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| <b>Case Number:</b>   | CM13-0050550 |                              |            |
| <b>Date Assigned:</b> | 12/27/2013   | <b>Date of Injury:</b>       | 09/13/2002 |
| <b>Decision Date:</b> | 03/11/2014   | <b>UR Denial Date:</b>       | 10/17/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 11/14/2013 |

### 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, has a subspecialty in Interventional Spine 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 is a 65 year-old female who was injured on 9/13/2002. According to the 9/24/13 report from [REDACTED], the patient has a history of work-related left shoulder pain, right knee pain and low back pain with right-sided lumbosacral radiculitis. The IMR application shows a dispute with the 10/17/13 UR decision on the patient's medications. The 10/17/13 UR letter is from [REDACTED] and is based on the 10/9/13 RFA and 9/24/13 report from [REDACTED] and recommends non-certification for use of Percocet, Xanax, and modification for use of Lunestra, Senna, Vistaril, and Prilosec. The 9/24/13 report states the medication combination works well to reduce her chronic severe pain and allow her to perform essential ADLs more effectively. The patient underwent left shoulder arthroscopic rotator cuff repair and acromioplasty on 4/4/13 with [REDACTED]. She has pain management with [REDACTED] and [REDACTED] facility. The 4/11/13 report from [REDACTED] shows the patient takes Percocet 10/325mg q4hr, Lunestra 3mg each night prn, Vicodin ES 7.5mg/750 qid; Vistaril 25mg tid. There was no pain assessment on the 4/11/13 report. The 5/10/13 report from [REDACTED] shows the patient's left shoulder ROM improved to 120 degs flexion and extension(active) 170degs (passive). The 6/7/13 report from [REDACTED] states the left shoulder motion is 40 degrees (active) flex and abduction. The patient stated there was constipation, controlled with Senna, and Senna was added to the medications. Just 3-days later, on 6/10/13, [REDACTED] evaluates the patient and notes the shoulder ROM is 150 degrees flexion and abduction. [REDACTED] evaluates the patient again on 7/2/13 notes the shoulder ROM is back down to 80 degrees flex/ext and increased low back pain, no change in medications; no pain assessment. On 7/26/13, [REDACTED] records the pain as 9/10 in the left shoulder, there was 90 degrees active flex/abduction, 130 degrees passive. [REDACTED] authors a supplemental report on 7/30/13

noting left shoulder abduction at 100 degrees abduction and flexion. He is attempting to get LESI approved. There is no discussion of medication efficacy or pain assessment. On 8/16/13, [REDACTED], reports pain levels at 3/10 and shoulder abduction/flexion 90 degrees. The 8/27/13 report form [REDACTED] shows pain levels at 3/10. Medications remain the same. He states Vistaril is for the nausea from pain medication. The 9/24/13 report from [REDACTED] is the first report that shows Xanax being dispensed, but there is no rationale, no pain assessment or assessment of function with the medications.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Percocet 10/325mg #60 with one refill: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 88-89.

**Decision rationale:** The MTUS criteria for opioids requires documenting pain and functional improvement and compare to baseline. It states a satisfactory response is indicated by the patient's decreased pain, increased level of function or improved quality of life. If the response is not satisfactory, MTUS recommends reevaluating the situation and to consider other treatment modalities. The reporting does not discuss baseline pain or function levels and the follow-up reports do not compare pain or function to baseline measurements. Some of the records did report overall pain levels for the left shoulder ranging from 3/10 to 9/10 with no changes in medications. Shoulder ROM in flexion and abduction went from 120 degs (5/10/13) down to 40 degs (6/7/13) up to 150 degs (6/10/13), then down to 80 degs (7/2/13) then up to 90 degs with increased 9/10 pain (7/26/13) then up to 100 degs (7/30/13) and down to 90 degs, with decreased pain 3/10 on 8/16/13. Use of medications did not appear to have any effect on function or pain levels or improved quality of life. The MTUS reporting requirements for use of opioids has not been met. The request is not in accordance with MTUS guidelines.

**Lunesta; 3mg #60 with one refill: 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 (ODG)

**Decision rationale:** There is no discussion of efficacy of Lunesta in any of the available medical reports. There is no mention of insomnia in any of the medical reports from 4/4/13-9/24/13. ODG guidelines state that sleep treatment is: "Recommend that treatment be based on the etiology" The etiology has not been discussed. The request is not in accordance with ODG guidelines.

**Senna; 8.6mg #240 with one refill: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 77.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 77.

**Decision rationale:** MTUS has a small section on prophylactic treatment of constipation, stating that it should be initiated with use of opioids. In this case, the records show that Senna was first added on 6/7/13, when the patient complained of constipation from the pain medications, that was relieved with Senna. The request for Senna appears to be in accordance with MTUS guidelines.

**Visatril; 25mg #180 with one refill: 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 (ODG)-TWC, Pain Chapter, for Antiemetics

**Decision rationale:** The available reporting states that Vistaril was used for nausea secondary to pain medications. ODG guidelines specifically states antiemetics for opioid nausea is: "Not recommended for nausea and vomiting secondary to chronic opioid use. Recommended for acute use as noted below per FDA-approved indications. Nausea and vomiting is common with use of opioids. These side effects tend to diminish over days to weeks of continued exposure. Studies of opioid adverse effects including nausea and vomiting are limited to short-term duration (less than four weeks) and have limited application to long-term use" The request does not appear to be in accordance with ODG guidelines.

**Xanax; 0.5mg #3: 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 Page(s): 24.

**Decision rationale:** MTUS does not provide strong recommendations for use of benzodiazepines, and recommends against long-term use. The available records show Xanax first being prescribed on the 9/24/13 report, but there is no discussion of the rationale. It is not known why it was prescribed. There is no mention of anxiety. There is no obvious reason for Xanax

available within the context of the 9/24/13 report. The request does not appear to be in accordance with MTUS guidelines.

**Prilosec; 20mg #120 with one refill:** 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): 68-69.

**Decision rationale:** The patient is now 65 year-old and would meet the MTUS criteria for being at risk for GI events. There is no indication the patient is using NSAIDs, and there is no indication that she has GERD or that other medications are causing GI issues. There was no rationale provided for Prilosec and no discussion of efficacy. The request is not in accordance with MTUS guidelines.