activity per 2/7/15 report. The patient's work status is not included in the provided documentation. MTUS Guidelines pages 88 and 89 states, "pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. Norco has been included in patient's medications per treater reports dated 2/7/15, 3/9/15 and 4/3/15. In this case, treater has not stated how Norco reduces pain and significantly improves patient's activities of daily living. There are no pain scales or validated instruments addressing analgesia. There are no specific discussions regarding aberrant behavior, adverse reactions, ADL's, etc. No opioid pain agreement or CURES reports. No return to work, or change in work status, either. MTUS requires appropriate discussion of the 4As. Given the lack of documentation as required by guidelines, the request is not medically necessary.

Morphine Sulfate ER 15mg every 12 hours #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids page(s): 89.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS page(s): 76-78, 88-89.

Decision rationale: Based on the 4/3/15 progress report provided by the treating physician, this patient presents with unchanged back pain radiating to bilateral lower extremities, rated 8/10 on VAS scale, along with bilateral foot pain, left > right, with associated numbness. The treater has asked for Morphine sulfate ER 15mg Every 12 Hours #60 on 4/3/15. The patient's

diagnoses per request for authorization form dated 4/22/15 are lumbosacral, lumbar dege, back pain, lumbar radiculopathy and ANS disorder. The patient is s/p 2 right hip surgeries, a back surgery, and a foot surgery, all unspecified per 4/3/15 report. The patient is currently taking celebrex, flexeril, morphine, norco as of 4/3/15 report. The patient has had side effects, sleep walking with Ambien and the treater is discontinuing the medication and replacing it with Restoril as of 4/3/15 report. The patient will trial Neurontin for his neuropathic bilateral foot pain as of 4/3/15 report. The patient's pain interrupts sleep, and is exacerbated by physical activity per 2/7/15 report. The patient's work status is not included in the provided documentation. MTUS Guidelines pages 88 and 89 states, "pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. Morphine has been included in patient's medications per treater reports dated 2/7/15, and 3/9/15, 4/3/15. In this case, treater has not stated how Morphine reduces pain and significantly improves patient's activities of daily living. There are no pain scales or validated instruments addressing analgesia. There are no specific discussions regarding aberrant behavior, adverse reactions, ADLs, etc. No opioid pain agreement or CURES reports. No return to work, or change in work status, either. MTUS requires appropriate discussion of the 4As. Given the lack of documentation as required by guidelines, the request is not medically necessary.

Restoril 15mg at bedtime #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines page(s): 24. Decision based on Non-MTUS Citation Official disability guidelines Pain (Chronic) Chapter, Insomnia treatment.

Decision rationale: Based on the 4/3/15 progress report provided by the treating physician, this patient presents with unchanged back pain radiating to bilateral lower extremities, rated 8/10 on VAS scale, along with bilateral foot pain, left > right, with associated numbness. The treater has asked for Restoril 15mg at bedtime #30 on 4/3/15. The patient's diagnoses per request for authorization form dated 4/22/15 are lumbosacral, lumbar dege, back pain, lumbar radiculopathy and ANS disorder. The patient is s/p 2 right hip surgeries, a back surgery, and a foot surgery, all unspecified per 4/3/15 report. The patient is currently taking celebrex, flexeril, morphine, norco as of 4/3/15 report. The patient has had side effects, sleep walking with Ambien and the treater is discontinuing the medication and replacing it with Restoril as of 4/3/15 report. The patient will trial Neurontin for his neuropathic bilateral foot pain as of 4/3/15 report. The patient's pain interrupts sleep, and is exacerbated by physical activity per 2/7/15 report. The patient's work status is not included in the provided documentation. MTUS Chronic Pain Medical Treatment Guidelines page 24 for Benzodiazepines states: "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. ODG-TWC, Pain (Chronic) Chapter under Insomnia treatment states: "...(1)

Benzodiazepines: FDA-approved benzodiazepines for sleep maintenance insomnia include estazolam (ProSom), flurazepam (Dalmane), quazepam (Doral), and temazepam (Restoril). Triazolam (Halcion) is FDA-approved for sleep-onset insomnia. These medications are only recommended for short-term use due to risk of tolerance, dependence, and adverse events (daytime drowsiness, anterograde amnesia, next-day sedation, impaired cognition, impaired psychomotor function, and rebound insomnia)." The patient has been taking Ambien since 1/6/15, and due to recent side effects of sleep walking, the treater is discontinuing Ambien and requesting Restoril per 4/3/15 report. Utilization review letter dated 4/30/15 modify request from 30 to 15 tablets. Neither MTUS nor ODG guidelines recommend benzodiazepine for long-term use. In this case, there is no diagnosis of insomnia or any sleep issues, as required by ODG guidelines. Furthermore, MTUS guidelines do not recommend benzodiazepines use for long-term and limits use to 4 weeks. The requested 30 tablet prescription with 2 refills does not indicate intended short-term use of this medication and exceeds the 4 week limit by MTUS guidelines. The requested Restoril is not medically necessary.

Flexeril 10mg three times a day #270: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants page(s): 63-66.

Decision rationale: Based on the 4/3/15 progress report provided by the treating physician, this patient presents with unchanged back pain radiating to bilateral lower extremities, rated 8/10 on VAS scale, along with bilateral foot pain, left > right, with associated numbness. The treater has asked for Flexeril 10mg three times a day #270 on 4/3/15. The patient's diagnoses per request for authorization form dated 4/22/15 are lumbosacral, lumbar dege, back pain, lumbar radiculopathy and ANS disorder. The patient is s/p 2 right hip surgeries, a back surgery, and a foot surgery, all unspecified per 4/3/15 report. The patient is currently taking celebex, flexeril, morphine, norco as of 4/3/15 report. The patient has had side effects, sleep walking with Ambien and the treater is discontinuing the medication and replacing it with Restoril as of 4/3/15 report. The patient will trial Neurontin for his neuropathic bilateral foot pain as of 4/3/15 report. The patient's pain interrupts sleep, and is exacerbated by physical activity per 2/7/15 report. The patient's work status is not included in the provided documentation. MTUS Chronic Pain Medical Treatment Guidelines, page 63-66 states: "Muscle relaxants: Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. The most commonly prescribed antispasmodic agents are carisoprodol, cyclobenzaprine, metaxalone, and methocarbamol, but despite their popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions." In review of the medical records provided, there were no records of prior use of this medication. The patient suffers with chronic low back pain and bilateral foot pain. Given the patient's condition, a trial of this medication would be indicated. However, MTUS Guidelines do not recommend use of Cyclobenzaprine for longer than 2 to 3 weeks, and the requested 270 tablets does not imply short duration therapy. Therefore, the request is not medically necessary.