MAXIMUS Federal Services

| Case Number: | CM13-0012223 | | |
|---|---|---|---|
| Date Assigned: | 03/14/2014 | Date of Injury: | 08/12/2013 |
| Decision Date: | 05/30/2014 | UR Denial Date: | 07/01/2013 |
| Priority: | Standard | Application Received: | 08/16/2013 |

## 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 Physical Medicine and Rehabilitation and is licensed to practice in California. 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 patient Is an Employee of [redacted] and has filed a claim for chronic back and neck pain associated with an industrial injury date of August 12, 2013. Utilization review from July 1, 2013 denied the requests for lactulose syrup due to no indication of constipation complaints, diazepam due to long-term use, and Prilosec due to lack of evidence of risk factors for cardiovascular or gastrointestinal events. Requests for Norco, Neurontin, Celebrex, Ambien, and morphine were also denied; reasons for denial were not made available. Treatment to date has included physical therapy and opioid and non-opioid pain medications. Medical records from 2011 through 2013 were reviewed showing the patient complaining of chronic low back pain. The pain is noted to radiate to both legs with numbness and weakness. The patient has tried Non-Steroidal Anti-Inflammatory Drugs (NSAID) and ice and heat application but with no significant effect. The pain is noted to be at 8/10. A urine drug screen from June 2013 was consistent with the current medications. There is also pain and similar complaints in the neck and left shoulder. On examination, there were noted paralumbar spasms with tenderness bilaterally. Range of motion for the lumbar spine is limited secondary to pain. There was noted decreased sensation to light touch on the left lateral thigh and right lateral thigh. Motor strength was noted to be normal. There is a left scapular winging present. The cervical spine range of motion was noted to be restricted. There was upper extremity sensation decreased to light touch in the C5 and C6 dermatome.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**ONE PRESCRIPTION OF LACTULOSE SYRUP 10G/15ML:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation McKay SL, Fravel M, Scanlon C. Management of constipation, Iowa City (IA): University of Iowa Gerontological Nursing Interventions Research Center, Research Translation and Dissemination Core; 2009 Oct. page 51.

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

**Decision rationale:** As stated on page 77 in the California MTUS Chronic Pain Medical Treatment Guidelines, prophylactic treatment of constipation should be initiated when taking opioids. In this case, the patient has been using Lactulose since 2011. While it is recommended that prophylactic treatment for constipation restarted with opioid treatment, the concurrent prescriptions for opioids were deemed not medically necessary. Given the dependency of this request, the request for Lactulose is not medically necessary.

**ONE PRESCRIPTION OF DIAZEPAM 10MG #60:** Upheld

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

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

**Decision rationale:** As stated on page 24 of the California MTUS Chronic Pain Medical Treatment Guidelines, benzodiazepines are not recommended for long-term use because of unproven long-term efficacy and risk of dependence; use is limited to 4 weeks. In this case, the patient has been using diazepam since 2011. However, there is no discussion concerning the need for long-term use and variance from the guidelines. Therefore, the request for diazepam is not medically necessary.

**ONE PRESCRIPTION OF PRILOSEC DR 20MG #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Non-Steroidal Anti-Inflammatory Drugs (NSAID), Gastrointestinal (G.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68.

**Decision rationale:** As stated on page 68 of the California MTUS Chronic Pain Medical Treatment Guidelines, proton pump inhibitors are recommended for patients who are at high risk for gastrointestinal events. In this case, the patient has been using Prilosec since 2011. Recent progress notes did not indicate the patient having a high risk for gastrointestinal events nor were

there any complaints of Gastrointestinal (GI) upset. Therefore, the request for Prilosec is not medically necessary.

**NORCO 10/325MG #140:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

**Decision rationale:** Page 78 of the CA MTUS Chronic Pain Medical Treatment Guidelines state that ongoing opioid treatment should include monitoring of analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors; these outcomes over time should affect the therapeutic decisions for continuation. In this case, the patient has been using Norco since 2011. However, recent progress notes did not indicate functional gains from the use of this medication such as improved ability to perform activities of daily living or decrease in pain perception. Therefore, the request for Norco is not medically necessary.

**NEURONTIN 600MG #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-22.

**Decision rationale:** As stated on page 16-22 of the California MTUS Chronic Pain Medical Treatment Guidelines, anti-epilepsy drugs are recommended for neuropathic pain. Outcomes with at least 50% reduction of pain are considered good responses while those with 30% reduction may consider another or additional agent. In this case, the patient has been using Neurontin since 2011. The patient has neurological deficit findings in the sensory component for the upper and lower extremities. However, specific functional gains or analgesia were not documented such as improved ability to perform activities of daily living. Therefore, he requests for Neurontin is not medically necessary.

**CELEBREX 200MG #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Non-Steroidal Anti-Inflammatory Drugs (NSAID).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-68.

**Decision rationale:** As stated on pages 67-68 of the California MTUS Chronic Pain Medical Treatment Guidelines, Non-Steroidal Anti-Inflammatory Drugs (NSAID) are useful in treating

breakthrough and mixed pain conditions such as neuropathic pain, osteoarthritis, and back pain; there is no evidence for long-term effectiveness for pain and function. In this case, the patient has been using Celebrex since March 2013. However, the documentation did not indicate functional gains from the use of this medication such as improved ability to perform activities of daily living. There is no elevated risk of GI complications. Therefore, the request for Celebrex is not medically necessary.

**AMBIEN CR 12.5MG #30:** Upheld

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

**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:** CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines, (ODG), Pain Chapter, Zolpidem was used instead. ODG states that zolpidem is a prescription short acting non-benzodiazepine hypnotic, which is approved for short-term treatment of insomnia. In this case, the patient has been using Ambien since 2011. The documentation did not discuss the patient's sleep hygiene. Functional gains derived from the use of this medication were not indicated such as improved ability to perform activities of daily living or increased work performance. Long-term use is also not recommended. Therefore, the request for Ambien is not medically necessary.

**MORPHINE ER 60MG #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

**Decision rationale:** Page 78 of the CA MTUS Chronic Pain Medical Treatment Guidelines state that ongoing opioid treatment should include monitoring of analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors; these outcomes over time should affect the therapeutic decisions for continuation. In this case, the patient has been a using morphine since 2011. Given the potency of this medication, the documentation did not indicate the functional gains derived from this medication such as improved ability to perform activities of daily living, decreased work restrictions, or decreased pain scores. Therefore, the request for morphine is not medically necessary.