

<b>Case Number:</b>	CM13-0024831		
<b>Date Assigned:</b>	11/20/2013	<b>Date of Injury:</b>	03/05/2008
<b>Decision Date:</b>	04/10/2014	<b>UR Denial Date:</b>	08/14/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/14/2013

### 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 Internal Medicine and Emergency Medicine and is licensed to practice in Florida. 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 patient is a 44 year-old female with a date of injury of 03/05/08. A progress report associated with the request for services, dated 06/05/13, identified subjective complaints of neck pain radiating into the hands. She described erythema and swelling in the hands. She has difficulty with activities of daily living and driving. Objective findings included tenderness of the cervical spine and left side body stiffness and weakness; many of the findings were symptoms or diagnoses. Diagnoses included cervical spine sprain/strain with radiculopathy. Though not included as a diagnosis, she is described as having bilateral reflex sympathetic dystrophy. Treatment has included Soma, Xanax, and Ambien for at least a year. Motrin, Prilosec, Lexapro, and Ultram therapy are noted on a March 2013 visit.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PRILOSEC 20MG:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68. Decision based on Non-MTUS Citation ODG (Pain Chapter); FDA (Omeprazole)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 68-69.

**Decision rationale:** Prilosec, a proton pump inhibitor, is a gastric antacid. It is sometimes used for prophylaxis against the GI side effects of NSAIDs based upon the patient's risk factors. The Medical Treatment Utilization Schedule (MTUS) notes that these risk factors include (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAIDs. The use of non-selective NSAIDs without prophylaxis is considered "okay" in patients with no risk factors and no cardiovascular disease. In this case, there is no documentation of any of the above risk factors. Therefore, the medical record does not document the medical necessity for Prilosec.

**MOTRIN 800MG:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46. Decision based on Non-MTUS Citation ODG (Pain Chapter)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-73.

**Decision rationale:** Guidelines indicate that Motrin is a non-steroidal anti-inflammatory agent (NSAID). NSAIDs have been recommended for use in osteoarthritis. It is noted that they are: "Recommended at the lowest dose for the shortest period in patients with moderate to severe pain." They further state that there appears to be no difference between traditional NSAIDs and COX-2 NSAIDs in terms of pain relief. NSAIDs are also recommended as an option for short-term symptomatic relief on back pain. Again, no one NSAID was superior to another. There is inconsistent evidence for the long-term treatment of neuropathic pain with NSAIDs. Precautions should be taken due to side effects. Concurrent use of SSRIs is not recommended as the combination is associated with a moderate risk of serious upper GI events compared to use of NSAIDs alone (Helin-Salmivaara 2007). In this case, the claimant is also on an SSRI (Lexapro). There is no indication that the therapy is for a short period rather than what appears to be long-term. Therefore, there is no documentation in the record for the medical necessity of Motrin; specifically, use of the medication beyond the short-term, concurrent use with other drugs not recommended, nor evidence of functional improvement.

**ULTRAM ER 300MG:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 79-81.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308, Chronic Pain Treatment Guidelines Tramadol; Opioids Page(s): 74-83; 113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Opioids, specific drug list: Tramadol

**Decision rationale:** Tramadol (Ultram) is a centrally acting synthetic opioid analgesic. The California Medical Treatment Utilization Schedule (MTUS) Guidelines related to on-going treatment of opioids state that there should be documentation and ongoing review of pain relief, functional status, appropriate 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. A recent epidemiologic study found that opioid treatment for chronic non-malignant pain did not seem to fulfill any of the key outcome goals including pain relief, improved quality of life, and/or improved functional capacity (Eriksen 2006). The Guidelines also state that with chronic low back pain, opioid therapy "Appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (> 16 weeks), but also appears limited." Additionally, "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)." Opioids are not recommended for more than 2 weeks and the Guidelines further state that tramadol is not recommended as a first-line oral analgesic. This patient has been on Tramadol in excess of 16 weeks. The documentation submitted lacked a number of the elements listed above, including the level of functional improvement afforded by the chronic opioid therapy in view of the recommendations to avoid long-term therapy; likewise, that other first-line oral analgesics have been tried and failed. Therefore, the record does not document the medical necessity for tramadol.

#### **AMBIEN CR 12.5MG: 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 Chapter); FDA (Ambien)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Insomnia Treatment; Other Medical Treatment Guideline or Medical Evidence: [www.Ambien.com](http://www.Ambien.com)

**Decision rationale:** Ambien (Zolpidem) is a non-benzodiazepine gamma-aminobutyric acid (GABA) agonist used for the short-term treatment of insomnia. The Medical Treatment Utilization Schedule (MTUS) does not specifically address Zolpidem. The Official Disability Guidelines (ODG) state that treatment of insomnia should be through correction of underlying deficits. They further note that Zolpidem is indicated for short-term treatment of insomnia. They note that Zolpidem has multiple side effects and adults who use Zolpidem have a greater than 3-fold increased risk for early death (Kripke, 2012). Likewise, the FDA has recommended lower doses for IR release products in women (10 mg to 5 mg) and a decrease from 12.5 mg to 6.25 mg for extended-release products (Ambien CR). In this case, Ambien has been used beyond the short-term and not at recommended dosages. Therefore, the record does not document the medical necessity for Ambien.

#### **SOMA 350MG: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines FDA (Carisoprodol) Page(s): 29, 65.

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

**Decision rationale:** Soma (Carisoprodol) is a centrally acting muscle relaxant with the metabolite meprobamate, a schedule-IV controlled substance. The Medical Treatment Utilization Schedule states that Carisoprodol is not recommended. It has been suggested that the main effect is due to generalized sedation and treatment of anxiety. It has interactions with other drugs including benzodiazepines, tramadol, and hydrocodone. It is associated with withdrawal symptoms and is abused for the above mentioned effects. In this case, it is being used in conjunction with benzodiazepines and tramadol. Therefore, there is no documented medical necessity for Soma.

**XANAX 1MG:** 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 Benzodiazepines Page(s): 24.

**Decision rationale:** Alprazolam (Xanax) is a benzodiazepine anxiolytic. The Medical Treatment Utilization Schedule (MTUS) state that benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. In this case, there is documentation of long-term use and the intended current use is not specified. Therefore, the record lacks documentation for medical necessity of Alprazolam.