

<b>Case Number:</b>	CM13-0043951		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	02/27/2008
<b>Decision Date:</b>	02/28/2014	<b>UR Denial Date:</b>	10/07/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/31/2013

### 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 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 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:

This male sustained an injury on 2/27/08 while employed. Requests under consideration include Omeprazole 20 mg #60, DOS: 07/03/13, Flector patch 1.3% #60, DOS: 07/05/13, Clonazepam 1 mg #60, DOS: 08/07/13, and Butrans 20 mcg/hr patch #4, DOS: 08/20/13. Report submitted with medication list is dated 1/16/13 from [REDACTED] who noted the patient has not worked since February 2012; He has applied for long-term disability; He is utilizing Lisinopril for hypertension, Metamucil and a high fiber diet; He has developed severe epigastric burning pain partially relieved by meals. Exam showed blood pressure of 130/80, heart rate 70, respiration of 14, weight stable at 206 pounds; Abdomen was non-tender; no palpable organs or masses; bowel sounds were normal; Extremities dry; Neurologic examination "grossly physiologic." Diagnoses include hypertension; irritable bowel syndrome; sleep disorder; sexual dysfunction; history of Hepatitis C; orthopedic diagnoses deferred to [REDACTED]; psychiatric diagnoses deferred to [REDACTED] and [REDACTED]. Treatment plan noted the patient is probably again P&S; to further evaluate his epigastric pain. Request was for EGD with continued Lisinopril and Metamucil. No additional reports were provided to clarify the above medications which were non-certified on 10/7/13 citing guidelines criteria and lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Omeprazole 20mg #60, DOS: 07/03/13: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC Pain Procedure Summary

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Section on NSAIDs, GI Symptoms, and Cardiovascular risk Page(s): 68-69.

**Decision rationale:** This medication is for treatment of the problems associated with erosive esophagitis from GERD, or in patients with hypersecretion diseases. Per MTUS Chronic Pain Treatment Guidelines, the patient does not meet criteria for Omeprazole (Prilosec) namely reserved for patients with history of prior GI bleeding, the elderly (over 65 years), diabetics, and chronic cigarette smokers. Submitted reports have not described or provided any GI diagnosis that meets the criteria to indicate medical treatment. Review of the records show no documentation of any history, symptoms, or GI diagnosis to warrant this medication. Omeprazole 20mg #60, DOS: 07/03/13 is not medically necessary and appropriate.

**Flector patch 1.3% #60, DOS: 07/05/13: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs Page(s): 22.

**Decision rationale:** This medication is for treatment of the problems associated with erosive esophagitis from GERD, or in patients with hypersecretion diseases. There is no report from [REDACTED] regarding medications. Per Guidelines, The efficacy in clinical trials for this treatment modality has been inconsistent and no long-term studies have shown their effectiveness or safety. Topical NSAIDs (Flector patch) are not supported beyond trial of 2 weeks for this 2008 injury especially in light of abdominal issues. There is no documented functional benefit from treatment already rendered. The Flector patch 1.3% #60, DOS: 07/05/13 is not medically necessary and appropriate.

**Clonazepam 1mg #60, DOS: 08/07/13: 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): 23.

**Decision rationale:** Submitted reports have not demonstrated the indication or medical necessity for this medication request. Clonazepam is an anti-anxiety medication in the benzodiazepine family and like other benzodiazepines, act by enhancing the effects of gamma-aminobutyric acid (GABA) in the brain. GABA is a neurotransmitter (a chemical that nerve cells use to communicate with each other) which inhibits many of the activities of the brain. It is believed that excessive activity in the brain may lead to anxiety or other psychiatric disorders.

Clonazepam also is used to prevent certain types of seizures. Clonazepam is used for the short-term relief of the symptoms of anxiety. It is used for certain types of seizures, specifically petit mal seizures, akinetic seizures, and myoclonus, as well as Lennox-Gastaut syndrome. Submitted reports have not adequately addressed the indication for Clonazepam's continued use for the 2008 injury nor is there documented functional efficacy from treatment already rendered. Clonazepam 1mg #60, DOS: 08/07/13 is not medically necessary and appropriate.

**Butrans 20mcg/hr patch #4, DOS: 08/20/13: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Buprenorphine HCL Page(s): 26-27.

**Decision rationale:** Submitted reports have not demonstrated the indication or medical necessity for this medication request. Per MTUS Chronic Pain, Butrans or Buprenorphine is a scheduled III controlled substance recommended for treatment of opiate addiction or opiate agonist dependence. Request has been reviewed previously and non-certified for rationale of lack of pain contract, indication, and documentation of opioid addiction. Butrans has one of the most high profile side effects of a scheduled III medication. Per the Guidelines, opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial and use should be reserved for those with improved attributable functional outcomes. This is not apparent here as this patient reports no change in pain relief, no functional improvement in daily activities, and has not decreased in medical utilization or self-independence continuing to treat for chronic pain symptoms for this P&S injury of 2008. There is also no notation of any functional improvement while on the patch nor is there any recent urine drug screening results in accordance to pain contract needed in this case. Without sufficient monitoring of narcotic safety, efficacy, and compliance for this individual along with no weaning process attempted for this injury of 2008. Medical necessity for continued treatment has not been established for Butrans patch. Butrans 20mcg/hr patch #4, DOS: 08/20/13 is not medically necessary and appropriate.