

<b>Case Number:</b>	CM13-0002797		
<b>Date Assigned:</b>	06/06/2014	<b>Date of Injury:</b>	04/02/1992
<b>Decision Date:</b>	08/04/2014	<b>UR Denial Date:</b>	07/12/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/24/2013

### 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 Neurologist and is licensed to practice in Texas, Massachusetts, and Ohio. 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 male who reported injury on 04/02/1992. The injured worker's medication history included aspirin 81 mg, hydrochlorothiazide 12.5 mg 1 tablet daily, Crestor 10 mg tablets once a day, Senokot S 8.6/50 mg 1 tablet in the evening as needed, Viagra 100 mg 1 as needed, Amitiza 24 mcg capsules 1 with food twice a day, Metamucil 2 teaspoons daily, Levothyroxine Sodium 50 mcg 1 tablet in the morning on an empty stomach, Protonix 40 mg tablets once a day, Fentora 600 mcg tablets daily, Dilaudid 8 mg tablets as directed, Robaxin 750 mg 1 tablet twice a day, Ambien CR 12.5 mg one at bedtime, and Xanax 0.5 mg 1 tablet twice day as of 02/07/2013. The injured worker's medical history included hypothyroidism, high cholesterol, depression, hiatal hernia, headache, and gastritis. The documentation of 05/21/2013 revealed the injured worker was in the office for a medication refill. The documentation indicated the injured worker changed doctors at the pain clinic and was trying to get back to the pain medications he liked. The diagnoses included spinal stenosis in the cervical region unspecified, hypothyroidism, anxiety state unspecified, insomnia unspecified, and constipation due to pain medications. The treatment plan included refill Amitiza 24 mcg 1 capsule twice a day as needed with 2 refills, refill Ambien CR extended release 12.5 mg 1 tablet at bedtime as needed with 2 refills, refill Xanax 0.5 mg 1 tablet twice a day refills times 2, refill Robaxin 750 mg tablets 1 tablet by mouth twice a day 30 days refill times 3, refill Metamucil powder 2 tsp orally daily 300 ml refills times 3, refill hydrochlorothiazide tablet 12.5 mg 1 tablet once a day 30 refills times 2, refill Senokot S tablets 8.6-50 mg 1 tablet in the evening as needed refill times 2, refill Levothyroxine Sodium 50 mcg tablets 1 tablet on an empty stomach in the morning, refill times 2, refill Crestor tablets 10 mg 1 tablet once a day refill times 2, and refill Protonix 40 mg 1 tablet once a day refills times 3. The subsequent documentation of 09/12/2013 revealed the injured worker had spinal stenosis in the cervical region and cervical pain syndrome. The

treatment plan included Dilaudid 8 mg once a day up to 5 times a day #150, and start Soma 350 mg 1 tablet as needed 3 times a day no refills, and start Fentanyl Patch 72 hours 100 mcg per hour 1 patch to skin transdermally.

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

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

**Retrospective request for Soma 350 #90 (no date indicated): Upheld**

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

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

**Decision rationale:** The California MTUS Guidelines recommend muscle relaxants as a second line options for the short term treatment of acute low back pain and their use is recommended for less than 3 weeks. There should be documentation of objective functional improvement. The clinical documentation submitted for review indicated the injured worker had been on muscle relaxants for an extended duration of time and there was a lack of documentation of objective improvement. As such, continued use of this medication would not be supported. There was a lack of documented necessity for multiple medications for the same issue. The request, as submitted, failed to indicate the date for the retrospective request. The request, as submitted failed to indicate the frequency and quantity for the requested medication. Given the above, the retrospective request for Soma 350 #90 is not medically necessary.

**Retrospective request for Amitiza capsule 24 mcg (no date indicated): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Mosby's Drug Consult.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Initiation of Opioid Page(s): 77.

**Decision rationale:** The California MTUS Guidelines recommend when initiating opioid therapy there should be prophylactic treatment of constipation. The clinical documentation submitted for review indicated the injured worker had constipation with opiates. However, there was lack of documentation of the efficacy for the requested medication. The duration of use was at least 3 months. There was a lack of documented necessity for multiple medications for the same issue. The request, as submitted, failed to indicate the date for the retrospective request. The request, as submitted failed to indicate the frequency and quantity for the requested medication. Given the above the retrospective request for Amitiza 24 mcg, no date indicated, is not medically necessary.

**Retrospective request for Ambien CR tablet 12.5 mg (no date indicated): 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) Pain Procedure Summary and Mosby's Drug Consult.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Zolpidem.

**Decision rationale:** The Official Disability Guidelines indicate that Ambien CR is approved for chronic use. However, the chronic use of hypnotics, in general, is discouraged. The clinical documentation submitted for review indicated the injured worker had been utilizing the medication for at least 3 months. There was lack of documented efficacy for the requested medication. The request, as submitted, failed to indicate the date for the retrospective request. The request, as submitted failed to indicate the frequency and quantity for the requested medication. Given the above, the retrospective request for Ambien CR tablet 12.5 mg is not medically necessary.

**Retrospective request for Xanax 0.5 mg (no date indicated): Upheld**

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

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

**Decision rationale:** Benzodiazepines as treatment for patients with chronic pain for longer than 3 weeks due to the high risk of psychological and physiologic dependence. The clinical documentation submitted for review indicated the injured worker had been utilizing the medication for at least 3 months. The efficacy for the requested medication was not provided. The request, as submitted, failed to indicate the date for the retrospective request. The request, as submitted failed to indicate the frequency and quantity for the requested medication. Given the above, the retrospective request for Xanax 0.5 mg, no date indicated, is not medically necessary.

**Retrospective request for Robaxin 750 mg (no date indicated): Upheld**

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

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

**Decision rationale:** The California MTUS Guidelines recommend muscle relaxants as a second line option for the short term treatment of acute low back pain and their use is recommended for less than 3 weeks. There should be documentation of objective functional improvement. The clinical documentation submitted for review indicated the injured worker had been on muscle

relaxants for an extended duration of time and there was a lack of documentation of objective improvement. As such, continued use of this medication would not be supported. There was a lack of documented necessity for multiple medications for the same issue. The request, as submitted, failed to indicate the date for the retrospective request. The request, as submitted failed to indicate the frequency and quantity for the requested medication. Given the above, the retrospective request for Robaxin 750 mg, no date indicated, is not medically necessary.

**Retrospective request for Metamucil Powder 30.9% (no date indicated): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MDCConsult.com.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Initiation of Opioid Therapy Page(s): 77.

**Decision rationale:** The California MTUS Guidelines recommend when initiating opioid therapy there should be prophylactic treatment of constipation. The clinical documentation submitted for review indicated the injured worker had constipation with opiates. However, there was lack of documentation of the efficacy for the requested medication. The duration of use was at least 3 months. There was a lack of documented necessity for multiple medications for the same issue. The request, as submitted, failed to indicate the date for the retrospective request. The request, as submitted failed to indicate the frequency and quantity for the requested medication. Given the above the retrospective request for Metamucil Powder, no date indicated, is not medically necessary.

**Retrospective request for Hydrochlorothiazide tablet 12.5 mg (no date indicated): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Zipes: Braunwald's Heart Disease: A Textbook of Cardiovascular Medicine, 7th ed. Chapter 3-Systemic Hypertension: Therapy.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: <http://www.drugs.com/search.php?searchterm=HCTZ>.

**Decision rationale:** Per Drugs.com, Hydrochlorothiazide is a Thiazide diuretic that helps prevent your body from absorbing too much salt, which can cause fluid retention. The clinical documentation submitted for review failed to provide a documented rationale for the requested medication. The clinical documentation indicated the injured worker had been utilizing the medication for greater than 3 months. There was lack of documentation of efficacy. The request, as submitted, failed to indicate the date for the retrospective request. The request, as submitted failed to indicate the frequency and quantity for the requested medication. Given the above, the retrospective request for Hydrochlorothiazide tablet 12.5 mg, no date indicated, is not medically necessary.

**Retrospective request for Senokot S tablet 8.6 50 mg (no date indicated): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Veterans Health Administration, Department of Defense.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Initiation of Opioid Therapy Page(s): 77.

**Decision rationale:** The California MTUS Guidelines recommend when initiating opioid therapy there should be prophylactic treatment of constipation. The clinical documentation submitted for review indicated the injured worker had constipation with opiates. However, there was lack of documentation of the efficacy for the requested medication. The duration of use was at least 3 months. There was a lack of documented necessity for multiple medications for the same issue. The request, as submitted, failed to indicate the date for the retrospective request. The request, as submitted failed to indicate the frequency and quantity for the requested medication. Given the above, the retrospective request for Senokot S 8.6/50 mg, no date indicated, is not medically necessary.

**Retrospective request for Levothyroxine Sodium tablet 50 mcg (no date indicated):** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MD Consult Drug monograph.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: <http://www.drugs.com/search.php?searchterm=levothyroxine>.

**Decision rationale:** Per Drugs.com, Levothyroxine is a replacement hormone normally produced by your thyroid gland to regulate the body's energy and metabolism. Levothyroxine is given when the thyroid does not produce enough hormone of its own. The clinical documentation submitted for review failed to provide a recent laboratory study to support the necessity and efficacy for Levothyroxine. The clinical documentation submitted for review indicated the injured worker had a diagnosis of hypothyroidism. The request, as submitted, failed to indicate the date for the retrospective request. The request, as submitted failed to indicate the frequency and quantity for the requested medication. Given the above, the retrospective request for Levothyroxine sodium tablets 50 mcg, no date indicated, is not medically necessary.

**Retrospective request for Crestor tablets 10 mg (no date indicated):** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Mdconsult.com.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: <http://www.drugs.com/crestor.html>.

**Decision rationale:** Drugs.com indicates that Crestor is used to lower cholesterol in the blood. The clinical documentation submitted for review indicated the injured worker had been utilizing the medication for greater than 3 months. There was lack of documented efficacy by way of laboratory studies for the requested medication. The request, as submitted, failed to indicate the date for the retrospective request. The request, as submitted failed to indicate the frequency and quantity for the requested medication. Given the above, the retrospective request for Crestor tablets 10 mg, no date indicated, is not medically necessary.

**Retrospective request for Protonix Tablet 40 mg (no date indicated): 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) Pain Procedure Summary.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 69.

**Decision rationale:** The California MTUS Guidelines recommend PPIs for the treatment of dyspepsia secondary to NSAID therapy. The clinical documentation submitted for review indicated the injured worker had a diagnosis of gastritis. However, there was lack of documented efficacy for the requested medication. The duration of use was at least 3 months. The request, as submitted, failed to indicate the date for the retrospective request. The request, as submitted failed to indicate the frequency and quantity for the requested medication. Given the above, the retrospective request for Protonix tablets 40 mg, no date indicated, is not medically necessary.