

<b>Case Number:</b>	CM13-0044023		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	01/06/2010
<b>Decision Date:</b>	09/12/2014	<b>UR Denial Date:</b>	10/14/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/25/2013

### 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 Illinois. 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 injured worker is a 47-year-old male with a reported date of injury on 01/06/2010. The mechanism of injury reportedly occurred when the injured worker was cutting a 4 x 4 piece of wood on table saw and the wood split and kicked back. Diagnostic studies included a CT of the brain which revealed no physical abnormalities. Surgical history included surgery to correct the tissue damage around the nose and cheek area, right rotator cuff repair, left rotator cuff repair, and ulnar nerve repair. Previous conservative care included 6 sessions of physical therapy, utilization of a TENS Unit, and activity modification. The patient presented with neck pain rated at 9/10, left shoulder pain rated at 4/10, face and nose pain rated at 4/10. The cervical spine range of motion revealed flexion to 10 degrees, extension to 15 degrees, right rotation to 55 degrees and right and lateral tilt to 30 degrees. The left shoulder range of motion revealed flexion to 45 degrees, extension to 15 degrees, abduction to 40 degrees, adduction to 10 degrees, internal rotation to 20 degrees, and external rotation to 105 degrees. The right shoulder revealed range of motion to be within normal limits. The sensory exam and reflexes were within normal limits throughout. The injured worker's diagnoses included cervical radiculopathy, neck pain, left shoulder sprain status post surgery, cephalgia, tension headaches, chronic pain related insomnia, myofascial syndrome, and neuropathic pain. The clinical note 08/14/2013 indicates the physician is requesting an initial drug screen; if negative and if the injured worker is not started on a narcotic medication, no further urine drug screens would be necessary. The injured worker's medication regimen included Dilaudid, Duragesic patches, Lyrica, Fluoroflex ointment, sintralyne 2 at bedtime for insomnia, Prilosec, and Valium. The Request for Authorization for a urine drug screen, Ketaflex topical, sintralyne #60, Valium 10 mg #90, and Lunesta 3 mg #60 was submitted on 10/24/2013.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **A URINE DRUG SCREEN:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 43 , 78.

**Decision rationale:** The California MTUS Guidelines recommend drug as an option, using urine drug screen to assess for the use or presence of illegal drugs. In addition, the guidelines recommend drug screening in patient treatment with issues of abuse, addiction, or poor pain control. There is a lack of documentation related to the physician concerns of issues of abuse, addiction, or poor pain control. The clinical note dated 08/14/2013 indicates that the physician requested an additional urine drug screen, if negative and if the injured worker was not started on a narcotic medication; if negative and if the injured worker is not started on a narcotic medication, no further urine drug screens would be necessary. The clinical information provided for review lacks documentation related to the 08/14/2013 urine drug screen. In addition, there is a lack of documentation related to the physicians concerns of abuse, addiction or poor pain control. Therefore, the request for a urine drug screen is not medically necessary.

### **KETOFLEX TOPICAL:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

**Decision rationale:** Ketaflex topical analgesic is a combination of ketoprofen and cyclobenzaprine. The California MTUS Guidelines state that topical analgesics are recommended as an option. Although largely experimental in use with few randomized control trials to determine effectiveness or safety. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Many agents are compounded as monotherapy or in combination for pain control. There is little to no research to support the use of many of these agents. Any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended. Ketoprofen is a nonsteroidal anti-inflammatory. The effectiveness in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but with a diminishing effect over another 2 week period. In addition, cyclobenzaprine is a muscle relaxant. The guidelines state there is no evidence for use of any other muscle relaxant as a topical product. In addition, the request as submitted failed to provide a frequency and specific

site at which the topical analgesic is to be utilized. Therefore, the request for Ketaflex topical is not medically necessary.

**SINTRALYNE #60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Pain, Insomnia Treatment.

**Decision rationale:** Sintralayne PM contains melatonin/gamma/aminobutyric acid/herbal complex #183. The California MTUS Guidelines state that sedating antihistamines, primarily over-the-counter medications, have been suggested for sleep aids. Tolerance seems to develop within a few days. Next day sedation has been noted, as well as impaired psychomotor and cognitive function. In addition, the guidelines state the melatonin receptor agonists are indicated for difficulty with sleep onset. One systemic review concluded that there is evidence to support the short term and long term use of melatonin to decrease sleep latency; however, total sleep time has not been improved. There is a lack of documentation related to the injured worker's sleep diary. Sintralayne is a medical food. In addition, there is a lack of documentation related to the injured worker's insomnia. The request as submitted failed to provide dosage, frequency, and directions for use. Therefore, the request for Sintralayne #60 is not medically necessary.

**PRILOSEC 20MG #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & Cardiovascular Risk Page(s): 68.

**Decision rationale:** The California MTUS Guidelines recommend injured workers at risk for gastrointestinal events recommend a nonselective NSAID with either a PPI (proton pump inhibitor) for example 20 mg omeprazole daily or a cox-2 selective agent. Long term PPI use has been shown to increase the risk of hip fracture. To determine if the injured worker is a risk for gastrointestinal events, documentation would include age greater than 65 years; history of peptic ulcer, GI bleeding, or perforation; concurrent use of aspirin, corticosteroids, and/or an anticoagulant; or high dose/multiple NSAIDs use. The clinical information provided for review indicates the injured worker has utilized Prilosec prior to 08/2013. There is a lack of documentation related to the therapeutic and functional benefit and long term use of Prilosec. In addition, there is a lack of documentation related to the injured worker being at risk or history of gastrointestinal events. The request as submitted failed to provide frequency and directions for use. Therefore, the request for Prilosec 20 mg #30 is not medically necessary.

**VALIUM 10MG #90:** 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): 24.

**Decision rationale:** The California MTUS Guidelines do not recommend benzodiazepines for long term use because long term effectiveness is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. The range of action includes sedatives/hypnotics, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occur within months and long term use may actually increase anxiety. The clinical information provided for review indicates the injured worker has utilized Valium prior to 08/2013. There is a lack of documentation related to the therapeutic and functional benefit in the long term use of Valium. In addition, the guidelines do not recommend benzodiazepines beyond 4 weeks. The request as submitted failed to provide frequency and directions for use. Therefore, the request for Valium 10 mg #90 is not medically necessary.

**LUNESTA 3MG #60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Mental Illness & Stress, Eszopicolone (Lunesta).

**Decision rationale:** The Official Disability Guidelines state that Lunesta is not recommended for long term use but recommended for short term use. Guidelines recommend limiting use of hypnotics to 3 months maximum in the first 2 months of injury only and discourage use in the chronic phase. While sleeping pills come with so called minor tranquilizers and anti-anxiety agents are commonly prescribed in chronic pain, pain specialists rarely, if ever, recommend them for long term use. They can be habit forming and may impair function and memory more than opioid pain relievers. There is also concern that they may increase pain and depression over the long term. The clinical information provided for review indicates the injured worker has been utilizing Lunesta prior to 08/2013. There is a lack of documentation related to the therapeutic and functional benefit in the long term use. In addition, the guidelines do not recommend Lunesta beyond 3 weeks. The request as submitted failed to provide frequency and directions for use. Furthermore, the request for 60 tablets exceeds the recommended guidelines. Therefore, the request for Lunesta 3 mg #60 is not medically necessary.