

<b>Case Number:</b>	CM13-0020017		
<b>Date Assigned:</b>	10/11/2013	<b>Date of Injury:</b>	07/14/2009
<b>Decision Date:</b>	01/29/2014	<b>UR Denial Date:</b>	08/30/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/04/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Emergency Medicine and is licensed to practice in New York and Tennessee. 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 physician 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 a 59-year-old male who reported injury on July 14, 2009. He complained of persistent bilateral shoulder pain and left elbow pain. Mechanism of injury was holding his arms above his head for long periods of time while operating a piece of machinery. Diagnoses included bilateral rotator cuff syndrome, cervical strain/sprain, cervical radiculopathy, lateral epicondylitis, and insomnia. Treatment included acupuncture, medication, physical therapy, and chiropractic therapy. The patient underwent left shoulder surgery in 2009, but the indication and procedure are not documented in the medical record. Requests for authorization for Alprazolam #120, Hydrocodone 10/325 mg #120, Omeprazole 20 mg #160, Soma 250 mg #120, Terocin Lotion 250 ml, and Tramadol 150 mg #120 were submitted on May 30, 2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Alprazolam (no dose) #120:** Upheld

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

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

**Decision rationale:** Alprazolam is a benzodiazepine medication. Benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Benzodiazepines are a major cause of overdose, particularly as they act synergistically with other drugs such as opioids (mixed overdoses are often a cause of fatalities). Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepine use is 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. Tolerance to lethal effects does not occur and a maintenance dose may approach a lethal dose as the therapeutic index increases. In this case, the medication was not prescribed for short-term use.

**Hydrocodone 10/325mg #120:** 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), Treatment Index, 11th Edition (web), 2013, pages 75-93

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Section on Opioids Page(s): 76-96.

**Decision rationale:** Chronic Pain Medical Treatment Guidelines state that opioids are not recommended as a first-line therapy. Opioids should be part of a treatment plan specific for the patient and should follow criteria for use. Criteria for use include establishment of a treatment plan, determination if pain is nociceptive or neuropathic, failure of pain relief with non-opioid analgesics, setting of specific functional goals, and opioid contract with agreement for random drug testing. If analgesia is not obtained, opioids should be discontinued. The patient should be screened for likelihood that he or she could be weaned from the opioids if there is no improvement in pain or function. It is recommended for short term use if first-line options, such as Acetaminophen or NSAIDs, have failed. Opioids are considered a second-line treatment for several reasons: (1) head-to-head comparisons have found that opioids produce more side effects than tricyclic antidepressants and gabapentin; (2) long-term safety has not been systematically studied; (3) long-term use may result in immunological and endocrine problems (including hypogonadism); (4) treatment may be associated with hyperalgesia; & (5) opioid use is associated with misuse/abuse. Opioids may be a safer choice for patients with cardiac and renal disease than antidepressants or anticonvulsants. In this case, the medication was not prescribed for short-term use, and the criteria for opioid use were not met.

**Omeprazole 20mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAID GI symptoms and cardiovascular risk Page(s): 68-69. Decision based on Non-MTUS Citation PDR

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

**Decision rationale:** Omeprazole is a proton pump inhibitor (PPI). PPIs are used in the treatment of peptic ulcer disease but may also be prescribed in patients who are using non-steroidal anti-inflammatory drugs and are at high risk for gastrointestinal (GI) events. Risk factors for GI events are age greater than 65, history of peptic ulcer, GI bleeding or perforation, or concurrent use of Acetylsalicylic Acid, corticosteroids, and/or an anticoagulant or high dose/multiple NSAID (e.g., NSAID + low-dose ASA). The patient in this case was not using NSAID medication and did not have any of the risk factors for a gastrointestinal event.

**Soma 250mg #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 65.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 29.

**Decision rationale:** Soma is the muscle relaxant Carisoprodol. Carisoprodol is not recommended. Carisoprodol is a commonly-prescribed, centrally-acting skeletal muscle relaxant whose primary active metabolite is meprobamate (a schedule-IV controlled substance). Abuse has been noted for sedative and relaxant effects. Carisoprodol abuse has also been noted in order to augment or alter the effects of other drugs. These drugs include cocaine, tramadol, hydrocodone, benzodiazepines, and alcohol. A withdrawal syndrome has been documented that consists of insomnia, vomiting, tremors, muscle twitching, anxiety, and ataxia when abrupt discontinuation of large doses occurs. The only recommended prescribed medications for shoulder injury are NSAIDs. Narcotics are recommended in acute AC joint separation only. Chronic Pain Medical Treatment Guidelines do not recommend muscle relaxants for shoulder injury.

**Terocin Lotion, #240ml:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Salicylate, Topical Analgesics Page(s): 105, 111-113. Decision based on Non-MTUS Citation ODG Treatment Index, 11th Edition (web), 2013, Chronic pain-Salicylate topicals

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 28, 105, 111-112.

**Decision rationale:** Terocin is a topical multidrug compound, which contains methylsalicylate, capsaicin, menthol, and Lidocaine. Per Chronic Pain Medical Treatment Guidelines, only one medication should be given at a time, and a trial should be given for each individual medication. Topical analgesics are recommended for neuropathic pain when anticonvulsants and antidepressants have failed. Compounded topical analgesics are commonly prescribed and there is little to no research to support the use of these compounds. Furthermore, the guidelines state that "any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Lidocaine is recommended for localized peripheral pain after the failure of first-line therapy. It is only FDA approved for the treatment of post-herpetic

neuralgia. The guidelines state that further research is needed to recommend this treatment for chronic neuropathic pain. Capsaicin is recommended only as an option in patients who have not responded to or cannot tolerate other treatments. It is recommended for osteoarthritis, fibromyalgia, and chronic, non-specific back pain and is considered experimental in high doses. Methylsalicylate is a topical salicylate and is recommended, being significantly better than placebo in chronic pain. There are no guidelines present for menthol. In this case, the patient received multidrug compound for medication. This is not consistent with the recommendation for only one medication at a time. Topical Lidocaine is indicated only for post-herpetic neuralgia which is not the diagnosis in this case. The topical compound is not medically necessary in this case.

**Tramadol 150mg, #120: 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), Treatment Index, 11th Edition (web), 2013, pages 75-93

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Section on Opioids Page(s): 76-96.

**Decision rationale:** Chronic Pain Medical Treatment Guidelines state that opioids are not recommended as a first-line therapy. Opioids should be part of a treatment plan specific for the patient and should follow criteria for use. Criteria for use include establishment of a treatment plan, determination if pain is nociceptive or neuropathic, failure of pain relief with non-opioid analgesics, setting of specific functional goals, and an opioid contract with agreement for random drug testing. If analgesia is not obtained, opioids should be discontinued. The patient should be screened for likelihood that he or she could be weaned from the opioids if there is no improvement in pain or function. It is recommended for short-term use if first-line options, such as acetaminophen or NSAIDs, have failed. Tramadol is a synthetic opioid affecting the central nervous system. It has several side effects which include increasing the risk of seizure in patients taking SSRI's, TCA's and other opioids. In this case the medication was not prescribed for short-term use and the criteria for opioid use were not met.