

<b>Case Number:</b>	CM13-0047857		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	06/04/2004
<b>Decision Date:</b>	03/20/2014	<b>UR Denial Date:</b>	10/21/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/04/2013

### 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 Physical Medicine & 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:

The patient is a 64 year old male who reported an injury on 06/04/2004. The mechanism of injury was repetitive heavy lifting and twisting. The most recent clinical note indicated that the patient had chiropractic treatment, physical therapy, pain medications and gym therapy and that all treatments had relieved his pain temporarily. The patient's medications were noted to be zolpidem, Flector, carisoprodol, alprazolam, Norco, aspirin, trazodone, Zyrtec, Allegra, Qvar, Dymista, valacyclovir, Nexium, hydralazine and valsartan/hydrochlorothiazide. The patient had a history of high blood pressure, asthma, heartburn, kidney stones, arthritis, joint pain, muscular weakness and stiffness and depression. The physical examination revealed a normal examination of the lumbar spine and muscle testing. The impression was noted to be idiopathic low back pain. The plan was noted to be that the patient was functioning reasonably well predominantly, and he was having someone manage his chronic pain. It was indicated that the patient had no prominent concern for a need for surgery, and the physician requested a transfer to a WorkWell where the patient resided. The request, per the submitted DWC Form RFA was for medications and 24 sessions of chiropractic care.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**A series of 24 chiropractic sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation ODG

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy Page(s): 58-59.

**Decision rationale:** The MTUS Chronic Pain Guidelines state that manual therapy and manipulation is recommended for chronic pain if caused by musculoskeletal conditions. Manual therapy is widely used in the treatment of musculoskeletal pain. Treatment for flare-ups requires a need for re-evaluation of prior treatment success. The clinical documentation submitted for review failed to indicate a rationale for the requested service. Additionally, there was a lack of documentation indicating the patient's objective functional response to prior treatments. There was a lack of documentation per the submitted request for the body part that the chiropractic care was being requested for. Given the above and the lack of documentation as well as the lack of documented clarity, the request for 24 sessions of chiropractic is not medically necessary and appropriate.

**Zolpiderm:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter section on Zolpiderm.

**Decision rationale:** The Official Disability Guidelines indicate that zolpiderm is approved for the short-term, usually 2 to 6 week, treatment of insomnia. There was a lack of documentation indicating the objective functional benefit received from the medication. Additionally, per the submitted request, there is a lack of documentation indicating the quantity as well as the strength of the medication. Given the above, the request for zolpiderm is not medically necessary.

**Flector patch:** 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 Page(s): 67-68, 111.

**Decision rationale:** The MTUS Chronic Pain Guidelines indicate that non-steroidal anti-inflammatory drugs (NSAIDs) have limited demonstrated efficacy in clinical trials and have been inconsistent, with most studies being small and of short duration. They have been found in studies to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. When investigated specifically for osteoarthritis of the knee, topical NSAIDs have been shown to be superior to placebo for 4 to 12 weeks. The MTUS Chronic Pain Guidelines additionally indicate that topical NSAIDs are indicated for osteoarthritis and tendonitis of the knee, elbow and other joints that are

amenable to topical treatment. The recommendation is for short-term use. Diclofenac (Flector) is an NSAID. There was a lack of documentation indicating a necessity for a long-term treatment. There was a lack of documentation indicating the objective functional benefit received from the medication. The request as submitted failed to indicate the strength and the quantity of the medication being requested. Given the above, the request for a Flector patch is not medically necessary.

**Carisoprodol:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol Page(s): 63.

**Decision rationale:** The MTUS Chronic Pain Guidelines indicate that muscle relaxants are a second-line short-term treatment for acute exacerbations of low back pain and are indicated for no more than 2 to 3 weeks. There should be documentation of objective functional improvement. The clinical documentation submitted for review failed to provide documentation of objective functional improvement with the medication. There was a lack of documentation indicating a necessity for long-term treatment with the medication. The patient's objective physical examination was noted to be within normal limits; and as such, would not support the use of this medication. The request as submitted failed to indicate the quantity and strength of the medication being requested. Given the above, the request for carisoprodol is not medically necessary.

**Alprazolam:** 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 Benzodiazepine Page(s): 24.

**Decision rationale:** The MTUS Chronic Pain Guidelines do not recommend benzodiazepines for long-term use because long-term efficacy is unproven, and there is a risk of dependence. Most guidelines limit use to 4 weeks, and the guidelines indicate that chronic benzodiazepines are the treatment of choice in very few conditions. The clinical documentation submitted for review failed to indicate the necessity for long-term use of this benzodiazepine. There was a lack of documentation indicating the objective functional benefit of the medication. Additionally, per the submitted documentation, there was a lack of quantity and strength for the medication. Given the above, the request for alprazolam is not medically necessary.

**Norco:** 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 Page(s): 60, 78.

**Decision rationale:** The MTUS Chronic Pain Guidelines indicate that opiates are appropriate treatment for chronic pain. There should be documentation of an objective decrease in the VAS score, objective functional improvement and adverse side effects as well as documented evidence that the patient is being monitored for aberrant drug behaviors. The clinical documentation submitted for review failed to meet the above criteria. Additionally, the request as submitted failed to indicate the strength and quantity of the medication being requested. Given the above, the request for Norco is not medically necessary.

**Aspir:** 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 Page(s): 67.

**Decision rationale:** The MTUS Chronic Pain Guidelines indicate that aspirin is recommended for the treatment of pain. There was a lack of documentation of the objective functional improvement received from the medication. Additionally, the request as submitted failed to indicate a quantity, as well as the strength of the medication. Given the above, the request for Aspir is not medically necessary.

**Trazodone:** 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.

**Decision rationale:** The MTUS Chronic Pain Guidelines indicate that antidepressants are for the first-line treatment of neuropathic pain. There should be documentation of objective functional improvement with the medication. There was a lack of documentation indicating the objective functional improvement received with the medications. There was a lack of documentation per the submitted request for the quantity, as well as the strength, of the medication. Given the above, the request for trazodone is not medically necessary.

**Zyrtec:** 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 Drugs.com, <http://www.drugs.com/search.php?searchterm=zyrtec>.

**Decision rationale:** Drugs.com indicates that Zyrtec is an antihistamine that reduces the effects of the natural chemical histamine in the body to treat allergies. There was a lack of documentation indicating the rationale for the use of the medication. The request as submitted fails to indicate the strength, as well as the quantity, of the medication being requested. Given the above, the request for Zyrtec is not medically necessary.

**Allegra:** 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 Drugs.com, <http://www.drugs.com/search.php?searchterm=Allegra>.

**Decision rationale:** Drugs.com indicates that Allegra is an antihistamine that reduces the effects of the natural chemical histamine in the body to treat allergies. There was a lack of documentation indicating the rationale for the use of the medication. The request as submitted fails to indicate the strength, as well as the quantity, of the medication being requested. Given the above, the request for Allegra is not medically necessary.

**Qvar:** 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 Official Disability Guidelines

**Decision rationale:** The Official Disability Guidelines indicate that beclomethasone is recommended as a first-line choice for asthma. There was a lack of a documented rationale for the necessity of the medication. There was a lack per the submitted request of the quantity and strength of the medication being requested. There was a lack of documentation of the efficacy of the requested medication. Given the above, the request for Qvar is not medically necessary and appropriate.

**Dymista nasal spray:** 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 Official Disability Guidelines, and Drugs.com, <http://www.drugs.com/dymista.html>.

**Decision rationale:** The Official Disability Guidelines recommend the use of an antihistamine and corticosteroid for the treatment of allergic rhinitis and vasomotor rhinitis. Dymista, per drugs.com, is a combination of antihistamine and steroid. There was a lack of documentation of the efficacy of the requested medication. Additionally, there was a lack of documentation indicating the rationale for the treatment with Dymista. There was a lack of documentation indicating the quantity and the strength of the medication being requested. Given the above, the request for Dymista nasal spray is not medically necessary.

**Valacyclovir:** 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 Drugs.com, <http://www.drugs.com/search.php?searchterm=valacyclovir>.

**Decision rationale:** Drugs.com indicates that valacyclovir is an antiviral drug used to slow the growth and spread of herpes so that the body can fight off the infection. There was a lack of documentation of the rationale for the request to use valacyclovir. Additionally, the request as submitted failed to indicate the quantity, as well as the strength, of the medication. Given the above, the request for valacyclovir is not medically necessary.

**Nexium:** 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 NSAIDS Page(s): 69. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, section on Nexium.

**Decision rationale:** The California MTUS Guidelines recommend PPIs for the treatment of dyspepsia secondary to NSAID therapy. The patient's diagnosis included heartburn. However, there was a lack of documentation of the benefit received from the medication. Additionally, there was a lack of documentation indicating the quantity and the strength of the medication. Given the above, the request for Nexium is not medically necessary.

**Hydralazine:** 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 Drugs.com, <http://www.drugs.com/search.php?serachterm=hydralazine>

**Decision rationale:** The California MTUS Guidelines recommend PPIs for the treatment of dyspepsia secondary to NSAID therapy. The patient's diagnosis included heartburn. However, there was a lack of documentation of the benefit received from the medication. Additionally, there was a lack of documentation indicating the quantity and the strength of the medication. Given the above, the request for Nexium is not medically necessary.