

<b>Case Number:</b>	CM13-0013371		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	07/08/2005
<b>Decision Date:</b>	05/29/2014	<b>UR Denial Date:</b>	08/12/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	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 Neurology, has a subspecialty in Neuromuscular Medicine 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:

This case involves a 42-year-old woman who sustained a work-related injury on July 8, 2005. Subsequently she developed chronic back pain, as well as neck pain. Her physical examination demonstrated tenderness in the cervical and lumbar spine, with reduced range of motion. There was right knee tenderness with reduced range of motion. The patient was diagnosed with lumbar discopathy, right knee internal derangement, cervical spine discopathy, and right foot pain. The provider requested authorization for the medications mentioned below.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**OMEPRAZOLE:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI SYMPTOMS & CARDIOVASCULAR RISK.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI SYMPTOMS & CARDIOVASCULAR RISK Page(s): 102.

**Decision rationale:** The Chronic Pain Guidelines indicate that Omeprazole is recommended when non-steroidal anti-inflammatory drugs (NSAIDs) are used in patients with intermediate or high risk for gastrointestinal (GI) events. The risk for gastrointestinal events are: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of aspirin (ASA),

corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAIDs. Recent studies tend to show that H. Pylori does not act synergistically with NSAIDs to develop gastroduodenal lesions. There is no documentation in the patient's chart supporting that she is at intermediate or high risk for developing gastrointestinal events. Therefore, Omeprazole 20mg#30 prescription is not medically necessary.

**CIDAFLEX:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines GLUCOSAMINE (AND CHONDROITIN SULFATE) Page(s): 50.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines GLUCOSAMINE (AND CHONDROITIN SULFATE) Page(s): 50.

**Decision rationale:** The Chronic Pain Guidelines indicate that Cidaflex (Glucosamine) is recommended as an option given its low risk, in patients with moderate arthritis pain, especially for knee osteoarthritis. There is insufficient evidence to support the efficacy of glucosamine, other than osteoarthritis. The request does not meet guideline recommendations. Therefore, the request of Cidaflex is not medically necessary.

**VICODIN ES 7.5/750MG:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-80.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 179.

**Decision rationale:** The Chronic Pain Guidelines indicate that the ongoing use of opioids should follow specific rules: (a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy; (b) The lowest possible dose should be prescribed to improve pain and function; and (c) Office: 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. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. There are four (4) A's for Ongoing Monitoring. The four (4) domains have been proposed as the most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework. Vicodin is a short acting opioid that is recommended for a short period of time in case of a breakthrough pain or in combination with long acting medications in case of chronic pain. The medical records

provided for review do not show clear evidence of a breakthrough of back pain or acute lumbar root compression. Therefore, the request for Vicodin ES 7.5/750mg is not medically necessary.

**RELAFEN 750MG:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (NON-STEROIDAL ANTI-INFLAMMATORY DRUGS) Page(s): 67-68.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (NON-STEROIDAL ANTI-INFLAMMATORY DRUGS) Page(s): 67.

**Decision rationale:** The Chronic Pain Guidelines indicate that non-steroidal anti-inflammatory drugs (NSAIDs) are recommended for knee and hip pain at the lowest dose for the shortest period of time in patients with moderate to severe pain. In this case the request was for Relafen 500 mg #60, which does not comply with MTUS guidelines for the use of NSAIDs for short period of time. In addition there is no recent documentation that the patient was complaining of breakthrough of pain. Therefore, the request for Relafen 750 mg for the bilateral wrists, as an outpatient is not medically necessary.