

|                       |              |                              |            |
|-----------------------|--------------|------------------------------|------------|
| <b>Case Number:</b>   | CM14-0140261 |                              |            |
| <b>Date Assigned:</b> | 09/10/2014   | <b>Date of Injury:</b>       | 03/09/2007 |
| <b>Decision Date:</b> | 10/07/2014   | <b>UR Denial Date:</b>       | 08/15/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 08/29/2014 |

### 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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in Illinois. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 man with a date of injury of March 9, 2007. He had low back pain with back spasms and radiculopathy, right hip pain, shoulder pain with hand tremors and right elbow tenderness, depression, panic attacks, daytime drowsiness, history of deep vein thrombosis, sleep disorder, morbid obesity, hypertension, heart disease, diabetes mellitus and diabetic peripheral neuropathy. He has had multiple lumbar surgeries and has been diagnosed with displacement of a lumbar intervertebral disc and thoracic or lumbosacral neuritis or radiculitis. He had undergone physical therapy and chiropractic treatments, in addition to taking multiple medications, for his pain and functional deficits. He was using a wheelchair and is now in a motorized scooter.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Morphine Sulfate 15mg #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, Page(s): 74-76, 76-78.

**Decision rationale:** Per Chronic Pain Medical Treatment Guidelines, morphine is a short-acting opioid: also known as "normal-release" or "immediate-release" opioids seen as an effective method in controlling chronic pain. They are often used for intermittent or breakthrough pain. These agents are often combined with other analgesics such as acetaminophen and aspirin. These adjunct agents may limit the upper range of dosing of short-acting agents due to their adverse effects. The duration of action is 3-4 hours. Per Chronic Pain Medical Treatment Guidelines, under the Criteria for Use of opioids, on-going management, actions should include: 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. Four domains have been proposed as most relative for ongoing monitoring: pain relief, side effects, physical and psychosocial functioning and the occurrence of any potentially aberrant drug-related behaviors. Another reason to continue opioids is if the injured worker has returned to work; however, this information has not been made available. The documentation provided on this injured worker states the injured worker has not improved in pain or functionality, but instead had regressed from wheelchair independence to scooter dependence. None of the other information necessary for ongoing monitoring has been provided, including current functional status, appropriate medication use and side effects. There is no mention of a written contract, which is not a requirement, but a recommendation. Therefore, the request of Morphine Sulfate 15mg #90 is not medically necessary and appropriate.

**Norco 10/325mg q8 hours (Each 8 hours): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, specific drug list, Page(s): 74-76, 76-78, 91.

**Decision rationale:** Norco is hydrocodone with acetaminophen, and is indicated for moderate to moderately severe pain. This injured worker has chronic musculoskeletal pain with radicular components. Chronic pain can have a mixed physiologic etiology of both neuropathic and nociceptive components. In most cases, analgesic treatment should begin with acetaminophen, aspirin, and non-steroidal anti-inflammatory drugs (as suggested by the [REDACTED] step-wise algorithm). When these drugs do not satisfactorily reduce pain, opioids for moderate to moderately severe pain may be added to (not substituted for) the less efficacious drugs. A major concern about the use of opioids for chronic pain is that most randomized controlled trials have been limited to a short-term period. There is also no evidence that opioids showed long-term benefit or improvement in function when used as treatment for chronic back pain (Martell-Annals, 2007). Per Chronic Pain Medical Treatment Guidelines, under the Criteria for Use of opioids, on-going management, actions should include: 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. Four domains have been proposed as most relative for ongoing monitoring: pain relief, side effects, physical and psychosocial functioning and the

occurrence of any potentially aberrant drug-related behaviors. Another reason to continue opioids is if the injured worker has returned to work; however, this information has not been made available. The documentation provided on this injured worker states the injured worker has not improved in pain or functionality, but instead had regressed from wheelchair independence to scooter dependence. None of the other information necessary for ongoing monitoring has been provided, including current functional status, appropriate medication use and side effects. There is no mention of a written contract, which is not a requirement, but a recommendation. Therefore, the request for Norco 10/325mg q8 hours (Each 8 hours) is not medically necessary and appropriate.

**Zanaflex 4mg, #90 with 1 refill:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Antispasticity/Antispasmodic drugs. Decision based on Non-MTUS Citation Official Disability Guidelines

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

**Decision rationale:** Zanaflex is Tizanidine, an antispasticity antispasmodic muscle relaxant. Per Chronic Pain Medical Treatment Guidelines, muscle relaxants are recommended with caution as a second-line option for short-term treatment of acute exacerbations in workers with chronic low back pain. (Chou, 2007) (Mens, 2005) (Van Tulder, 1998) (van Tulder, 2003) (van Tulder, 2006) (Schnitzer, 2004) (See, 2008). Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most low back pain cases, they show no benefit beyond non-steroidal anti-inflammatory drugs in pain and overall improvement. Also there is no additional benefit shown in combination with non-steroidal anti-inflammatory drugs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence (Homik, 2004). This injured worker has longstanding chronic low back pain. Zanaflex is only indicated with caution as a second-line option for short-term treatment of acute exacerbations in workers with chronic low back pain. Therefore Zanaflex 4mg, #90 with 1 refill is not medically necessary and appropriate.

**Xanax 0.5mg #90 with 1 refill:** 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 rationale:** This injured worker has anxiety, depression, and insomnia. However, there are more appropriate medications to treat these conditions. Per Chronic Pain Medical Treatment Guidelines, benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. 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). Medical necessity has not been shown in this injured worker with anxiety, depression and insomnia due to chronic musculoskeletal pain. Therefore, the request of Xanax 0.5mg #90 with 1 refill is not medically necessary and appropriate.